## **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.

6 **Open to Public** 

OMB No. 1545-0047

|                                | ntment of the<br>nal Revenue S |                    |  | about Form 990 and its         |              |                 | -          | -                                 |            |                 | nspecti                               |              |
|--------------------------------|--------------------------------|--------------------|--|--------------------------------|--------------|-----------------|------------|-----------------------------------|------------|-----------------|---------------------------------------|--------------|
|                                |                                |                    | dar year, or tax year begir                  |                                |              | ), and endi     |            |                                   |            | , 2             | -                                     |              |
|                                |                                | C Name             | of organization                              |                                |              |                 |            | D Employer ic                     | lentifi    | ication nun     | ıber                                  |              |
| Bc                             | heck if applicable             | e: THE             | AMERICAN BOARD OF                            | RADIOLOGY                      |              |                 |            |                                   |            |                 |                                       |              |
|                                | Address<br>change              | Doing              | Business As                                  |                                |              |                 |            | 41-077                            | 378        | 7               |                                       |              |
|                                | Name chang                     | <sub>je</sub> Numb | er and street (or P.O. box if mail is        | not delivered to street addres | s)           | Room/suite      |            | E Telephone r                     | umbe       | er              |                                       |              |
|                                | Initial return                 | 544                | 1 E. WILLIAMS CIRCI                          | LE                             |              |                 |            | (520) 79                          | )<br>) – 2 | 2900            |                                       |              |
|                                | Terminated                     | City o             | r town, state or province, country, a        | and ZIP or foreign postal code | 9            |                 |            |                                   |            |                 |                                       |              |
|                                | Amended<br>return              | TUC                | SON, AZ 85711                                |                                |              |                 |            | G Gross receip                    | ots \$     | 22              | ,375                                  | ,584.        |
|                                | Application                    | F Name             | and address of principal officer:            | BRENT J WAGNE                  | ER, MD       |                 |            | H(a) Is this a gro                |            | urn for         | Yes                                   | XNC          |
|                                | ponding                        | 544                | 1 E. WILLIAMS CIRC                           | LE, TUCSON, AZ                 | 85711        |                 |            | subordinate<br>H(b) Are all subor |            | included?       | Yes                                   | No           |
| I                              | Tax-exempt                     | status:            | 501(c)(3) X 501(c) (                         | 6 ) ◀ (insert no.)             | 4947(a)(1)   | or 5            | 27         | If "No," atta                     | ich a li:  | st. (see instru | ctions)                               |              |
| J                              | Website:                       | ▶ WWW.T            | HEABR.ORG                                    |                                |              |                 |            | H(c) Group exen                   | nption ·   | number 🕨        |                                       |              |
| к                              | Form of org                    | ganization:        | X Corporation Trust                          | Association Other              | •            | L Year          | of format  | tion: 1934 <b>M</b>               | State      | e of legal do   | omicile:                              | DC           |
|                                |                                | ummary             |  |                                |              |                 |            | I                                 |            |                 |                                       |              |
|                                |                                | eflv describ       | e the organization's mission o               | r most significant activities  | : TO CE      | RTIFY T         | HAT O      | UR DIPLON                         | 1ATF       | ES              |                                       |              |
| e                              |                                |                    | ATE THE REQUISITE F                          |                                |              |                 |            |                                   |            |                 |                                       |              |
| anc                            | OF                             | ' THEIR            | DISCIPLINE TO THE                            | BENEFIT OF PAT                 | IENTS.       |                 |            |                                   |            |                 |                                       |              |
| Activities & Governance        | 2 Che                          | eck this box       | x ▶ if the organization d                    | iscontinued its operation      | s or dispos  | ed of more the  | nan 25%    | of its net asse                   | <br>ts.    |                 |                                       |              |
| 200                            |                                |                    | ing members of the governing                 |                                |              |                 |            |                                   | 3          |                 |                                       | 9.           |
| ళ                              |                                |                    | ependent voting members of t                 |                                |              |                 |            |                                   | 4          |                 |                                       | 9.           |
| ties                           |                                |                    | of individuals employed in cale              |                                |              |                 |            |                                   | 5          |                 |                                       | 110.         |
| tivi                           |                                |                    | of volunteers (estimate if necess            |                                |              |                 |            |                                   | 6          |                 | 1,                                    | ,163.        |
| Ac                             |                                |                    | d business revenue from Part V               |                                |              |                 |            |                                   | 7a         |                 |                                       | 0            |
|                                |                                |                    | business taxable income from I               |                                |              |                 |            |                                   | 7b         |                 |                                       | 0            |
|                                |                                |                    |  |                                |              |                 |            | Prior Year                        | 1          | Cur             | rent Y                                | ear          |
|                                | 8 Con                          | tributions a       | and grants (Part VIII, line 1h)              |                                |              |                 | ,          | 64,7                              | 67.        |                 | 7                                     | 7,731        |
