Extended to November 15, 2018

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Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

Open to Public

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

Inspection

OMB No. 1545-0047

Check if applicable: C Name of organization D Employer identification number Address change AMERICAN BOARD OF OPHTHALMOLOGY Name change 23-1693176 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 664-1175 111 PRESIDENTIAL BLVD 241 (610) termin-ated 6,849,061. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BALA CYNWYD, PA 19004-1004 H(a) Is this a group return Applica-F Name and address of principal officer: GEORGE B. BARTLEY, MD Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No) ◀ (insert no.) L If "No," attach a list. (see instructions) J Website: ► WWW.ABOP.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 1916 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: To serve the public by Activities & Governance certifying ophthalmologists through the verification of Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 322 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) Revenue 4,367,715.4,379,454. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 169,347. 277,725. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,537,062. 4,657,179 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,421,440. 2,437,854. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,390,670. 2,319,112. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,812,110. 4,756,966. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -99,787. -1,275,048. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 7,044,146. 7,108,710. 20 Total assets (Part X, line 16) 1,673,351. 1,591,467. 21 Total liabilities (Part X, line 26) 5,370,795**.** 5,517,243. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign GEORGE B. BARTLEY, MD, CHIEF EXECUTIVE OFFICER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature ₽00535522 DANELLE R. STEWART, CPA Paid Firm's name S. R. SNODGRASS, P.C. 25-1616561 Preparer Firm's EIN Firm's address 2009 MACKENZIE WAY, SUITE 340 Use Only Phone no. (724) 934-0344 CRANBERRY TOWNSHIP, PA 16066 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Founded in 1916, the American Board of Ophthalmology (ABO) is an
	independent, not-for-profit organization and the nation's first
	medical specialty certifying board. Our mission is to serve the public
	by certifying ophthalmologists through the verification of
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? X Yes No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	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.
1 d	(Code:) (Expenses \$
	challenged themselves to meet the rigorous certification standards
	established by the American Board of Ophthalmology.
	escusioned si che innerional scara el opinimalmeregit
	The first medical specialty board founded in the United States, the
	American Board of Ophthalmology awards the only medical specialty
	certificate in ophthalmology recognized by both the American Board of
	Medical Specialties (ABMS) and the American Medical Association (AMA).
	Certification is granted to ophthalmologists who meet a series of
	accredited medical training requirements in ophthalmology; sign a
	practice pledge indicating their intent to practice with compassion,
	integrity, and respect for human dignity; and complete an intensive
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Maintenance of Certification embodies the principles of career-long
	learning and continuous improvement for the benefit of the public and
	the profession and aims to:
	 establish and maintain high standards for patient care;
	2. provide physicians with the means to continually assess and improve
	their ability to meet these standards;
	3. ensure that physicians are being assessed by reliable and valid
	measures to continually improve patient care.
	Standards for high-quality ophthalmic care are based on six general
	competencies: patient care, medical knowledge, practice-based learning
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Certification of board certification status: The ABO provides primary source verification of board certification to the public, credentialing
	organizations, and other interested entities.
	Organizacions, and other interested entitles.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶
	Form 990 (2017)

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)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,,	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			**
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19	لييا	Λ

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	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? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee: in 763, complete our cauche, rarriv	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	, , , , , , , , , , , , , , , , , , , ,	30		Х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ		32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		Х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		33a		
Ü	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		26		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38		20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	77	

Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable 1 a 255 b Enter the number of Forms W-26 included in line 1s. Enter 0- if not applicable 1 b 0 o 0 b 1 b enter the number of Forms W-26 included in line 1s. Enter 0- if not applicable 1 b 0 o 0 b 1 b enter the number of employees reported of line 1s. Enter 0- if not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return 3b If a least one is reported on line 2a, did the organization life all required detail employment tax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year. 3c Did the organization have unrelated business gross income of \$1,000 or more during the year. 3c Did the organization have unrelated business gross income of \$1,000 or more during the year. 3d Did the organization have unrelated business gross income of \$1,000 or more during the year. 3d Did the organization thave unrelated business gross income of \$1,000 or more during the year. 3d Did the organization and the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a shart account, securities account, or other financial accounts? 4d X X 3d Did any taxoble party notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Did any contributions that were not tax deductible as charitable contributions? 5d Did were the financial party to a prohibited tax shelter transaction at any time during the tax year? 5d Did the organization have an account security of the page taxob and the organization necess of \$5 made party is a combination and party for prohibited tax		Check if Schedule O contains a response of note to any line in this part v				Ш	
b Enter the number of Forms W2G included in line 1a. Enter of 1 not applicable Dec.					Yes	No	
c Did the organization comply with backup withholding fulles for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 2a Effect the number of employees reported on Form W-0, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 In It least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In It least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In If I weak in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In I weak in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In I weak in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In I weak in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In I weak in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In I weak it filed a Form 900-T for the year? If "No," to line 3a, provide an explanation in Schedule 0 3 In I weak it filed a Form 900-T for the year? If "No," to line 3a, provide an explanation in Schedule 0 4 In I weak it is a fire of the organization file for year year in Interest in, or a signature or other authority over, a financial Account (FBAR). 5 In If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 In I weak in organization selection of the organization than till was or is a party to a prohibited tax shelter transaction? 5 In I weak in organization have an ot tax deductible as charitable contributions? 5 If "Yes," the line organization have an explanation organization selection and year organization have an other with the organization organization selection organization than the probability of the organization or							
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Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, for the calendary are anding with or within the year covered by this return. 15	С			_	v		
fleef for the calendary year ending with or within the year covered by this return 1	0-		I	10	Λ		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a LX 3b if "Yes," has it filed a Form 90-17 for this year? If "No," to fine 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time enter the name of the foreign country. 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was Was the organization at a prohibited tax shelter transaction at any time during the tax year? 5c Was Was the organization shelt are ontitive organization file Form 8886-17 6c Was	2a		15				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, * Inst Iffed a Form 980 of 10 rt his year? If Yes, * To fire 36, provide an explanation in Schedule 0 3b If Yes, * Institute occurs in a foreign country, such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, * In it is eas or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * In it is a 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * In it is a 5a or 5b, did the organization the Form 888617? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edicutible: 6c Very Corporations that may receive deductible contributions under section 170(c). 8c If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organizations that may receive deductible contributions under section 170(c). 9c If Yes, * did the organization indiffy the donor of the value of the goods or services provided? 9c Organizations that may receive deductible contributions under section 170(c). 9c If Yes, * did the organization notify the donor of the value of the goods or services provided? 9c If Yes, * did the organization notify the donor of the value of the goods or services provided? 9c If Yes, * did th	L				x		
3a	b			20	21		
b If "Yes," has it flied a Form 99.0-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4b If "Yes," enter the name of the foreign country. 5c If Yes," enter the name of the foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes," to line 5a or 5b, did the organization file Form 88861? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible or any contributions that were not tax educutible as charitable contributions? 6c Union of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). a bill the organization notify the donor of the value of the goods or services provided? 7d If Yes, indicate the number of Forms 8882 fled during the year of the walk of the goods or services provided? 7d If Yes, indicate the number of Forms 8882 fled during the year of the walk of the organization flee form 8890 as required? 7d If the organization received an contribution of case, boats, an indirectly, to pay premiums on a personal benefit contract? 7d If the organization received an contribution of case, boats, an indirectly, in the payment of the contract? 7d If the organization received an contribution of case, boats, an indirectly, in the goods of the organization f	32			32		x	
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			<u> </u>				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	* * * * *	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a		1041?	12a			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 17 If "No," provide an explanation in Schedule O 18 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 17 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	b	· · · · · · · · · · · · · · · · · · ·	1 1				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						77	
						X	
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		000	(004-	

732005 11-28-17

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		any other						
_	officer, director, trustee, or key employee?		-	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, or trustees, or key employees to a management company or other person?								
4									
5	Did the organization become aware during the year of a significant diversion of the organization's as:			4 5		X			
6	Did the organization have members or stockholders?			6		X			
_	Did the organization have members of stockholders, or other persons who had the power to elect or a			-					
7a				7a		х			
L	more members of the governing body?			1 a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			76		x			
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b					
8			•	_	Х				
a	The governing body?			8a	X	_			
b	Each committee with authority to act on behalf of the governing body?			8b	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					v			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)						
			1		Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe						
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х	\perp			
15	Did the process for determining compensation of the following persons include a review and approve		dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	rith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ(Sect	ion 501(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	in Scl	nedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	l finan	cial				
	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 bo	oks ar	nd records: ▶						
	BETH ANN COMBER, ADMINISTRATOR - (610) 664-1175								
	111 PRESIDENTIAL BLVD, SUITE 241, BALA CYNWYD, PA	19	004-1075						

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

X

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.

