

Form **990**  
(Rev. January 2020)  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>ABIM FOUNDATION</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>510 WALNUT STREET 1700</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>PHILADELPHIA, PA 19106-3699</b><br><b>F</b> Name and address of principal officer: <b>RICHARD J. BARON</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>23-2585181</b><br><b>E</b> Telephone number<br><b>(215) 446-3500</b><br><b>G</b> Gross receipts \$ <b>4,595,747.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: ▶ <b>WWW.ABIMFOUNDATION.ORG</b>  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>PA</b>   |

**Part I Summary**

|                                    |   |   |  |                                   |
|------------------------------------|---|---|--|-----------------------------------|
|                                    | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>                                      |  |                                   |
| <b>Activities &amp; Governance</b> | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                                   |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>14</b>                         |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>1</b>                          |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>   | <b>9</b>                          |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>1</b>                          |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>-37,891.</b>                   |
|                                    | <b>7b</b>   | Net unrelated business taxable income from Form 990-T, line 39  | <b>7b</b>  | <b>-37,891.</b>                   |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b><br>15,813.                                     | <b>Current Year</b><br>153,873.   |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g)  | 0.   | 0.                                |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,451,924.   | 1,317,982.                        |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 35,340.  | 21,785.                           |
|                                    | <b>12</b>   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,503,077.   | 1,493,640.                        |
|                                    | <b>Expenses</b>   | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,958,449.                        |
| <b>14</b>                          |   | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.   | 0.                                |
| <b>15</b>                          |   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,988,661.   | 1,953,081.                        |
| <b>16a</b>                         |   | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.   | 0.                                |
| <b>b</b>                           |   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.  |  |                                   |
| <b>17</b>                          |   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 766,764.   | 851,664.                          |
| <b>18</b>                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,713,874.  | 3,160,485.   |                                   |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12                      | -3,210,797.   | -1,666,845.  |                                   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>70,973,325.                  | <b>End of Year</b><br>71,954,590. |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26)   | 1,004,553.   | 863,240.                          |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20  | 69,968,772.  | 71,091,350.                       |

**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.

|                               |  |   |                                |   |                          |
|-------------------------------|--|---|--------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>VINCENT MANDES, SENIOR VICE PRESIDENT/CFO</b><br>Type or print name and title | Date<br>_____   |                                |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>VICKI RAIVITCH, CPA</b>   | Preparer's signature<br><b>VICKI RAIVITCH, CPA</b>                                      | Date<br><b>04/19/21</b>        | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P02060731</b> |
|                               | Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>  | Firm's address ▶ <b>610 W GERMANTOWN PIKE, SUITE 400<br/>PLYMOUTH MEETING, PA 19462</b> | Firm's EIN ▶ <b>41-0746749</b> | Phone no. (215) 643-3900                        |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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 \$ 3,160,485. including grants of \$ 355,740. ) (Revenue \$ 19,188. )

OUR WORK IS DEDICATED TO EXPLORING HOW PHYSICIAN LEADERS, HEALTH CARE ORGANIZATIONS AND PUBLIC POLICY MAKERS CAN ADVANCE MEDICAL PROFESSIONALISM THROUGHOUT THE HEALTH CARE SYSTEM IN ORDER TO IMPROVE CARE FOR EVERYONE. THE IDEALS OF PROFESSIONALISM, SUCH AS COMPETENCE AND THE PRIMACY OF PATIENT WELFARE, HAVE BEEN PREVIOUSLY DEFINED IN OUR WIDELY-ADOPTED PHYSICIAN CHARTER. INDIVIDUALS, ORGANIZATIONS, AND THE PROFESSION ALL EXPERIENCE OBSTACLES TO ACHIEVING THESE IDEALS.

THROUGH OUR INITIATIVES, WE SEEK TO BETTER UNDERSTAND THESE OBSTACLES AND EXPLORE WAYS TO OVERCOME THEM. MUCH OF OUR WORK FOCUSES ON ADVANCING MEDICAL PROFESSIONALISM IN THE AREA OF THE WISE USE, OR STEWARDSHIP, OF RESOURCES. (CONTINUED ON SCHEDULE O.)

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 3,160,485.

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

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

|   | Yes | 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> .....  |     | X  |
| <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> .....   | X   |    |
| <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> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>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> .....   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <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> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <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> .....   |     | X  |
| <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> .....   |     | X  |
| <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> .....   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <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>36 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> .....   |     | X  |
| <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> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a   | 14  |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b   | 1   |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**VINCENT MANDES - (215) 446-3500**  
**510 WALNUT STREET, SUITE 1700, PHILADELPHIA, PA 19106-3699**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                  | (B)<br>Average hours per week (list any hours for related organizations below 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   |  |   |   |
| (1) RICHARD J. BARON<br>PRESIDENT                      | 8.00<br>32.00   |   |                       | X       |              |                              | 175,444. | 701,774.   | 119,352.  |   |
| (2) DANIEL WOLFSON<br>EXECUTIVE VICE PRESIDENT/COO     | 40.00<br>0.00   |   |                       |         | X            |                              | 425,744. | 0.   | 76,835.   |   |
| (3) VINCENT MANDES<br>SENIOR VICE PRESIDENT/CFO        | 4.00<br>36.00   |   |                       | X       |              |                              | 38,488.  | 346,390.   | 45,432.   |   |
| (4) PAMELA BROWNER-WHITE<br>SVP, COMMUNICATIONS        | 4.00<br>36.00   |   |                       |         | X            |                              | 30,240.  | 272,166.   | 79,247.   |   |
| (5) LORNA LYNN<br>VP, MEDICAL EDUCATION RESEARCH       | 1.00<br>39.00   |   |                       |         |              | X                            | 5,951.   | 291,623.   | 42,750.   |   |
| (6) TIMOTHY LYNCH<br>SR. DIRECTOR, FOUNDATION PROGRAMS | 40.00<br>0.00   |   |                       |         |              | X                            | 165,914. | 0.   | 51,010.   |   |
| (7) WANDA ODOM<br>DIR, FDN COMMUNICATION TO MAR 2020   | 40.00<br>0.00   |   |                       |         |              | X                            | 111,432. | 0.   | 34,445.   |   |
| (8) MARIANNE M. GREEN, MD<br>BOT                       | 5.00<br>7.00  | X   |                       |         |              |                              | 4,250.   | 36,750.  | 0.  |   |
| (9) PATRICIA M. CONOLLY, MD<br>BOT                     | 5.00<br>5.00  | X   |                       |         |              |                              | 10,000.  | 25,000.  | 0.  |   |
| (10) CHRISTINE A. SINSKY, MD<br>CHAIR                  | 5.00<br>0.00  | X   |                       | X       |              |                              | 18,500.  | 0.   | 0.  |   |
| (11) DAVID L. COLEMAN, MD<br>BOT                       | 5.00<br>5.00  | X   |                       |         |              |                              | 10,745.  | 7,000.   | 0.  |   |
| (12) SHARON A. LEVINE, MD<br>BOT                       | 5.00<br>1.00  | X   |                       |         |              |                              | 10,000.  | 4,000.   | 0.  |   |
| (13) JACKIE JUDD<br>VICE CHAIR                         | 5.00<br>0.00  | X   |                       | X       |              |                              | 11,500.  | 0.   | 0.  |   |
| (14) FREDERICK CERISE, MD, MPH<br>BOT                  | 5.00<br>0.00  | X   |                       |         |              |                              | 10,000.  | 0.   | 0.  |   |
| (15) ANTONIA M. VILLARRUEL, PHD, RN<br>BOT             | 5.00<br>0.00  | X   |                       |         |              |                              | 10,000.  | 0.   | 0.  |   |
| (16) DAVID B. REUBEN, MD<br>SECRETARY-TREASURER        | 5.00<br>0.00  | X   |                       | X       |              |                              | 10,000.  | 0.   | 0.  |   |
| (17) CLARENCE H. BRADDOCK, III, MD<br>BOT              | 5.00<br>0.00  | X   |                       |         |              |                              | 8,500.   | 0.   | 0.  |   |