| nue                            | 9 Proc                         | aram servi         | ce revenue (Part VIII, line 2g)              |                                |              | PY FOR          |            | 17,877,62                         | 27.        | 15              | ,914                                  | 1,889        |
| Revenue                        |                                |                    | come (Part VIII, column (A), line            |                                | PUBLIC I     | NSPECTION       |            | 967,7                             |            |                 | -                                     | 7,313        |
| Ř                              |                                |                    | e (Part VIII, column (A), lines 5,           |                                | L            |                 | J          | 45,0                              |            |                 |                                       |              |
|                                |                                |                    | - add lines 8 through 11 (must               |                                |              |                 |            | 18,955,1                          |            | 16              | ,750                                  | ),924        |
|                                |                                |                    | nilar amounts paid (Part IX, colu            |                                |              |                 |            | , ,                               | 0.         |                 | ,                                     | , 0          |
|                                |                                |                    | o or for members (Part IX, colu              |                                |              |                 |            |                                   | 0.         |                 |                                       | 0            |
| (0                             |                                |                    | r compensation, employee bene                |                                |              |                 |            | 9,908,6                           | 01.        | 9               | ,842                                  | 2,142        |
| Expenses                       |                                |                    | undraising fees (Part IX, column             |                                |              |                 |            |                                   | 0.         |                 |                                       | 0            |
| ber                            |                                |                    | ng expenses (Part IX, column (I              |                                |              | Э.              | •          |                                   |            |                 |                                       |              |
| ŵ                              |                                |                    | es (Part IX, column (A), lines 11            | a-11d 11f-24e)                 |              |                 |            | 7,358,8                           | 12.        | 14              | ,391                                  | L,846        |
|                                |                                |                    | s. Add lines 13-17 (must equal               | · · · · ·                      | 25)          |                 | •          | 17,267,43                         |            |                 | · · · · · · · · · · · · · · · · · · · | 3,988        |
|                                |                                |                    | expenses. Subtract line 18 from              |                                |              |                 |            | 1,687,7                           |            |                 |                                       | 3,064        |
| or<br>es                       |                                |                    |  |                                |              |                 |            | ning of Current                   |            |                 | d of Yea                              |              |
| ets<br>lanc                    | <b>20</b> Tota                 | al assets (P       | Part X, line 16)                             |                                |              |                 |            | 48,941,4                          | 45.        | 46              | ,717                                  | 7,504        |
| Net Assets or<br>Fund Balances | 21 Tota                        |                    | (Part X, line 26)                            |                                |              |                 | •          | 1,963,1                           |            |                 |                                       | 1,279        |
| Net                            | 22 Net                         | assets or          | fund balances. Subtract line 21              | from line 20                   |              |                 | •          | 46,978,33                         |            |                 |                                       | ,<br>225     |
|                                |                                | Signature          |  |                                |              |                 | •          | , ,                               |            |                 | ,                                     |              |
| -                              |                                | <u> </u>           | I declare that I have examined this          | is return, including accompa   | anying sched | lules and state | ements, a  | and to the best o                 | of my      | knowledge       | and be                                | elief, it is |
| true                           | e, correct, ar                 | nd complete.       | Declaration of preparer (other than          | officer) is based on all infor | mation of wh | ich preparer h  | nas any ki | nowledge.                         |            |                 |                                       |              |
|                                |                                |                    |  |                                |              |                 |            |                                   |            |                 |                                       |              |
| Sig                            |                                | Signature          | e of officer                                 |                                |              |                 |            | Date                              |            |                 |                                       |              |
| Не                             | re 📘                           |                    |  |                                |              |                 |            |                                   |            |                 |                                       |              |
|                                |                                | Type or p          | rint name and title                          |                                |              |                 |            |                                   |            |                 |                                       |              |
|                                | Prir                           | nt/Type prep       | parer's name                                 | Preparer's signature           |              | Date            |            | Check                             | if         | PTIN            |                                       |              |
| Paio                           | I JE                           | ANETTE             | VERRELLI                                     |                                |              |                 |            | self-employ                       |            | P0074           | 2631                                  |              |
|                                | parer                          |                    | ▶ BKD, LLP                                   | 1                              |              | I               |            | Firm's EIN                        |            | -01602          |                                       |              |
| Use                            | Only —                         |                    | <ul> <li>14241 DALLAS PARKWAY, SI</li> </ul> | UITE 1100 DALLAS. TY 7         | 75254        |                 |            | Phone no.                         |            | 2-702-8         |                                       |              |
| Ma                             |                                |                    | s return with the preparer show              |                                |              |                 |            |                                   |            |                 | 'es                                   | No           |
|                                |                                |                    | on Act Notice, see the separat               |                                |              |                 |            | <u></u>                           | <u> </u>   |                 |                                       | 0 (2020)     |