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

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

(6) K. DAVID EPLEY, MD	(A)	(B)	Ĭ		(()		(D)	(E)	(F)
Compensation Comp	Name and Title	hours per	box,	(do not check more than one box, unless person is both an		compensation	compensation	amount of		
(1) JANE A. BAILEY, MD		(list any hours for related organizations below line)	_					the organization	organizations	compensation from the organization and related
(2) KEITH H. BARATZ, MD	-		v					15 766	0	0
BOARD DIRECTOR			Λ					13,700.	0.	· ·
(3) J. DOUGLAS CAMERON, MD	•		x					12 171	0	0
BOARD DIRECTOR			23					12,11.	•	•
(4) SOPHIA CHUNG, MD	•		x					12.479.	0.	0.
BOARD DIRECTOR										•
STANDER STAN			X					16,071.	0.	0.
(6) K. DAVID EPLEY, MD	(5) CLAUDE L. COWAN, MD							,		
Color Colo	•		X					3,794.	0.	0.
Columb C	(6) K. DAVID EPLEY, MD	4.00	7	7						
BOARD DIRECTOR O.00 X	BOARD DIRECTOR	0.00	X					12,803.	0.	0.
(8) KENNETH M. GOINS, MD 4.00 BOARD DIRECTOR 0.00 X 9,397. 0.0.0 (9) DAVID C. HERMAN, MD 4.00 X 5,887. 0.0.0 BOARD DIRECTOR 0.00 X 14,222. 0.0.0 (10) DALE K. HEUER, MD 4.00 X 14,222. 0.0.0 VICE CHAIR 0.00 X 10,150. 0.0.0 (11) DON O. KIKKAWA, MD 4.00 X 10,150. 0.0.0 BOARD DIRECTOR 0.00 X 10,150. 0.0.0 (12) LANNING B. KLINE, MD 4.00 X 8,605. 0.0.0 (13) ANDREAS K. LAUER, MD 4.00 X 12,177. 0.0.0 (14) PAUL P. LEE, MD 4.00 X 0.0.0 0.0.0 (14) PAUL P. LEE, MD 4.00 X 0.0.0 0.0.0 (15) SARAH NEHLS-RIKKERS, MD 4.00 X 12,337. 0.0.0 (16) HAROLD E. SHAW, JR., MD 4.00 X 12,821. 0.0.0 BOARD DIRECTOR 0.00	(7) STEVEN J. GEDDE, MD									
BOARD DIRECTOR O.00 X 9,397. O. O.	BOARD DIRECTOR		Х					11,585.	0.	0.
(9) DAVID C. HERMAN, MD 4.00 X 5,887. 0.0.0 (10) DALE K. HEUER, MD 4.00 X 14,222. 0.0.0 VICE CHAIR 0.00 X X 14,222. 0.0.0 (11) DON O. KIKKAWA, MD 4.00 X 10,150. 0.0.0 BOARD DIRECTOR 0.00 X 8,605. 0.0.0 (12) LANNING B. KLINE, MD 4.00 X 8,605. 0.0.0 BOARD DIRECTOR 0.00 X 12,177. 0.0.0 (13) ANDREAS K. LAUER, MD 4.00 X 12,177. 0.0.0 BOARD DIRECTOR 0.00 X X 0.0.0 0.0.0 (14) PAUL P. LEE, MD 4.00 X 0.0.0 0.0.0 0.0.0 (15) SARAH NEHLS-RIKKERS, MD 4.00 X 12,337. 0.0.0 0.0.0 BOARD DIRECTOR 0.00 X 12,821. 0.0.0 0.0.0 (16) HAROLD E. SHAW, JR., MD 4.00 X 12,821. 0.0.0 0.0.0 (1	(8) KENNETH M. GOINS, MD								_	_
BOARD DIRECTOR O.00 X S,887. O. O. O.	BOARD DIRECTOR		Х					9,397.	0.	0.
100 DALE K. HEUER, MD	(9) DAVID C. HERMAN, MD									
VICE CHAIR 0.00 X X 14,222. 0.0 0.0 (11) DON O. KIKKAWA, MD 4.00 3.0 4.00 3.0 3.0 0.0			X					5,887.	0.	0.
Column C			,,		,,			14 222	0	0
BOARD DIRECTOR 0.00 X 10,150. 0.0. 0.0. (12) LANNING B. KLINE, MD 4.00 8,605. 0.0. 0.0. BOARD DIRECTOR 0.00 X 12,177. 0.0. 0.0. (14) PAUL P. LEE, MD 4.00 12,177. 0.0. 0.0. (15) SARAH NEHLS-RIKKERS, MD 4.00 0.00 0.00 0.0. 0.0. BOARD DIRECTOR 0.00 0.00 0.00 0.00 0.0. 0.0. (17) BHAVNA P. SHETH, MD 4.00 0.00 0.00 0.00 0.00 0.00 BOARD DIRECTOR 0.00 0.00 0.00 0.00 0.00 0.00 0.00			X		X			14,222.	0.	0.
Column C	•		v					10 150	0	0
BOARD DIRECTOR 0.00 X 8,605. 0.0. (13) ANDREAS K. LAUER, MD 4.00 12,177. 0.0. BOARD DIRECTOR 0.00 X 12,177. 0.0. (14) PAUL P. LEE, MD 4.00 0.00 X 0.0. CHAIR 0.00 X X 0.0. 0.0. (15) SARAH NEHLS-RIKKERS, MD 4.00 12,337. 0.0. 0.0. BOARD DIRECTOR 0.00 X 12,821. 0.0. 0.0. (16) HAROLD E. SHAW, JR., MD 4.00 12,821. 0.0. 0.0. BOARD DIRECTOR 0.00 X 19,428. 0.0. 0.0.			22					10,130.	0.	
March Marc	-		x					8,605	0.	0.
BOARD DIRECTOR 0.00 X 12,177. 0.0.0. (14) PAUL P. LEE, MD 4.00 0.00 X 0.0.0. CHAIR 0.00 X 0.0.0.0. 0.0.0.0. (15) SARAH NEHLS-RIKKERS, MD 4.00 12,337. 0.0.0.0. BOARD DIRECTOR 0.00 X 12,337. 0.0.0.0. (16) HAROLD E. SHAW, JR., MD 4.00 12,821. 0.0.0.0. BOARD DIRECTOR 0.00 X 19,428. 0.0.0.0.0.								3,000		
(14) PAUL P. LEE, MD 4.00 CHAIR 0.00 X (15) SARAH NEHLS-RIKKERS, MD 4.00 BOARD DIRECTOR 0.00 X (16) HAROLD E. SHAW, JR., MD 4.00 BOARD DIRECTOR 0.00 X (17) BHAVNA P. SHETH, MD 4.00 BOARD DIRECTOR 0.00 X 12,821. 0.00 19,428. 0.00	-		х					12,177.	0.	0.
CHAIR (15) SARAH NEHLS-RIKKERS, MD BOARD DIRECTOR (16) HAROLD E. SHAW, JR., MD BOARD DIRECTOR (17) BHAVNA P. SHETH, MD BOARD DIRECTOR 0.00 X 12,337. 0.0. 0.0. 12,821. 0.0. 0.0. 19,428. 0.0.								,	-	<u> </u>
(15) SARAH NEHLS-RIKKERS, MD BOARD DIRECTOR (16) HAROLD E. SHAW, JR., MD BOARD DIRECTOR (17) BHAVNA P. SHETH, MD BOARD DIRECTOR 0.00 X 12,337. 0.0.0. 12,821. 0.0.0. 12,821. 0.0.0.	•		х		x			0.	0.	0.
(16) HAROLD E. SHAW, JR., MD 4.00 BOARD DIRECTOR 0.00 X (17) BHAVNA P. SHETH, MD 4.00 BOARD DIRECTOR 0.00 X 12,821. 0. 0. 0.	(15) SARAH NEHLS-RIKKERS, MD									
(16) HAROLD E. SHAW, JR., MD 4.00 BOARD DIRECTOR 0.00 X (17) BHAVNA P. SHETH, MD 4.00 BOARD DIRECTOR 0.00 X 12,821. 0. 0. 0.	BOARD DIRECTOR	0.00	Х					12,337.	0.	0.
(17) BHAVNA P. SHETH, MD 4.00 X 19,428. 0. 0.	(16) HAROLD E. SHAW, JR., MD									
BOARD DIRECTOR 0.00 X 19,428. 0. 0.	BOARD DIRECTOR		Х					12,821.	0.	0.
	(17) BHAVNA P. SHETH, MD									
	BOARD DIRECTOR	0.00	Х					19,428.	0.	0 . Form 990 (2017)