**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 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 |  |   |   |
| (18) GREGORY P. POULSEN, MBA<br>BOT                                  | 5.00<br>0.00  | X   |                       |         |              |                              |        | 8,500.   | 0.  | 0.  |
| (19) ANITA SAMARTH<br>BOT  | 5.00<br>0.00  | X   |                       |         |              |                              |        | 8,500.   | 0.  | 0.  |
| (20) JOHN G. HAROLD, MD<br>BOT                                       | 5.00<br>0.00  | X   |                       |         |              |                              |        | 5,750.   | 0.  | 0.  |
| (21) ELIZABETH A. MCGLYNN, PHD<br>IMMEDIATE PAST CHAIR               | 5.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 1,079,458.   | 1,684,703.  | 449,071.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 1,079,458.   | 1,684,703.  | 449,071.  |

**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 **4**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| <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> ..... | X   |    |
| <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> .....                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**



**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  | <b>1 a</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>            | 66,255.        |                                    |                            |  |  |
|   | <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>            | 87,618.        |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$             |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                      |                | 153,873.                           |                            |  |  |
| Program Service Revenue   | <b>2 a</b>  | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b>  |                      |                |                                    |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b>  |                      |                |                                    |                            |  |  |
|   | <b>e</b>  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                      |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |                      |                |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      | 1,134,462.     |                                    | -37,891.                   | 1,172,353.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                      | 962.           |                                    |                            | 962.   |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities | 3,285,627.                         |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 3,102,107.     |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>            | 183,520.       |                                    |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |                      | 183,520.       |                                    | 183,520.                   |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> HONORARIA   | <b>Business Code</b> | 900099         | 19,188.                            | 19,188.                    |  |  |
|   | <b>b</b> VENDOR REIMBURSEMENT   |                      | 900099         | 1,635.                             |                            | 1,635.   |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                      |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |                      |                | 20,823.                            |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                      | 1,493,640.     | 19,188.                            | -37,891.                   | 1,358,470.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 355,740.              | 355,740.                        |  |                             |
| <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   | 909,334.              | 909,334.                        |  |                             |
| <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   | 768,175.              | 768,175.                        |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 57,087.               | 57,087.                         |  |                             |
| <b>9</b> Other employee benefits  | 132,393.              | 132,393.                        |  |                             |
| <b>10</b> Payroll taxes   | 86,092.               | 86,092.                         |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | 14,482.               | 14,482.                         |  |                             |
| <b>c</b> Accounting   | 3,735.                | 3,735.                          |  |                             |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 191,793.              | 191,793.                        |  |                             |
| <b>12</b> Advertising and promotion   | 108,323.              | 108,323.                        |  |                             |
| <b>13</b> Office expenses   | 97,162.               | 97,162.                         |  |                             |
| <b>14</b> Information technology  | 5,238.                | 5,238.                          |  |                             |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 102,591.              | 102,591.                        |  |                             |
| <b>17</b> Travel  | 70,197.               | 70,197.                         |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 240,841.              | 240,841.                        |  |                             |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| <b>23</b> Insurance   | 17,302.               | 17,302.                         |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> _____  |                       |                                 |  |                             |
| <b>b</b> _____  |                       |                                 |  |                             |
| <b>c</b> _____  |                       |                                 |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 3,160,485.            | 3,160,485.                      | 0.                                     | 0.                          |
| <b>26</b> 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)<br>Beginning of year |               | (B)<br>End of year |
|---|--|--------------------------|---------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,753,448.               | <b>1</b>      | 2,077,733.         |
|   | <b>2</b> Savings and temporary cash investments .....  | 3,001.                   | <b>2</b>      | 3,002.             |
|   | <b>3</b> Pledges and grants receivable, net .....  | 266,498.                 | <b>3</b>      | 118,533.           |
|   | <b>4</b> Accounts receivable, net .....  | 26,953.                  | <b>4</b>      | 5,750.             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>      |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <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 .....   | 42,087.                  | <b>9</b>      | 70,841.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 24,011.       |               |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 24,011.       | <b>10c</b> 0. | 0.                 |
|   | <b>11</b> Investments - publicly traded securities .....   | 35,331,991.              | <b>11</b>     | 35,853,288.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 33,549,347.              | <b>12</b>     | 33,825,443.        |
|   | <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 33) ..... | 70,973,325.  | <b>16</b>                | 71,954,590.   |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 936,006.                 | <b>17</b>     | 799,273.           |
|   | <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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <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 .....  | 68,547.                  | <b>25</b>     | 63,967.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,004,553.               | <b>26</b>     | 863,240.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |               |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 69,702,274.              | <b>27</b>     | 70,972,817.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 266,498.                 | <b>28</b>     | 118,533.           |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |               |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>     |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>     |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>     |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 69,968,772.              | <b>32</b>     | 71,091,350.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 70,973,325.              | <b>33</b>     | 71,954,590.        |