| 0       | n 990 (2020)  |                       |                    |                               | Page <b>2</b>          |
|---------|---|-----------------------|--------------------|-------------------------------|------------------------|
| Pa      | Statement of Program Service Accom           Check if Schedule O contains a response          |                       | e in this Part III |                               | X                      |
| 1       | Briefly describe the organization's mission:  | ise of note to any in |                    |                               |                        |
| -       | TO CERTIFY THAT OUR DIPLOMATES DE   | EMONSTRATE THE        | REQUISITE          | KNOWLEDGE,                    |                        |
|         | SKILL, AND UNDERSTANDING OF THEIF   | R DISCIPLINE T        | O THE BENER        | FIT OF                        |                        |
|         | PATIENTS.   |                       |                    |                               |                        |
| <u></u> | Did the organization undertake any significant  | program convisos d    | uring the year w   | which were not listed on the  |                        |
| 2       | prior Form 990 or 990-EZ?   |                       |                    |                               | Yes X No               |
|         | If "Yes," describe these new services on Schedul  |                       |                    |                               |                        |
| 3       | Did the organization cease conducting, or n   |                       |                    |                               |                        |
|         | services?   |                       |                    | ••••••                        | Yes X No               |
| 4       | If "Yes," describe these changes on Schedule O. Describe the organization's program service a |                       | or each of its t   | hree largest program services | as measured by         |
| •       | expenses. Section $501(c)(3)$ and $501(c)(4)$ org   |                       |                    |                               |                        |
|         | the total expenses, and revenue, if any, for each   | program service rep   | ported.            |                               |                        |
|         |   |                       |                    |                               |                        |
| 4a      | (Code:) (Expenses \$1   | including grants o    | of \$              | ) (Revenue \$                 | )                      |
|         | ATTACHMENT 1  |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
| 4b      | (Code:) (Expenses \$  | including grants o    | of \$              | ) (Revenue \$                 | )                      |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
| 4c      | (Code:) (Expenses \$  | including grants o    | of \$              | ) (Revenue \$)                | )                      |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
|         |   |                       |                    |                               |                        |
| 4d      | Other program services (Describe on Schedule C  |                       |                    |                               |                        |
|         | (Expenses \$ including grants of  | \$                    | ) (Revenue \$      | )                             |                        |
| 4e      | Total program service expenses ►  |                       |                    |                               |                        |
| 0E1     | 020 1.000<br>6767NQ B47D 8/17/2021 9:40:2   | 5 AM V 20-6           | 3 म                | 138-1176296-1176296           | Form <b>990</b> (2020) |
|         | יטוטיט סווּים עַאוטיט 0/11/2021 9:40:23   | 5 AM V 20-6.          | JE                 | T20-TT/0530-TT/0530           | PAGE 5                 |

| Part | IV Checklist of Required Schedules  |     |     |   |
|------|---|-----|-----|---|
|      |   |     | Yes | 1 |
| 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   | v   |   |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?                         | 2   | Х   | + |
| 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   |     | + |
| 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? <i>If "Yes," complete Schedule C, Part III</i>   | 5   |     | + |
| 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   |     | ╞ |
| 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   |     | ļ |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     |     |     |   |
| _    | complete Schedule D, Part III   | 8   |     | ļ |
| 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   |     |   |
| 0    | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments            |     |     |   |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |     |   |
| 1    | 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 |     |   |
| 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 |     |   |
| 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 |     | + |
|      | 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 |     |   |
| 2 a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     |     |     |   |
|      | Schedule D, Parts XI and XII.   | 12a |     |   |
| 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 | Х   |   |
| 3    | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                      | 13  |     |   |
|      | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a |     |   |
| 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? If "Yes," complete Schedule F, Parts I and IV                          | 14b |     |   |
| 5    | 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? If "Yes," complete Schedule F, Parts II and IV  | 15  |     |   |
| 6    | 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? If "Yes," complete Schedule F, Parts III and IV                               | 16  |     |   |
| 7    | 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? If "Yes," complete Schedule G, Part I See instructions                            | 17  |     | + |
| 8    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on             |     |     |   |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     |   |
| 9    | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?            |     |     |   |
|      | If "Yes," complete Schedule G, Part III   | 19  |     |   |
|      | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                      | 20a |     | + |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?            | 20b |     | + |
| 1    | 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  |     |   |
|      |   |     | 990 |   |