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Form 990 (2017) AMERICAN	DUARD (JF	U	-п.	т пл	ותצ	4TOT	LOGI	23-1093	<u> </u>	P	age c
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A)	(A) (B)				C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Es	stimate	ed	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ar	nount	of
	week	-	cer ar	nd a d	irecto	or/trus	itee)	from	from related		other	
	(list any	ector						the	organizations	com	npensa	ation
	hours for	or dir	a.			ated		organization	(W-2/1099-MISC)		rom th	
	related organizations	stee	truste			bens		(W-2/1099-MISC)		ı ~	ganizat	
	below	al tru	onal		oloye	ee com					d relat	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer			org	anizati	ons
(18) DEBRA J. SHETLAR, MD	4.00		† <u> </u>		×	1	_					
BOARD DIRECTOR	0.00	Х						11,728.	0.			0.
(19) JULIA L. STEVENS, MD	4.00											
BOARD DIRECTOR	0.00	Х						12,661.	0.			0.
(20) MATTHEW E. FITZGERALD, Dr.PH	4.00											
BOARD DIRECTOR		Х						10,784.	0.			0.
(21) SCOTT WALLACE, JD, MBA	4.00	ļ						0.664	•			•
BOARD DIRECTOR	0.00	Х						9,664.	0.			0.
(22) GEORGE B. BARTLEY, MD	40.00	ļ		l					•			•
CEO (Salary/benefits - see Sch. 0)		Х		Х				0.	0.			0.
(23) BETH ANN COMBER	50.00								_	_		
ADMINISTRATOR	0.00			Х		L		205,000.	0.	5	0,7	00.
(24) MICK ENG	40.00								_	_	_	
IT MANAGER	0.00					X	\leq	129,000.	0.	2	5,8	00.
(25) BRIAN MARTIN	40.00								_	_		
IT COORDINATOR	0.00			4		Х		112,000.	0.	3	2,1	00.
		1										
1b Sub-total		Ь						680,530.	0.	10	8,6	00.
c Total from continuation sheets to Part V								0.	0.		- 7 -	0.
d Total (add lines 1b and 1c)								680,530.	0.	10	8,6	00.
2 Total number of individuals (including but i							no re	· · · · · · · · · · · · · · · · · · ·	0.000 of reportable			
compensation from the organization					•	,			, ,			3
											Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for such individual								3		Х	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization												
and related organizations greater than \$15										4	Х	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	nplete Schedul	e J t	for s	uch	pers	son .				5		Х