**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  | 1,493,640.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 3,160,485.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -1,666,845. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 69,968,772. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 2,789,423.  |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 71,091,350. |

**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 _____<br>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? _____<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 |     | X  |
| 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                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| 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? _____  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____   |     |    |

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

|  |   |
|--|---|
| <b>Name of the organization</b><br>ABIM FOUNDATION | <b>Employer identification number</b><br>23-2585181 |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations ..... 1

| (i) Name of supported organization     | (ii) EIN   | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--|------------|---|---|----|---|---|
|  |            |   | Yes   | No |   |   |
| THE AMERICAN BOARD OF INTERNAL MEDICIN | 39-0866228 | 10  | X   |    | 355,740.  | 0.  |
|  |            |   |   |    |   |   |
|  |            |   |   |    |   |   |
|  |            |   |   |    |   |   |
| <b>Total</b>                           |            |   |   |    | 355,740.  | 0.  |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

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

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

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

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1.  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014   |                             |  |   |
| <b>b</b> From 2015   |                             |  |   |
| <b>c</b> From 2016   |                             |  |   |
| <b>d</b> From 2017   |                             |  |   |
| <b>e</b> From 2018   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015  |                             |  |   |
| <b>b</b> Excess from 2016  |                             |  |   |
| <b>c</b> Excess from 2017  |                             |  |   |
| <b>d</b> Excess from 2018  |                             |  |   |
| <b>e</b> Excess from 2019  |                             |  |   |

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

**FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 6:**

THE FOUNDATION AWARDED GRANTS TO THESE ORGANIZATIONS TO SUPPORT THE MISSION OF ABIM BY PROMOTING PROFESSIONALISM AS A FORCE TO IMPROVE THE QUALITY OF HEALTH CARE AND SEEKING TO REINFORCE THE CERTIFICATION PROCESS AS A MANIFESTATION OF PROFESSIONALISM; SUPPORTING ABIM'S EFFORTS TO ACQUIRE NEW KNOWLEDGE ABOUT HOW BEST TO ASSESS PHYSICIANS' KNOWLEDGE, SKILLS AND ATTITUDES AND EVALUATE THEIR PERFORMANCE THROUGH RESEARCH, PILOTS AND PRODUCT DEVELOPMENT; AND CONVENING THE MEDICAL COMMUNITY AND DIVERSE STAKEHOLDERS TO EXPLORE RELEVANT TOPICS THAT AFFECT PHYSICIAN PERFORMANCE:

\* COSTS OF CARE (501(C)(3) PUBLIC CHARITY) - TO CREATE A PROGRAM FOR U.S. MEDICAL STUDENTS TO PROMOTE CHOOSING WISELY AND HEALTH CARE VALUE

\* KAISER PERMANENTE WA HEALTH RESEARCH INSTITUTE (501(C)(3) PUBLIC CHARITY) - TO PROMOTE HIGH VALUE CARE CULTURE SURVEY ACROSS ACCOUNTABLE CARE ORGANIZATIONS

\* THE REGENTS OF THE UNIVERSITY OF MICHIGAN (501(C)(3) PUBLIC CHARITY) - TO PERFORM A SYSTEMATIC REVIEW OF LITERATURE ON CHOOSING WISELY

\* INSTITUTE FOR ACCOUNTABLE CARE (501(C)(3) PUBLIC CHARITY) - TO PROMOTE HIGH VALUE CARE CULTURE SURVEY ACROSS ACCOUNTABLE CARE ORGANIZATIONS

\* HENNEPIN HEALTHCARE RESEARCH INSTITUTE (501(C)(3) PUBLIC CHARITY) - TO PERFORM A SECONDARY DATA ANALYSIS OF HEALTHY WORK PLACE TRIAL DATA RELATED TO TRUST TOPICS

\* AMERICAN FOUNDATION FOR FIREARM INJURY REDUCTION IN MEDICINE (AFFIRM) (501(C)(3) PUBLIC CHARITY) - PURCHASE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING THE COVID-19 PANDEMIC

\* DUKE UNIVERSITY (501(C)(3) PUBLIC CHARITY) - SUPPORT DEVELOPMENT OF

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

**MISINFORMATION FIRST AID PROGRAM**

\* PUBLIC AGENDA, INC. (501(C)(3) PUBLIC CHARITY) - SUPPORT THE INVOLVEMENT OF PUBLIC AGENDA AND THE NATIONAL PATIENT ADVOCATE FOUNDATION IN THE BUILDING TRUST INITIATIVE

\* PATIENT CENTERED PRIMARY CARE COLLABORATIVE (501(C)(6) ORGANIZATION) - SPONSORSHIP OF EVENT TO SUPPORT THEIR MISSION OF ADVANCING AN EFFECTIVE AND EFFICIENT HEALTH SYSTEM BUILT ON A STRONG FOUNDATION OF PRIMARY CARE

\* DREXEL UNIVERSITY (501(C)(3) PUBLIC CHARITY) - DEPARTMENT OF EMERGENCY MEDICINE FUND FOR RESIDENTS AT DREXEL UNIVERSITY COLLEGE OF MEDICINE

\* NATIONAL ALLIANCE OF HEALTHCARE PURCHASER COALITIONS (501(C)(6) ORGANIZATION) - HELP PROMOTE CHOOSING WISELY TO EMPLOYERS AND PURCHASERS; PARTICIPATE IN THE BUILDING TRUST INITIATIVE

\* NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES (501(C)(3) PUBLIC CHARITY) - SPONSORSHIP OF EVENT TO SUPPORT THEIR MISSION OF MAKING REFORMS IN THE U.S. HEALTH CARE SYSTEM IN WAYS BENEFITING THE PROFESSIONAL WELL-BEING OF PHYSICIANS

THE FOUNDATION ALSO MADE A CHARITABLE DONATION TO AN UNRELATED PUBLIC CHARITY. THIS IS NOT A RECURRING ACTIVITY PURSUED BY THE FOUNDATION.