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| Part    | V Checklist of Required Schedules (continued)  |        | Yes | No           |
|---------|--|--------|-----|--------------|
| 22      | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on      |        | 162 | NU           |
|         | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22     |     | Х            |
| 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   |              |
| 24 a    | 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    |     | Х            |
| b       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                  | 24b    |     |              |
| С       | 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    |     |              |
| 25a     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       |        |     |              |
|         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                      | 25a    |     |              |
| 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?       |        |     |              |
|         | If "Yes," complete Schedule L, Part I  | 25b    |     |              |
| 26      | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current    |        |     |              |
|         | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%            |        |     |              |
|         | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                 | 26     |     | Х            |
| 27      | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |        |     |              |
|         | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee             |        |     |              |
|         | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these             |        |     |              |
|         | persons? If "Yes," complete Schedule L, Part III   | 27     |     | X            |
| 28      | Was the organization a party to a business transaction with one of the following parties (see Schedule L,          |        |     |              |
|         | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):                               |        |     |              |
| а       | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |        |     |              |
|         | "Yes," complete Schedule L, Part IV  | 28a    |     | X            |
|         | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                    | 28b    |     | X            |
| С       | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If          |        |     |              |
|         | "Yes," complete Schedule L, Part IV  | 28c    |     | X            |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>    | 29     |     | Х            |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |        |     | 37           |
|         | conservation contributions? If "Yes," complete Schedule M  | 30     |     | X            |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31     |     | Х            |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"            |        |     | 3.7          |
|         | complete Schedule N, Part II   | 32     |     | X            |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |        | 37  |              |
|         | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33     | X   |              |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,     |        | 37  |              |
|         | or IV, and Part V, line 1  | 34     | X   |              |
|         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a    | X   |              |
| b       | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            |        |     | v            |
|         | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b    |     | X            |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |        |     |              |
|         | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36     |     |              |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |        |     | v            |
| • •     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       | 37     |     | X            |
| 38      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         |        | v   |              |
| ) - rrt | 19? Note: All Form 990 filers are required to complete Schedule O.   | 38     | Х   |              |
| Part    |  |        |     |              |
|         | Check if Schedule O contains a response or note to any line in this Part V   |        | Vea | •            |
|         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       |        | Yes | No           |
|         |  | -      |     |              |
|         |  | -      |     |              |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and                   | 4.0    |     |              |
| SA      | reportable gaming (gambling) winnings to prize winners?  | 1c     | 990 | (200         |
| - 1000  | 1.000  | 1-0110 |     | (2020<br>AGE |

| Form    | 990 (2020)  |          | F   | Page 5 |
|---------|---|----------|-----|--------|
| Par     | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |     |        |
|         |   |          | Yes | No     |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |          |     |        |
|         | Statements, filed for the calendar year ending with or within the year covered by this return 2a 110  |          |     |        |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | Х   |        |
|         | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          |     |        |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |     | Χ      |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b       |     |        |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   |          |     |        |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |     | X      |
| b       | If "Yes," enter the name of the foreign country ►   |          |     |        |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |          |     |        |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |     | X      |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |     | X      |
| С       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |     |        |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |          |     |        |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a       |     | X      |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |          |     |        |
|         | gifts were not tax deductible?  | 6b       |     |        |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |          |     |        |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   | -        |     |        |
|         | and services provided to the payor?   | 7a       |     |        |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     |        |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | 7.0      |     |        |
|         |   | 7c       |     |        |
|         | If "Yes," indicate the number of Forms 8282 filed during the year   | 7e       |     |        |
|         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 76<br>7f |     |        |
|         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g       |     |        |
| -       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.   | 7h       |     |        |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the   |          |     |        |
| Ŭ       | sponsoring organization have excess business holdings at any time during the year?  | 8        |     |        |
| 9       | Sponsoring organizations maintaining donor advised funds.   |          |     |        |
|         | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     |        |
|         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     |        |
|         | Section 501(c)(7) organizations. Enter:   |          |     |        |
|         | Initiation fees and capital contributions included on Part VIII, line 12  |          |     |        |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |          |     |        |
| 11      | Section 501(c)(12) organizations. Enter:  |          |     |        |
|         | 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.)   |          |     |        |
|         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |        |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |          |     |        |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 10       |     |        |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |     |        |
|         | 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  |          |     |        |
|         | Enter the amount of reserves on hand  | 14a      |     | X      |
|         |   | 14b      |     |        |
| р<br>15 | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i><br>Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or             | 0        |     |        |
| 15      | excess parachute payment(s) during the year?  | 15       |     | Х      |
|         | If "Yes," see instructions and file Form 4720, Schedule N.  |          |     |        |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16       |     | Х      |
|         | If "Yes," complete Form 4720, Schedule O.   |          |     |        |