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.

the organization. Report compensation for the calcindar year ending with or within the organization's tax year.								
(A)	(B)	(C)						
Name and business address	Description of services	Compensation						
MAYO CLINIC	Dr. Bartley's							
200 1ST STREET SW, ROCHESTER, MN 55905	services to ABO	579,280.						
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than							

Form **990** (2017)

\$100,000 of compensation from the organization

			,		D OF OPH	THALMOLOGY		23-1693	176 Page 9
Pa	rt V	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
3ra Ioui		b	Membership dues	1b					
is, (С	Fundraising events	1c					
Giff		d	Related organizations	1d					
Simi		е	Government grants (contribut	ions) 1e					
er S		f	All other contributions, gifts, gran	ts, and					
ţ.			similar amounts not included abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines						
<u>a</u> C		h	Total. Add lines 1a-1f						
					Business Code				
ice	2	а	EXAMINATION FEES		541900	4,206,381.	4,206,381.		
er.		b	EXAM DEVELOPMENT	01.001.000	541900	158,664.	158,664.		
m S		С	INT'L TRAINED OPHTHALM		541900 541900	7,000.	7,000.		
gra Re		d	CERTIFICATION DIPLOMAS VERIFICATION CHARGES		541900	3,715.	3,715.		
Program Service Revenue		e			541900	3,145. 549.	3,145. 549.		
_			All other program service reverse Total. Add lines 2a-2f			4,379,454.	549.		
_	3		Investment income (including			1,575,151.			
	Ū		other similar amounts)	,	,	164,859.			164,859.
	4		Income from investment of ta						
	5		Royalties		-				
	·		nojakioo	(i) Real	(ii) Personal				
	6	а	Gross rents	· · · ·	(-)				
			Less: rental expenses						
			Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	2,304,748.					
		b	Less: cost or other basis						
			and sales expenses	2,191,882.					
			Gain or (loss)	112,866.					
			Net gain or (loss)		>	112,866.			112,866.
e	8	а	Gross income from fundraisin						
Other Revenue			including \$						
Be			contributions reported on line						
her			Part IV, line 18						
ō			Less: direct expenses Net income or (loss) from fund						
	۵		Gross income from gaming ac	~					
	9	а	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
		_	and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	а							
		b							
		С							
		d	All other revenue						
		е	Total. Add lines 11a-11d		>				

4,657,179

4,379,454.