\* PROVIDENCE TRINITYCARE HOSPICE FOUNDATION (501(C)(3) PUBLIC CHARITY) - OPERATING SUPPORT

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization ABIM FOUNDATION Employer identification number 23-2585181

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (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, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 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. Table with 2 columns: Held at the End of the Tax Year, rows 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

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

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 24,011.                         | 24,011.                      | 0.             |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 0.             |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)    | (b) Book value     | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) Financial derivatives   |                    |   |
| (2) Closely held equity interests                                       |                    |   |
| (3) Other   |                    |   |
| (A) <b>TIFF KEYSTONE FUND, LP</b>                                       | <b>33,825,443.</b> | <b>END-OF-YEAR MARKET VALUE</b>                           |
| (B)   |                    |   |
| (C)   |                    |   |
| (D)   |                    |   |
| (E)   |                    |   |
| (F)   |                    |   |
| (G)   |                    |   |
| (H)   |                    |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | <b>33,825,443.</b> |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>DUE TO AMERICAN BOARD OF INTERNAL</b>                              |                |
| (3) <b>MEDICINE</b>   | <b>63,967.</b> |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>63,967.</b> |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



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

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>  | 4,145,274. |
| <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> | 2,789,423. |
| <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> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....  | <b>2e</b> | 2,789,423. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....   | <b>3</b>  | 1,355,851. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |            |
| <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> | 137,789.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....  | <b>4c</b> | 137,789.   |
| <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>  | 1,493,640. |

**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>  | 3,022,696. |
| <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> | -137,789.  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....   | <b>2e</b> | -137,789.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....  | <b>3</b>  | 3,160,485. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |            |
| <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 expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>  | 3,160,485. |

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|                                       |          |
|---------------------------------------|----------|
| FOUNDATION CONTRIBUTION FROM ABIM     | 66,255.  |
| UNSPENT GRANT FUNDS                   | 71,534.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 137,789. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|  |           |
|--|-----------|
| FOUNDATION CONTRIBUTION FROM ABIM      | -66,255.  |
| UNSPENT GRANT FUNDS                    | -71,534.  |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | -137,789. |

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **ABIM FOUNDATION** Employer identification number **23-2585181**

**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" on 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.

| <b>1 (a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--|---------------------------------|--|--|--|--|
| COSTS OF CARE<br>19 PONTIAC ROAD<br>QUINCY, MA 02169  | 27-2898108     | 501(C)(3)                              | 85,000.                         | 0.                                       |  |  | TO CREATE A PROGRAM FOR U.S. MEDICAL STUDENTS TO PROMOTE CHOOSING WISELY AND HEALTH CARE VALUE |
| KAISER PERMANENTE WA HEALTH RESEARCH INSTITUTE - 1730 MINOR AVENUE, SUITE 1600 - SEATTLE, WA 98101          | 91-0511770     | 501(C)(3)                              | 55,970.                         | 0.                                       |  |  | TO PROMOTE HIGH VALUE CARE CULTURE SURVEY ACROSS ACCOUNTABLE CARE ORGANIZATIONS                |
| THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109                   | 38-6006309     | 501(C)(3)                              | 36,152.                         | 0.                                       |  |  | TO PERFORM A SYSTEMATIC REVIEW OF LITERATURE ON CHOOSING WISELY                                |
| INSTITUTE FOR ACCOUNTABLE CARE<br>601 13TH STREET NW, STE 900S<br>WASHINGTON, DC 20005                      | 82-2461803     | 501(C)(3)                              | 34,000.                         | 0.                                       |  |  | TO PROMOTE HIGH VALUE CARE CULTURE SURVEY ACROSS ACCOUNTABLE CARE ORGANIZATIONS                |
| HENNEPIN HEALTHCARE RESEARCH INSTITUTE - 701 PARK AVENUE, PP7.700 - MINNEAPOLIS, MN 55415                   | 41-1677920     | 501(C)(3)                              | 33,618.                         | 0.                                       |  |  | TO PERFORM A SECONDARY DATA ANALYSIS OF HEALTHY WORK PLACE TRIAL DATA RELATED TO TRUST TOPICS  |
| AMERICAN FOUNDATION FOR FIREARM INJURY REDUCTION IN MEDICINE (AFFIRM) - PO BOX 503 - WILLIAMSTOWN, MA 01267 | 82-3454784     | 501(C)(3)                              | 25,000.                         | 0.                                       |  |  | PURCHASE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING THE COVID-19 PANDEMIC                   |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11.**

**3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2019)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| DUKE UNIVERSITY<br>2200 WEST MAIN STREET, SUITE 300<br>DURHAM, NC 27705                                      | 56-0532129 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | SUPPORT DEVELOPMENT OF MISINFORMATION FIRST AID PROGRAM  |
| PUBLIC AGENDA, INC.<br>WEWORK, 1 DOCK 72 WAY, 7TH FLOOR, S<br>BROOKLYN, NY 11205                             | 13-2847587 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | SUPPORT THE INVOLVEMENT OF PUBLIC AGENDA AND THE NATIONAL PATIENT ADVOCATE FOUNDATION IN THE   |
| PATIENT CENTERED PRIMARY CARE COLLABORATIVE - 601 13TH STREET NW, STE 430 NORTH - WASHINGTON, DC 20005       | 26-2012522 | 501(C)(6)                     | 10,000.                  | 0.                                |   |  | SPONSORSHIP OF EVENT TO SUPPORT THEIR MISSION OF ADVANCING AN EFFECTIVE AND EFFICIENT HEALTH   |
| PROVIDENCE TRINITYCARE HOSPICE FOUNDATION - 5315 TORRANCE BLVD., SUITE B-1 - TORRANCE, CA 90503              | 33-0261016 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | OPERATING SUPPORT  |
| DREXEL UNIVERSITY<br>3201 ARCH STREET, SUITE 420<br>PHILADELPHIA, PA 19104                                   | 23-1352630 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | DEPARTMENT OF EMERGENCY MEDICINE FUND FOR RESIDENTS AT DREXEL UNIVERSITY COLLEGE OF            |
| NATIONAL ALLIANCE OF HEALTHCARE PURCHASER COALITIONS - 1015 18TH STREET NW, SUITE 730 - WASHINGTON, DC 20036 | 65-0328971 | 501(C)(6)                     | 5,000.                   | 0.                                |   |  | HELP PROMOTE CHOOSING WISELY TO EMPLOYERS AND PURCHASERS; PARTICIPATE IN THE BUILDING TRUST    |
| NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES - 1875 CONNECTICUT AVENUE NW, SUITE 650 - WASHINGTON, DC 20009   | 23-7124915 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | SPONSORSHIP OF EVENT TO SUPPORT THEIR MISSION OF MAKING REFORMS IN THE U.S. HEALTH CARE SYSTEM |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

GRANTS ARE MADE TO A RELATED SUPPORTED ORGANIZATION, AMERICAN BOARD OF INTERNAL MEDICINE (ABIM), WHICH HAS SIMILAR BOARD MEMBERS. MONITORING OF THE GRANT FUNDS IS PERFORMED BY THE BOARD MEMBERS.