Form **990** (2020)

| Form § | 1990 (2020) THE AMERICAN BOARD OF RADIOLOGY 41-0773   | 3787   | F      | -<br>Page <b>6</b> |
|--------|---|--------|--------|--------------------|
| Part   | <b>VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See in | nstruc |                    |
| Sect   | ion 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   | -      |        |                    |
| b      | Enter the number of voting members included on line 1a, above, who are independent 1b 9   | -      |        |                    |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |        |        |                    |
|        | any other officer, director, trustee, or key employee?  | 2      |        | Х                  |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct   |        |        |                    |
|        | supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3      |        | Х                  |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4      |        | Х                  |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5      |        | Х                  |
| 6      | Did the organization bave members or stockholders?  | 6      |        | Х                  |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint   |        |        |                    |
| / a    |   | 7a     |        | X                  |
|        | one or more members of the governing body?  | 14     |        |                    |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members,   | 7b     |        | x                  |
|        | stockholders, or persons other than the governing body?   | 10     |        | Δ                  |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during  |        |        |                    |
|        | the year by the following:  |        | 37     |                    |
| а      | The governing body?   | 8a     | X      | <u> </u>           |
| b      | Each committee with authority to act on behalf of the governing body?   | 8b     | Х      |                    |

Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at

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

the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"

describe in Schedule O how this was done .....

Did the organization have a written whistleblower policy?.....

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?

Did the organization have a written document retention and destruction policy?.....

The organization's CEO, Executive Director, or top management official

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

with a taxable entity during the year?..... 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?

List the states with which a copy of this Form 990 is required to be filed  $\blacktriangleright$  AZ, CA, MT,

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

**10a** Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

|    | and financial sta                  | itements a              | vailable to the | e public durii | ng the tax year. |                              |                     |
|----|------------------------------------|-------------------------|-----------------|----------------|------------------|------------------------------|---------------------|
| 20 | State the name,<br>BRENT J WAGNER, | , address,<br>MD 5441 E | and telephor    | ne number of   | f the person who | possesses the organization's | books and records ► |

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Upon request

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Another's website

11a

b

13

14

15

17

18

19

а

h

Section C. Disclosure

Own website

Х

Other (explain on Schedule O)

Form **990** (2020)

X

Yes

Х 11a

Х

Х 12b

Х

Х

Х 14

Х

Х

No

Х

9

10a

10b

12a

12c

13

15a Х

15b

16a

16b

Page 7

| Part VII  | Compensation                         |     |            | Direc   | tors,  | Truste    | es, K      | ey   | Employees,    | Hig   | hest ( | Compe    | nsated | Emp  | oloye | ees,   | and |
|-----------|--------------------------------------|-----|------------|---------|--------|-----------|------------|------|---------------|-------|--------|----------|--------|------|-------|--------|-----|
|           | Independent Co                       |     |            | respons | e or n | ote to ar | nv line in | this | Part VII      |       |        |          |        |      |       |        |     |
| Section A | A. Officers, Direc                   |     |            |         |        |           |            |      |               |       |        |          |        |      |       |        |     |
|           | ete this table for<br>on's tax year. | all | persons re | quired  | to be  | listed.   | Report     | cor  | mpensation fo | r the | calend | lar year | ending | with | or    | within | the |

• 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<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | box, | unles<br>er and | ss pe | ition<br>more<br>erson | e than o<br>is both<br>or/trust<br>Highest compensated | an | (D)<br>Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related organizations |
|---|--|------|-----------------|-------|------------------------|--|----|--|---|--|
|   |  |      | ee              |       |                        | sated  |    |  |   |  |
| (1) VALERIE JACKSON, MD<br>EXECUTIVE DIRECTOR END:07/2020 | 50.00  |      |                 | Х     |                        |  |    | 596,086.   | 0.  | 38,851.  |
| (2) BRENT WAGNER, MD                                      | 50.00  |      |                 |       |                        |  |    |  |   |  |
| EXECUTIVE DIRECTOR BEG:07/2020                            | 1.00   |      |                 | Х     |                        |  |    | 305,842.   | 0.  | 4,633.   |
| (3) PAUL WALLNER, DO                                      | 20.00  |      |                 |       |                        |  |    |  |   |  |
| ASSOC EXECUTIVE DIRECTOR                                  | 0.   |      |                 |       | Х                      |  |    | 247,389.   | 0.  | 24,739.  |
| (4) KARYN HOWARD  | 50.00  |      |                 |       |                        |  |    |  |   |  |
| MANAGING DIRECTOR   | 0.   |      |                 |       | Х                      |  |    | 194,350.   | 0.  | 30,692.  |
| (5) SCOTT SEGAL   | 40.00  |      |                 |       |                        |  |    |  |   |  |
| IT DIRECTOR   | 0.   |      |                 |       |                        | Х  |    | 193,355.   | 0.  | 29,094.  |
| (6) ANTHONY GERDEMAN                                      | 40.00  |      |                 |       |                        |  |    |  |   |  |
| PSYCHOMETRICS DIRECTOR                                    | 0.   |      |                 |       |                        | Х  |    | 181,077.   | 0.  | 34,789.  |
| (7) DAVID LASZAKOVITS                                     | 40.00  |      |                 |       |                        |  |    |  |   |  |
| DIRECTOR OF EXTERNAL RELATIONS                            | 0.   |      |                 |       |                        | Х  |    | 175,171.   | 0.  | 33,819.  |
| (8) BLAKE WESCOTT   | 40.00  |      |                 |       |                        |  |    |  |   |  |
| DIRECTOR OF ANALYSIS                                      | 0.   |      |                 |       |                        | Х  |    | 175,769.   | 0.  | 24,888.  |
| (9) REED DUNNICK, MD                                      | 10.00  |      |                 |       |                        |  |    |  |   |  |
| ASSOC EXECUTIVE DIRECTOR                                  | 0.   |      |                 |       |                        | Х  |    | 142,933.   | 0.  | 0.   |
| (10) KELLY CRANDALL                                       | 50.00  |      |                 |       |                        |  |    |  |   |  |
| FINANCE DIRECTOR BEG:07/2020                              | 1.00   |      |                 | Х     |                        |  |    | 120,292.   | 0.  | 19,039.  |
| (11) MARK HOOVER  | 50.00  |      |                 |       |                        |  |    |  | 0   | 1 1 7 1  |
| FINANCE DIRECTOR END:02/2020                              | 1.00   |      |                 | Х     |                        |  |    | 38,065.  | 0.  | 1,171.   |
| (12) VINCENT P MATHEWS, MD                                | 10.00  |      |                 |       |                        |  |    | 0  | 0   |  |
| PRESIDENT BEG: 06/2020                                    | .25  | X    |                 | Х     |                        |  |    | 0.   | 0.  | 0.   |
| (13) ROBERT M BARR, MD                                    | 3.00   | v    |                 | v     |                        |  |    | 0  | 0   | _  |
| PRESIDENT ELECT   | .25  | X    |                 | Х     | <u> </u>               |  |    | 0.   | 0.  | 0.   |
| (14) JOHN A KAUFMAN, MD<br>SECRETARY/TREAS BEG:06/2020    | 3.00   | Х    |                 | Х     |                        |  |    | 0.   | 0.  | 0.   |
| SECRETARI/IREAS DEG:00/2020                               | .25  | Λ    |                 | Λ     |                        |  |    | 0.   | 0.  | <u> </u>   |