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 (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 685,579 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,184,035. Other salaries and wages _____ 7 Pension plan accruals and contributions (include 225,014 section 401(k) and 403(b) employer contributions) 248,039. Other employee benefits 9 95,187. Payroll taxes 10 Fees for services (non-employees): Management 40,950. Legal 30,525. Accounting Lobbying Professional fundraising services. See Part IV, line 17 32,561. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 107,829.Office expenses 13 30,170. 14 Information technology Royalties 15 152,982. 16 Occupancy 36,491. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 154,762. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 162,458. Depreciation, depletion, and amortization 22 56,303. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **EXAMINATION ADMIN** 1,136,335. PROGRAM EXPENSES 377,746. С d All other expenses е 4,756,966. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			289,794.	1	278,100.
	2	Savings and temporary cash investments			13,094.	2	13,095.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	25,000.	4	184,356.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	nployees. Complete				
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9				159,399.	9	226,539
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,932,739.			
	b	Less: accumulated depreciation	10b	1,796,822.	277,552.	10c	135,917. 6,269,171.
	11	Investments - publicly traded securities			6,277,775.	11	6,269,171.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,532.	15	1,532.
	16	Total assets. Add lines 1 through 15 (must equa			7,044,146.	16	7,108,710.
	17	Accounts payable and accrued expenses			104,826.	17	50,792.
	18	Grants payable			1 560 505	18	1 540 685
	19	Deferred revenue			1,568,525.	19	1,540,675.
	20	Tax-exempt bond liabilities	-			20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to current and former	_				
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
	00	Schedule D			1,673,351.	25	1,591,467.
	26	Total liabilities. Add lines 17 through 25			1,073,331.	26	1,391,407.
"		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an		ck here 🕨 📖 and			
Š	27					27	
lan	27	Unrestricted net assets				28	
Ba	28	Temporarily restricted net assets Permanently restricted net assets				29	
ů	29	Organizations that do not follow SFAS 117 (A		R) shock here		29	
Ē		and complete lines 30 through 34.	30 93	b), check here			
ts o	30				0.	30	0.
se.	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed		To the second se	0.	31	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			5,370,795.	32	5,517,243.
Š	32	Total net assets or fund balances			5,370,795.	33	5,517,243.
	34				7,044,146.	34	7,108,710.
	J4	Total liabilities and net assets/fund balances			,,044,140.	34	7,100,710.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,65			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,75			
3	Revenue less expenses. Subtract line 2 from line 1	3				87.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	,37			
5	Net unrealized gains (losses) on investments	5		24	6,2	35.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	5	,51	7,2	43.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,				
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,				
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

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 Open to Public Inspection

Name of the organization

AMERICAN BOARD OF OPHTHALMOLOGY

Employer identification number 23-1693176

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	form a made allela mobile to be an effect		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	· · · · · · · · · · · · · · · · · · ·	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	· ·	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
	conservation easements.		NI 0: 11 A
Pa	rt III Organizations Maintaining Collections of	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

732051 10-09-17

Schedule D (Form 990) 2017

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	rt III Organizations Maintaining C	ollections of Ar				or Othe	r Simil			rage z ied)
3	Using the organization's acquisition, accession									
Ü	(check all that apply):	on, and other record	s, criccit ai	ly of the	Tollowing that	t arc a si	griiioarit	usc of its	CONCOLION	items
а	Public exhibition	d		n or ove	hange progra	ıme				
b	Scholarly research	e e	Oth		riarige progra	11115				
C	Preservation for future generations	e	Ou							
	<u> </u>	Mostions and synlair	how thou	further t	ho organizatio	on's over	ant nurn	ooo in Dor	· VIII	
4 5	Provide a description of the organization's co							JSE III Faii	L AIII.	
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma								Yes	□ No
Pai	rt IV Escrow and Custodial Arrang									No_
ı aı	reported an amount on Form 990, Par		ite ii tile or	yarıızatıo	ii alisweleu	res on	FOIIII 990	J, Fait IV,	iii le 9, 0i	
12	Is the organization an agent, trustee, custodia		iany for cor	ntribution	ne or other acc	eate not	included			
ıa									Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ 1es	L NO
D	ii res, explain the arrangement in Fart Alli a	and complete the for	lowing tab	e.					Amount	
_	Deginning belongs						10		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								Yes	Na
	Did the organization include an amount on Fo						•		」 Yes	No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete if									
ı aı	Endowment Funds: Complete in	i						ears back	(a) Four	/ears back
4.	Pariania a farantalana	(a) Current year	(b) Prior	year	(c) Two years	S Dack	(a) Tillee y	rears back	(e) Four y	tais back
	Beginning of year balance			~						
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		<i>(ii)</i>	. ,						
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, d	column (a	a)) neid as:					
а	Board designated or quasi-endowment	2/	_%							
b		%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	ssion of the organiza	ition that a	re held a	ınd admınıste	red for th	ne organiz	zation	Г.	
	by:									res No
	(i) unrelated organizations								3a(i)	_
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Do:	Describe in Part XIII the intended uses of the		wment fun	ds.						
Pal	rt VI Land, Buildings, and Equipm		D-4 54 5		D F	D- 11	li d 0			
	Complete if the organization answered								.	
	Description of property	(a) Cost or of			or other		cumulate		(d) Book	value
		basis (investr	ient)	pasis	(other)	aep	reciation			
	Land									
	Buildings									
	Leasehold improvements			2.0	0 022		10 0	00	71	7/2
	Equipment				0,033.		248,2			,743.
	Other				2,706.	1,5	48,5	34.	125	,174.