GRANTEES OTHER THAN ABIM PROVIDE FORMAL QUARTERLY AND ANNUAL REPORTS. AT LEAST ONE SITE VISIT IS CONDUCTED WITH EACH GRANTEE DURING THE COURSE OF THE GRANT.

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC AGENDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE INVOLVEMENT OF PUBLIC AGENDA AND THE NATIONAL PATIENT ADVOCATE FOUNDATION IN THE BUILDING TRUST INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

PATIENT CENTERED PRIMARY CARE COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF EVENT TO SUPPORT THEIR MISSION OF ADVANCING AN EFFECTIVE AND EFFICIENT HEALTH SYSTEM BUILT ON A STRONG FOUNDATION OF PRIMARY CARE

NAME OF ORGANIZATION OR GOVERNMENT: DREXEL UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DEPARTMENT OF EMERGENCY MEDICINE FUND FOR RESIDENTS AT DREXEL UNIVERSITY COLLEGE OF MEDICINE

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ALLIANCE OF HEALTHCARE PURCHASER COALITIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP PROMOTE CHOOSING WISELY TO EMPLOYERS AND PURCHASERS; PARTICIPATE IN THE BUILDING TRUST INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF EVENT TO SUPPORT THEIR MISSION OF MAKING REFORMS IN THE U.S. HEALTH CARE SYSTEM IN WAYS BENEFITING THE PROFESSIONAL WELL-BEING OF PHYSICIANS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **ABIM FOUNDATION** Employer identification number **23-2585181**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

**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> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title                                     |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) RICHARD J. BARON<br>PRESIDENT                      | (i)  | 137,601.   | 34,400.                             | 3,443.                              | 20,754.  | 3,116.                  | 199,314.                        | 0.  |
|  | (ii) | 550,402.   | 137,600.                            | 13,772.                             | 83,017.  | 12,465.                 | 797,256.                        | 0.  |
| (2) DANIEL WOLFSON<br>EXECUTIVE VICE PRESIDENT/COO     | (i)  | 318,866.   | 71,123.                             | 35,755.                             | 44,785.  | 32,050.                 | 502,579.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) VINCENT MANDES<br>SENIOR VICE PRESIDENT/CFO        | (i)  | 28,369.  | 6,283.                              | 3,836.                              | 4,478.   | 65.                     | 43,031.                         | 0.  |
|  | (ii) | 255,319.   | 56,548.                             | 34,523.                             | 40,306.  | 583.                    | 387,279.                        | 0.  |
| (4) PAMELA BROWNER-WHITE<br>SVP, COMMUNICATIONS        | (i)  | 23,196.  | 4,527.                              | 2,517.                              | 4,292.   | 3,633.                  | 38,165.                         | 0.  |
|  | (ii) | 208,768.   | 40,748.                             | 22,650.                             | 38,624.  | 32,698.                 | 343,488.                        | 0.  |
| (5) LORNA LYNN<br>VP, MEDICAL EDUCATION RESEARCH       | (i)  | 5,142.   | 761.                                | 48.                                 | 811.   | 44.                     | 6,806.                          | 0.  |
|  | (ii) | 251,960.   | 37,311.                             | 2,352.                              | 39,734.  | 2,161.                  | 333,518.                        | 0.  |
| (6) TIMOTHY LYNCH<br>SR. DIRECTOR, FOUNDATION PROGRAMS | (i)  | 147,071.   | 2,000.                              | 16,843.                             | 23,547.  | 27,463.                 | 216,924.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III Supplemental Information**

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

**PART I, LINE 7:**

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ABIM FOUNDATION

Employer identification number

23-2585181

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

AS AN OPERATING CHARITY, THE ABIM FOUNDATION DEVELOPS AND IMPLEMENTS  
PROJECTS IN SUPPORT OF OUR MISSION TO ADVANCE THE CORE VALUES OF  
MEDICAL PROFESSIONALISM AS A FORCE TO IMPROVE THE QUALITY OF HEALTH  
CARE.

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

AS AN OPERATING CHARITY, THE ABIM FOUNDATION DEVELOPS AND IMPLEMENTS  
PROJECTS IN SUPPORT OF OUR MISSION TO ADVANCE THE CORE VALUES OF  
MEDICAL PROFESSIONALISM AS A FORCE TO IMPROVE THE QUALITY OF HEALTH  
CARE. ONE OF OUR MOST SIGNIFICANT CONTRIBUTIONS HAS BEEN THE  
PUBLICATION OF MEDICAL PROFESSIONALISM IN THE NEW MILLENNIUM: A  
PHYSICIAN CHARTER IN 2002. OUR PAST AND PRESENT INITIATIVES FOCUS ON  
PROMOTING THE PRINCIPLES AND COMMITMENTS OUTLINED IN THIS SEMINAL  
DOCUMENT.

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

THIS INCLUDES THE SUCCESSFUL CHOOSING WISELY CAMPAIGN WHICH HAS  
RESHAPED HOW PHYSICIANS AND PATIENTS DISCUSS WHETHER OR NOT PARTICULAR  
SERVICES ARE IN THE BEST INTEREST OF THE PATIENT.

FORM 990, PART V, LINE 2:

ABIM FOUNDATION DOES NOT HAVE ANY EMPLOYEES OF ITS OWN. EMPLOYEES  
WORKING ON BEHALF OF ABIM FOUNDATION ARE EMPLOYEES OF ABIM. THESE  
EMPLOYEES ARE PAID VIA A COMMON PAYMASTER AGREEMENT BETWEEN ABIM AND  
ABIM FOUNDATION. ABIM FOUNDATION PROVIDES A 100% REIMBURSEMENT OF

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

Schedule O (Form 990 or 990-EZ) (2019)

|   |  |
|---|--|
| Name of the organization<br>ABIM FOUNDATION | Employer identification number<br>23-2585181 |
|---|--|

WAGES, PAYROLL TAXES AND BENEFIT COSTS TO ABIM FOR EMPLOYEE TIME SPENT WORKING ON FOUNDATION ACTIVITIES. ABIM FILES ALL PAYROLL TAX RETURNS AND PAYS APPLICABLE TAXES WHEN DUE UNDER THEIR EIN 39-0866228.