Form **990** (2020)

#### THE AMERICAN BOARD OF RADIOLOGY

| Form | 990 | (2020) |
|------|-----|--------|
|------|-----|--------|

| (A)<br>Name and title  | (B)<br>Average<br>hours per<br>week (list any<br>hours for | er (do not check more than<br>any box, unless person is both<br>officer and a director/trus |                       |         |              |                              |           | (D)<br>Reportable<br>compensation<br>from<br>the | (E)<br>Reportable<br>compensation from<br>related<br>organizations | <b>(F)</b><br>Estimated<br>amount of<br>other<br>compensation |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|--|---|
|  | related<br>organizations<br>below dotted<br>line)          | Individual trustee<br>or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former    | organization<br>(W-2/1099-MISC)                  | (W-2/1099-MISC)  | from the<br>organization<br>and related<br>organizations      |
| 5) DONALD J FLEMMING, MD<br>CHAIR OF TRUSTEES  | 3.00   | X   |                       | Х       |              |                              |           | 0.   | 0.   |   |
| 5) CHERI L CANON, MD<br>GOVERNOR   | 3.00   | Х   |                       |         |              |                              |           | 0.   | 0.   |   |
| 7) J ANTHONY SEIBERT, PHD<br>GOVERNOR  | 3.00   | X   |                       |         |              |                              |           | 0.   | 0.   |   |
| 3) KALED M ALEKTIAR, MD<br>GOVERNOR  | 3.00   | X   |                       |         |              |                              |           | 0.   | . 0.   |   |
| O) TOBY A GORDON, SCD<br>GOVERNOR  | 3.00   | X   |                       |         |              |                              |           | 0.   | 0.   |   |
| )) MARY S NEWELL, MD<br>GOVERNOR BEG: 10/2020  | 3.00   | X   |                       |         |              |                              |           | 0.   | 0.   |   |
|  |  |   |                       |         |              |                              |           |  |  |   |
|  |  | -   |                       |         |              |                              |           |  |  |   |
|  |  | -   |                       |         |              |                              |           |  |  |   |
|  |  | -   |                       |         |              |                              |           |  |  |   |
| b Sub-total<br>c Total from continuation sheets to Part VII, S<br>d Total (add lines 1b and 1c)<br>Total number of individuals (including but not                              | Section A  |   | ••••                  | •••     |              | <br>                         |           | 2,370,329.<br>0.<br>2,370,329.                   | 0<br>0<br>\$100,000 of   | . 241,71<br>. 241,71  |
| reportable compensation from the organizatio   | on 🕨   | 21  |                       |         |              |                              |           |  |  | Yes N   |
| <ul> <li>Did the organization list any former office<br/>employee on line 1a? <i>If "Yes," complete Sched</i></li> <li>For any individual listed on line 1a, is the</li> </ul> | lule J for su  | ch ind  | ividı                 | ual     |              | • • •                        | ••        |  |  | 3   |
| organization and related organizations gr  | eater than   | \$15<br>• • •   | 0,0                   | 00?     | lf           | "Yes                         | ;," (<br> | complete Schedu                                  | le J for such  | <b>4</b> X  |
| <ul> <li>Did any person listed on line 1a receive or<br/>for services rendered to the organization? If "Y<br/>Section B. Independent Contractors</li> </ul>                    |  |   |                       |         |              |                              |           |  |  | 5 X   |
| Complete this table for your five highest con<br>compensation from the organization. Report of<br>year.  |  |   |                       |         |              |                              |           |  |  |   |
| (A)<br>Name and business ad  |  |   |                       |         |              |                              |           | <b>(B)</b><br>Description of se                  | rvices   | (C)<br>Compensation   |
| CBRE, INC PO BOX 15531 CHICAGO, I<br>SARTNER INC 12651 GATEWAY BLVD FT   |  | FL 3  | 391                   | 13      |              |                              | _         | ROKER FEES                                       |  | 509,738<br>133,049  |
|  |  |   |                       |         |              |                              | +         |  |  |   |