Schedule D (Form 990) 2017

Part VII	Investments - Other Securities.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, III (b) Book value	(c) Method of valuation: Cost	
	(b) book value	(c) Method of Valuation. Cost	l or end-or-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 900 Part IV lin	o 11c. Soo Form 990. Bart V. line 13	2
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)	(-,	(5)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d. See Form 990. Part X. line 15	5
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		•
Part X Other Liabilities.	0 70.7		
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f See Form 990 Part X	line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
. ,			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 05)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e ∠ɔ.)		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	٦.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total re	evenue, gains, and other support per audited financial statements		1	4,870,852.	
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	246,235.		
b	Donate	d services and use of facilities	2b			
С	Recove	eries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	246,235.
3	Subtra	ct line 2e from line 1			3	4,624,617.
4		ts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a	32,561.		
b	Other (Describe in Part XIII.)	4b	1.		
С	Add lin	es 4a and 4b			4c	32,562.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,657,179.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total e	xpenses and losses per audited financial statements			1	4,724,404.
2	Amoun	ts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	d services and use of facilities	. 2a			
b	Prior ye	ear adjustments	2b			
С	Other le	osses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lin	es 2a through 2d	.,		2e	0.
3	Subtra	ct line 2e from line 1			3	4,724,404.
4	Amoun	ts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	. 4a	32,561.		
b	Other (Describe in Part XIII.)	4b	1.		
С		es 4a and 4b			4c	32,562.
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,756,966.

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 Board accounts for uncertainties in income taxes in accordance with authoritative guidance, which presents a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management determined that there were no tax uncertainties that met the recognition threshold for the years ended December 31, 2017 and 2016.

The organization's federal exempt organization business income tax returns for 2017, 2016, and 2015 remain subject to examination by the IRS.

Part XIII Supplemental Information (continued)
The board's policy is to recognize interest related to unrecognized tax
benefits in interest expense and penalties in operating expenses.
Part XI, Line 4b - Other Adjustments:
Rounding 1.
Part XII, Line 4b - Other Adjustments:
Rounding 1.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AMERICAN BOARD OF OPHTHALMOLOGY

Employer identification number 23-1693176

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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		
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		
o	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ļ		
3	Regulations section 53.4958-6(c)?	9		
	I IDAGIGUOTO GODUOTI DU TOUU VIVI:			

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Schedule J (Form 990) 2017

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990	
(1) BETH ANN COMBER (i)	205,000.	0.	0.	41,000.	9,700.	255,700.	0.	
ADMINISTRATOR (ii	0.	0.	0.	0.	0.	0.	0.	
(2) MICK ENG (i)	129,000.	0.	0.	25,800.	0.	154,800.	0.	
IT MANAGER (ii		0.	0.	0.	0.	0.	0.	
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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.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN BOARD OF OPHTHALMOLOGY

Employer identification number 23-1693176

Form 990, Part I, Line 1, Description of Organization Mission: competencies.

Form 990, Part III, Line 1, Description of Organization Mission: competencies.

Form 990, Part III, Line 2, New Program Services:

Successfully piloted in 2017, Quarterly Questions is an exam

alternative program designed to assess the knowledge of practicing

ophthalmologists. The program uses a longitudinal assessment model

where a pass/fail decision is made on a Diplomate's performance over

time. As of 2019, Quarterly Questions will replace the Demonstration of

Cognitive Knowledge (DOCK) examination for all Diplomates.