FORM 990, PART VI, SECTION A, LINE 6:

THE AMERICAN BOARD OF INTERNAL MEDICINE (ABIM), A RELATED 501(C)(3) PUBLIC CHARITY, IS CONSIDERED A MEMBER OF THE FOUNDATION PER THE INTERNAL REVENUE SERVICE DEFINITION OF MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRESIDENT/CEO, CHAIR, AND IMMEDIATE PAST CHAIR OF ABIM ARE REQUIRED TO BE TRUSTEES OF THE FOUNDATION. (THE PRESIDENT/CEO OF ABIM IS ALSO THE PRESIDENT/CEO OF THE FOUNDATION.) EITHER, FOUR, FIVE, OR SIX OF THE FOUNDATION'S TRUSTEES ARE SELECTED BY ABIM, DEPENDING ON THE TOTAL NUMBER OF FOUNDATION TRUSTEES (TWELVE, FOURTEEN, OR SIXTEEN). THESE INDIVIDUALS MUST BE ACTIVE OR RECENT EMERITUS DIRECTORS OF ABIM, OR ACTIVE OR RECENT MEMBERS OF THE ABIM COUNCIL OR ONE OF THE ABIM SPECIALTY BOARDS. (FORMER DIRECTORS, COUNCIL MEMBERS AND MEMBERS OF SPECIALTY BOARDS MUST HAVE SERVED WITHIN SIX YEARS OF BEING APPOINTED AS A TRUSTEE OF THE FOUNDATION). ANY BOARD MEMBER ELECTED BY ABIM MAY BE REMOVED BY ABIM.

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

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

|  |   |
|--|---|
| Name of the organization<br><b>ABIM FOUNDATION</b> | Employer identification number<br><b>23-2585181</b> |
|--|---|

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

MEMBERS OF THE BOARD OF TRUSTEES AND COMMITTEES ARE EXPECTED TO HAVE THE MISSION OF THE FOUNDATION AS THEIR PRIMARY INTEREST WHEN CONTRIBUTING TO THE FOUNDATION'S WORK. A CONFLICT OF INTEREST MAY ARISE WHEN, DUE TO A COMPETING OUTSIDE INTEREST, A BOARD TRUSTEE OR COMMITTEE MEMBER HAS THE OPPORTUNITY TO INFLUENCE FOUNDATION ACTIVITY IN WAYS THAT COULD LEAD TO, OR APPEAR TO LEAD TO, PERSONAL OR INSTITUTIONAL GAIN OR ADVANTAGE. THE ABIM FOUNDATION CONFLICT OF INTEREST POLICY IS INTENDED TO MANAGE CONFLICTS THAT ARISE FROM COMPETING INTERESTS.

INTERESTS THAT HAVE THE POTENTIAL TO BE IN CONFLICT WITH THE INTERESTS OF THE FOUNDATION INCLUDE EMPLOYMENT, CONSULTANCIES, AND ADVISORY POSITIONS TO PHARMACEUTICAL, MEDICAL SUPPLY, AND OTHER MEDICAL OR BIOTECHNOLOGY COMPANIES; PERSONAL INVESTMENTS IN SUCH COMPANIES; AND OTHER AFFILIATIONS (E.G., SERVICE AS A TRUSTEE, OFFICER, OR DIRECTOR) WITH MEDICAL ORGANIZATIONS. FOUNDATION ACTIVITIES WHICH COULD BE INAPPROPRIATELY INFLUENCED INCLUDE DECISIONS ON GRANT AWARDS, PROGRAMS AND POLICY DEVELOPMENT.

IN ADDITION TO COMPLETING THE ANNUAL DISCLOSURE REQUIREMENTS, TRUSTEES, COMMITTEE MEMBERS, AND EXECUTIVE STAFF MEMBERS MUST DISCLOSE TO THE GOVERNANCE AND NOMINATING COMMITTEE ON AN ONGOING BASIS ALL MATERIAL FACTS CONCERNING ANY SITUATION THAT MIGHT BE VIEWED AS A CONFLICT.

IN ORDER TO ENSURE IMPARTIAL DECISION MAKING, NO TRUSTEE, COMMITTEE MEMBER, OR EXECUTIVE STAFF MEMBER SHALL PARTICIPATE (OTHER THAN BY PROVIDING INFORMATION) IN ANY DELIBERATION OR DECISION IN WHICH HE OR SHE HAS A

|   |  |
|---|--|
| Name of the organization<br>ABIM FOUNDATION | Employer identification number<br>23-2585181 |
|---|--|

CONFLICT OF INTEREST. THE FINAL ARBITER OF WHETHER OR NOT A CONFLICT EXISTS IS THE GOVERNANCE AND NOMINATING COMMITTEE. ANY TRUSTEE, COMMITTEE MEMBER, OR EXECUTIVE STAFF MEMBER MAY REQUEST A REVIEW AND OPINION OF THAT COMMITTEE AT ANY TIME.

THE FULL CONFLICT OF INTEREST POLICY CAN BE FOUND ON THE FOUNDATION WEBSITE [HTTP://ABIMFOUNDATION.ORG/WHO-WE-ARE/TRUSTEES/CONFLICT-OF-INTEREST-POLICY](http://abimfoundation.org/who-we-are/trustees/conflict-of-interest-policy).

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

THE ABIM FOUNDATION ENGAGES AN EXTERNAL COMPENSATION VENDOR TO CONDUCT AN ORGANIZATION-WIDE COMPENSATION REVIEW ROUGHLY EVERY THREE YEARS TO ASSURE COMPETITIVE BASE AND TOTAL COMPENSATION FOR ALL EMPLOYEES UP THROUGH AND INCLUDING VICE PRESIDENTS. EACH CYCLE, THE VENDOR:

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

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

IN ADDITION, COMPENSATION OF OUR CEO IS REVIEWED EACH YEAR BY THE EXECUTIVE

|  |   |
|--|---|
| Name of the organization<br><b>ABIM FOUNDATION</b> | Employer identification number<br><b>23-2585181</b> |
|--|---|

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

THE REVIEW AND APPROVAL OF CEO AND EXECUTIVE-LEVEL STAFF COMPENSATION IS  
 DOCUMENTED IN THE MINUTES OF THE ECC.