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138-1176296-1176296

| Open Participant         Total Province         Peaker's induced and palaries         Prevent Status (offer instance)         Prevent Status (offer instance) <th< th=""><th></th><th></th><th>Check if Schedule O</th><th>contains a respor</th><th>nse or note to an</th><th>y line in this Part \</th><th></th><th><u> </u></th></th<>   |                             |     | Check if Schedule O                                     | contains a respor   | nse or note to an | y line in this Part \ |             | <u> </u>  |
|---|-----------------------------|-----|---|---------------------|-------------------|-----------------------|-------------|---|
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  |                             |     |   |                     |                   |                       |             | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  | ts<br>ts                    | 1a  | Federated campaigns                                     | 1a                  |                   |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  | nu                          | b   | Membership dues   | 1b                  |                   |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  | D U                         | с   | Fundraising events                                      | 1c                  |                   |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  | , Gifts<br>nilar ⊿          | d   | Related organizations                                   | 1d                  | 7,731.            |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  |                             | е   | Government grants (contri                               | ibutions) 1e        |                   |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  | Sir                         | f   | All other contributions, gift                           | ts, grants,         |                   |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  | Contributio<br>and Other \$ |     | and similar amounts not inclu                           | ded above . 1f      |                   |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  |                             | g   | Noncash contributions inc                               | cluded in           |                   |                       |             |   |
| Burnest Code         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  |                             |     | lines 1a-1f.  | 1g                  | \$                |                       |             |   |
| 20         CHEFIFICATION FREE         611631         15,628,389.         15,628,399.         15,628,389. <td< td=""><td>h</td><td>Total. Add lines 1a-1f</td><td></td><td></td><td>7,731.</td><td></td><td></td></td<>  |                             | h   | Total. Add lines 1a-1f                                  |                     |                   | 7,731.                |             |   |
| a) Totale for a problem serves releases       interset, and other properties       interset, and other properites       interset, and other properti  |                             |     |   |                     | Business Code     |                       |             |   |
| a) Totale for a problem serves releases       interset, and other properties       interset, and other properites       interset, and other properti  | e                           | 2a  | CERTIFICATION FEES                                      |                     | 611691            | 15,828,389.           | 15,828,389. |   |
| a) Totale for a problem serves releases       interset, and other properties       interset, and other properites       interset, and other properti  | e Srvi                      |     | EXAM DEVELOPMENT FEE                                    |                     | 611691            | 86,500.               | 86,500.     |   |
| a) Totale for a problem serves releases       interset, and other properties       interset, and other properites       interset, and other properti  | Sul                         |     |   |                     |                   |                       |             |   |
| a) Totale for a problem serves releases       interset, and other properties       interset, and other properites       interset, and other properti  | eve                         |     |   |                     |                   |                       |             |   |
| a) Totale for a problem serves releases       interset, and other properties       interset, and other properites       interset, and other properti  | 2<br>B<br>R                 |     |   |                     |                   |                       |             |   |
| g         Total. Add lines 2a-2f         15,914,889.         9           g         Total. Add lines 2a-2f         15,914,889.         928,795.         928,795.           g         Income from investment of tax-exempt bood proceeds.         0.         0.         0.           g         Gross rents         0.         0.         0.         0.           g         Gross rents         0.         0.         0.         0.         0.           g         Gross rents         0.         0.         0.         0.         0.         0.           g         Gross rents         0.   | Ĕ                           | _   | All other program service r                             | revenue             |                   |                       |             |   |
| 3         Investment income (including dividends, interest, and other similar amounts).         3         Investment of tax-exempt bond proceeds.         5         0.         9         0.         922,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793.         923,793. <td>_  </td> <td></td> <td></td> <td></td> <td>· · · · · · · · •</td> <td>15,914,889.</td> <td></td> <td></td>  | _                           |     |   |                     | · · · · · · · · • | 15,914,889.           |             |   |
| other similar amounts)  |                             |     |   |                     |                   |                       |             |   |