Form 990, Part III, Line 4a, Program Service Accomplishments:

evaluation process that includes both a written qualifying examination

and an oral examination. Physicians who meet all of the requirements

for initial certification become diplomates of the board and earn a

certificate valid for a period of 10 years. Since the early 1990s, all

diplomates who elect to retain an active certificate participate in

periodic assessments of knowledge, judgment, and skill in addition to

demonstrating a commitment to practice improvement. This process has

been termed Maintenance of Certification (MOC).

Successful candidates are certified by the American Board of

Ophthalmology for a period of ten years. The ABO issued initial

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

AMERICAN BOARD OF OPHTHALMOLOGY

Certificates to 501 persons in 2017.

Form 990, Part III, Line 4b, Program Service Accomplishments:

and improvement, interpersonal and communication skills,

professionalism, and systems-based practice. The ABO, along with other

surgical certifying boards, also recognizes a seventh competency in

surgical or procedural skills.

The ABO's maintenance of certification process is the only one for eye care specialists that is recognized by the American Board of Medical Specialties. The ABO recertified 926 ophthalmologists in 2017.

Form 990, Part VI, Section A, line 1:

There shall be an executive committee of the board of directors consisting of the chair, vice-chair, CEO, public directors in their second term, and the chairs of the written examinations committee, the oral examinations committee, finance committee, admissions committee, nominating and governance committee, examiners committee and the maintenance of certification committee. During the period between regular meetings of the board of directors, the executive committee shall be vested with all powers and authority which the board of directors may exercise, provided the actions of such executive committee shall not revoke prior but still effective action taken by the board of directors. The executive committee shall report its actions to the board of directors at each regular meeting of the board of directors.

Form 990, Part VI, Section B, line 11b:

Management engages an accounting firm to draft the Form 990. The Form then

Name of the organization

AMERICAN BOARD OF OPHTHALMOLOGY

Employer identification number 23-1693176

is reviewed by the ABO's Finance Committee and then by all members of the Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

The ABO's Conflict of Interest policy is sent to all members of the Board of Directors and all employees each year. Each person is required to acknowledge, in writing, receipt and review of the policy and to disclose any known, potential, or perceived conflicts. The Credentials Committee reviews the disclosure forms, seeks further information when potential conflicts are identified, and works with the individuals to eliminate the conflicts. If a board member has a conflict that cannot be eliminated, he or she is recused from any relevant decisions.

Form 990, Part VI, Section B, Line 15:

The ABO covers board director travel, lodging, and meal expenses (meal reimbursement is limited to \$75/day). A per diem of \$1,000 is provided to board directors for meeting days that fall during the work week (approximately three days for each meeting). In addition to meetings, the board directors work without compensation approximately 10% or 4 hours per week on ABO-related activities. Total compensation for individual directors may vary based on their participation in additional ABO activities.

The CEO's compensation is assessed annually, dependent on performance, and determined by the executive director compensation committee using a formula based on the Association of American Medical Colleges faculty survey.

Staff compensation ranges are determined based on job scope and performance in reference to an independent salary survey that includes both national

Name of the organization

AMERICAN BOARD OF OPHTHALMOLOGY

Employer identification number 23-1693176

and local benchmarks. This survey is conducted every two to three years with annual updates.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy, and financial statements are available on the ABO website.

Form 990, Page 7, Part VII, Column B:

The CEO is considered a part time employee who works for the ABO at 80% time. This is based on a 50-hour work week.

Members of the ABO board of directors spend an average of 10% of a 40-hour work week performing board-related activities. The work varies according to the Director's committee responsibilities.

The staff work a standard 40-hour work week.

Form 990, Part VII, Section A, Line 1a, (22):

Dr. Bartley is employed by the Mayo Clinic, where he sees patients and performs surgery one day per week (0.2 FTE). The ABO renumerates the Mayo Clinic for the balance of his professional time (0.8 FTE) all of which is devoted to ABO responsibilities. His compensation is set at 80% (given his 0.8 FTE as ABO CEO) of the 75th percentile for ophthalmology department chairs from a salary survey from the Association of American Medical Colleges. Of note, Dr. Bartley served as Chair of the Mayo Clinic Department of Ophthalmology from 1992 - 2001, and as Chief Executive Officer of Mayo Clinic in Florida from 2002 - 2008.