FORM 990, PART VI, SECTION C, LINE 19:  
 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL  
 STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **ABIM FOUNDATION** Employer identification number **23-2585181**

**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)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
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**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<br>of related organization  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| THE AMERICAN BOARD OF INTERNAL MEDICINE -<br>39-0866228, 510 WALNUT STREET, SUITE 1700,<br>PHILADELPHIA, PA 19106 | TO ENHANCE THE QUALITY OF<br>HEALTH CARE IN INTERNAL<br>MEDICINE | IOWA  | 501(C)(3)                     | LINE 10   | N/A                                 |  | X  |
|   |  |   |                               |   |                                     |  |    |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

**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<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>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 Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
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**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<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                              |   |   |
|---|------------------------------|---|---|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>ABIM FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>510 WALNUT STREET, NO. 1700</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>PHILADELPHIA, PA 19106-3699</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/> <b>23-2585181</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)<br/> <b>900099</b></p> |
|---|------------------------------|---|---|

**C** Book value of all assets at end of year **71,954,590.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **PASS-THROUGH INVESTMENT INCOME**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **VINCENT MANDES** Telephone number ▶ **(215) 446-3500**

| Part I Unrelated Trade or Business Income  | (A) Income         | (B) Expenses  | (C) Net         |
|--|--------------------|---------------|-----------------|
| <b>1a</b> Gross receipts or sales  |                    |               |                 |
| <b>b</b> Less returns and allowances   |                    |               |                 |
| <b>c</b> Balance   | <b>1c</b>          |               |                 |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   | <b>2</b>           |               |                 |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  | <b>3</b>           |               |                 |
| <b>4a</b> Capital gain net income (attach Schedule D)  | <b>4a</b>          |               |                 |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b>          |               |                 |
| <b>c</b> Capital loss deduction for trusts   | <b>4c</b>          |               |                 |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               | <b>5 -37,891.</b>  | <b>STMT 1</b> |                 |
| <b>6</b> Rent income (Schedule C)  | <b>6</b>           |               |                 |
| <b>7</b> Unrelated debt-financed income (Schedule E)   | <b>7</b>           |               |                 |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>           |               |                 |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>           |               |                 |
| <b>10</b> Exploited exempt activity income (Schedule I)  | <b>10</b>          |               |                 |
| <b>11</b> Advertising income (Schedule J)  | <b>11</b>          |               |                 |
| <b>12</b> Other income (See instructions; attach schedule)                                     | <b>12</b>          |               |                 |
| <b>13 Total.</b> Combine lines 3 through 12  | <b>13 -37,891.</b> |               | <b>-37,891.</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Deductions must be directly connected with the unrelated business income.)

|  |            |                           |
|--|------------|---------------------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |                           |
| <b>15</b> Salaries and wages   | <b>15</b>  |                           |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |                           |
| <b>17</b> Bad debts  | <b>17</b>  |                           |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |                           |
| <b>19</b> Taxes and licenses   | <b>19</b>  |                           |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>  |                           |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> | <b>21b</b>                |
| <b>22</b> Depletion  | <b>22</b>  |                           |
| <b>23</b> Contributions to deferred compensation plans   | <b>23</b>  |                           |
| <b>24</b> Employee benefit programs  | <b>24</b>  |                           |
| <b>25</b> Excess exempt expenses (Schedule I)  | <b>25</b>  |                           |
| <b>26</b> Excess readership costs (Schedule J)   | <b>26</b>  |                           |
| <b>27</b> Other deductions (attach schedule)   | <b>27</b>  |                           |
| <b>28 Total deductions.</b> Add lines 14 through 27  | <b>28</b>  | <b>0.</b>                 |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13           | <b>29</b>  | <b>-37,891.</b>           |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>30</b>  | <b>SEE STATEMENT 2 0.</b> |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   | <b>31</b>  | <b>-37,891.</b>           |

**Part III Total Unrelated Business Taxable Income**

|    |   |    |          |
|----|---|----|----------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 32 | -37,891. |
| 33 | Amounts paid for disallowed fringes   | 33 |          |
| 34 | Charitable contributions (see instructions for limitation rules)  | 34 | 0.       |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33             | 35 | -37,891. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 3</b>                           | 36 | 0.       |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35   | 37 | -37,891. |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)   | 38 | 1,000.   |
| 39 | <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | -37,891. |

**Part IV Tax Computation**

|    |  |    |    |
|----|--|----|----|
| 40 | <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)   | 40 | 0. |
| 41 | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 |    |
| 42 | <b>Proxy tax.</b> See instructions   | 42 |    |
| 43 | Alternative minimum tax (trusts only)  | 43 |    |
| 44 | <b>Tax on Noncompliant Facility Income.</b> See instructions   | 44 |    |
| 45 | <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | 45 | 0. |

**Part V Tax and Payments**

|     |  |     |    |
|-----|--|-----|----|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 46a |    |
| b   | Other credits (see instructions)   | 46b |    |
| c   | General business credit. Attach Form 3800  | 46c |    |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 46d |    |
| e   | <b>Total credits.</b> Add lines 46a through 46d  | 46e |    |
| 47  | Subtract line 46e from line 45   | 47  | 0. |
| 48  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48  |    |
| 49  | <b>Total tax.</b> Add lines 47 and 48 (see instructions)   | 49  | 0. |
| 50  | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50  | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019  | 51a |    |
| b   | 2019 estimated tax payments  | 51b |    |
| c   | Tax deposited with Form 8868   | 51c |    |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)   | 51d |    |
| e   | Backup withholding (see instructions)  | 51e |    |
| f   | Credit for small employer health insurance premiums (attach Form 8941)   | 51f |    |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total   | 51g |    |
| 52  | <b>Total payments.</b> Add lines 51a through 51g   | 52  |    |
| 53  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | 53  |    |
| 54  | <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   | 54  |    |
| 55  | <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 55  |    |
| 56  | Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | 56  |    |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |  |     |    |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |     | X  |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$   |     |    |

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **SENIOR VICE PRESIDENT/CFO**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **VICKI RAIVITCH, CPA** Preparer's signature: **VICKI RAIVITCH, CPA** Date: **04/19/21** Check  if self-employed PTIN: **P02060731**

Firm's name: **CLIFTONLARSONALLEN LLP** Firm's EIN: **41-0746749**

Firm's address: **610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462** Phone no.: **(215) 643-3900**

ABIM FOUNDATION

23-2585181

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

| DESCRIPTION  | NET INCOME<br>OR (LOSS) |
|--|-------------------------|
| LP EIN: 76-0847743 - ORDINARY BUSINESS INCOME (LOSS) | 45,248.                 |
| LP EIN: 76-0847743 - NET RENTAL REAL ESTATE INCOME   | -4,427.                 |
| LP EIN: 76-0847743 - OTHER NET RENTAL INCOME (LOSS)  | -2,767.                 |
| LP EIN: 76-0847743 - INTEREST INCOME                 | 3,301.                  |
| LP EIN: 76-0847743 - DIVIDEND INCOME                 | 8.                      |
| LP EIN: 76-0847743 - ROYALTIES                       | 409.                    |
| LP EIN: 76-0847743 - OTHER PORTFOLIO INCOME (LOSS)   | 6.                      |
| LP EIN: 76-0847743 - OTHER INCOME (LOSS)             | -79,669.                |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5         | -37,891.                |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

| TAX YEAR                          | LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 06/30/19                          | 38,588.        | 0.                            | 38,588.           | 38,588.                |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                               | 38,588.           | 38,588.                |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

| TAX YEAR                          | LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 06/30/15                          | 7,842.         | 0.                            | 7,842.            | 7,842.                 |
| 06/30/16                          | 11,473.        | 0.                            | 11,473.           | 11,473.                |
| 06/30/17                          | 53,023.        | 0.                            | 53,023.           | 53,023.                |
| 06/30/18                          | 27,188.        | 0.                            | 27,188.           | 27,188.                |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                               | 99,526.           | 99,526.                |

Mail to:  
Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120  
See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

**Charitable Organization  
Registration Statement**  
BCO-10 (rev. 8/2017)  
**Fee: See instructions**

Read all instructions prior to completing form.

Certificate number: 29381  
(N/A if initial registration)

Fiscal year ended: 06/30/2020  
MM DD YYYY

FEIN: 23-2585181

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:  
 Organization is exempt from registration because \_\_\_\_\_  
 Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: ABIM FOUNDATION

Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

\_\_\_\_\_

3. Contact person: VINCENT MANDES, SENIOR VP Contact's E-mail: VMANDES@ABIM.ORG

4. Physical address of organization: \_\_\_\_\_ Mailing address: (If different than physical) \_\_\_\_\_

510 WALNUT STREET, NO. 1700

PHILADELPHIA

PA 19106-3699

County: PHILADELPHIA

800 number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: (215) 446-3500

Fax number: \_\_\_\_\_

Email (if different than Contact's email): \_\_\_\_\_

Website: WWW.ABIMFOUNDATION.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):  
NON-PROFIT CORPORATION

Where established: PENNSYLVANIA

Date established:\* 10/17/1989

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

**ABIM FOUNDATION**

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

NONE

,

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_  
MM DD YYYY

Other \_\_\_\_\_

9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

\_\_\_\_\_  
MM DD YYYY

Other \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.



**ABIM FOUNDATION**

10. Has the organization been granted IRS tax-exempt status?  Yes  No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified?  Yes  No  
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?  Yes  No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

THE ABIM FOUNDATION DOES NOT ROUTINELY SOLICIT CONTRIBUTIONS. ON OCCASION, THE FOUNDATION SEEKS CONTRIBUTIONS FROM OTHER FOUNDATIONS OR NONPROFITS.

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

ESTABLISHING AND MAINTAINING CHARITABLE, EDUCATIONAL, SCIENTIFIC PURPOSE IN ORDER TO ADVANCE THE QUALITY OF HEALTHCARE AND MEDICAL EDUCATION. THESE PROGRAMS ARE IN EXISTENCE.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes  No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.)  Yes  No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: \_\_\_\_\_  
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 1

**ABIM FOUNDATION**

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 2

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?  
(See note "Affiliate and Parent Organization")  Yes  No  Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:  
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  
 Yes  No  Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.  
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

\_\_\_\_\_  
Legal name of parent organization

\_\_\_\_\_  
Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3

**ABIM FOUNDATION**

**22.** Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

DANIEL WOLFSON

510 WALNUT STREET, SUITE 1700 PHILADELPHIA, PA 19106

B. Have final responsibility for the custody of contributions:

VINCENT MANDES

510 WALNUT STREET, SUITE 1700 PHILADELPHIA, PA 19106

C. Have final responsibility for final distribution of contributions:

VINCENT MANDES

510 WALNUT STREET, SUITE 1700 PHILADELPHIA, PA 19106

D. Are responsible for custody of financial records:

VINCENT MANDES

510 WALNUT STREET, SUITE 1700 PHILADELPHIA, PA 19106

**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?  Yes  No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\*  Yes  No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*  Yes  No

\*\* (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

**24.** Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?  Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  Yes  No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?  Yes  No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**ABIM FOUNDATION**

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

VINCENT MANDES, SENIOR VICE PRESIDENT/CFO

Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

DANIEL B. WOLFSON, EXECUTIVE VICE PRESIDENT/COO

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

ABIM FOUNDATION

23-2585181

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESS

TITLE

RICHARD J. BARON  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

PRESIDENT

NAME AND ADDRESS

TITLE

DANIEL WOLFSON  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

EXECUTIVE VICE PRESIDENT/COO

NAME AND ADDRESS

TITLE

VINCENT MANDES  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

SENIOR VICE PRESIDENT/CFO

ABIM FOUNDATION23-2585181NAME AND ADDRESSTITLE

PAMELA BROWNER-WHITE  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

SVP, COMMUNICATIONS

NAME AND ADDRESSTITLE

MARIANNE M. GREEN, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESSTITLE

PATRICIA M. CONOLLY, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESSTITLE

CHRISTINE A. SINSKY, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

CHAIR

NAME AND ADDRESSTITLE

DAVID L. COLEMAN, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESSTITLE

SHARON A. LEVINE, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESSTITLE

JACKIE JUDD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

VICE CHAIR

NAME AND ADDRESSTITLE

FREDERICK CERISE, MD, MPH  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESSTITLE

ANTONIA M. VILLARRUEL, PHD, RN  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESSTITLE

DAVID B. REUBEN, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

SECRETARY-TREASURER

ABIM FOUNDATION

23-2585181

NAME AND ADDRESS

TITLE

CLARENCE H. BRADDOCK, III, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESS

TITLE

GREGORY P. POULSEN, MBA  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESS

TITLE

ANITA SAMARTH  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESS

TITLE

JOHN G. HAROLD, MD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

BOT

NAME AND ADDRESS

TITLE

ELIZABETH A. MCGLYNN, PHD  
510 WALNUT STREET, NO. 1700  
PHILADELPHIA, PA 19106-3699

IMMEDIATE PAST CHAIR