| 4       Income from investment of tax-exempt bond proceeds       0.       0.       0.         5       Royalies       0.       0.       0.       0.         6a       Gross rents       0.       0.       0.       0.         6a       Gross rents       0.       0.       0.       0.       0.         7a       Gross amount from<br>sales of assets<br>other than inventory       0.       0.       0.       0.       0.         7a       Gross cost or other basis<br>and sales expenses       7a       5,522,498.       680.       0.       0.       0.         7b       Less: cost or other basis<br>and sales expenses       7a       5,529,373.       25,287.       0.       <   |                             |     | · ·   | •                   |                   | 928,795.              |             | 928,795.  |
| S       Royatlies   |                             | 4   | ,   |                     |                   | 0.                    |             |   |
| Ga         Gross rents         Ga         Image: constraint of the set |                             |     |   |                     |                   | 0.                    |             |   |
| b         Less: rental expenses         6b  |                             |     |   |                     |                   |                       |             |   |
| b         Less: rental expenses         6b  |                             | 6a  | Gross rents 6a  | a                   |                   |                       |             |   |
| a       c       Rental income or (loss)       6c       0       0         7a       Gross amount from       (i) Securities       (ii) Other       0       0         7a       Gross amount from       (i) Securities       (ii) Other       0       0         sales of assets<br>other than inventory       7a       5, 522, 498.       680.       0       0         b       Less: cost or other basis<br>and sales expenses       7b       5, 529, 9373.       25, 287.       -101, 482.       -101, 482.         c       Gain or (loss)  |                             |     |   |                     |                   |                       |             |   |
| d       Net rental income or (loss)   |                             |     |   |                     |                   |                       |             |   |
| 7a       Gross amount from sales of assets other than inventory ra       (i) Securities       (ii) Other         b       Less: cost or other basis and sales expenses .       7b       5, 522, 498.       680.         c       Gain or (loss)   |                             |     |   |                     |                   | 0.                    |             |   |
| Sales of assets<br>other than inventory         Ta         5,522,498.         680.           b         Less: cost or other basis<br>and sales expenses  |                             |     |   |                     |                   |                       |             |   |
| other than inventory         7a         5,522,498.         680.           b         Less: cost or other basis<br>and sales expenses   |                             |     |   |                     |                   |                       |             |   |
| B       Less: cost or other basis<br>and sales expenses   |                             |     |   | 5,522,498.          | 680.              |                       |             |   |
| Top       7,5,599,373.       25,287.         c       Gain or (loss)   | e                           | b   | , <u> </u>  |                     |                   |                       |             |   |
| d       Net gain or (loss)  | nu                          |     |   | 5,599,373.          | 25,287.           |                       |             |   |
| d       Net gain or (loss)  | eve                         | c   | · · ·   | •                   | -24,607.          |                       |             |   |
| Ba       Aiter spin is (acid)       Image: Aiter spin is (acid)       Image: Aiter spin is (acid)         Ba       Gross income from fundraising events (not including \$   |                             |     |   | - 1                 |                   | -101,482.             |             | -101,482.   |
| sevents (not including \$   | hei                         |     |   |                     |                   |                       |             |   |
| of contributions reported on line<br>1c). See Part IV, line 18  | đ                           | oa  |   | ů,                  |                   |                       |             |   |
| 1c). See Part IV, line 18   |                             |     | · ·   |                     |                   |                       |             |   |
| 10: See Part IV, life 10:   |                             |     |   |                     | 0.                |                       |             |   |
| b       Less. diffect expenses  |                             | h   |   |                     |                   |                       |             |   |
| 9a       Gross income from gaming activities. See Part IV, line 19       9a       0.         b       Less: direct expenses       9b       0.         c       Net income or (loss) from gaming activities       0.       0.         10a       Gross sales of inventory, less returns and allowances       10a       0.         b       Less: cost of goods sold       10b       0.         c       Net income or (loss) from sales of inventory.       ▶       0.         c       Net income or (loss) from sales of inventory.       ▶       0.         c       Net income or (loss) from sales of inventory.       ▶       0.         f       MISCELLANEOUS REVENUE       900099       991.       991         g       All other revenue       10       10       10         e       Total Add lines 11a-11d       >>>>       991.       15,914,889.       828,304   |                             |     | -   |                     |                   | 0.                    |             |   |
| activities. See Part IV, line 19  |                             |     |   | -                   |                   |                       |             |   |
| b       Less: direct expenses   |                             | 98  |   |                     | 0.                |                       |             |   |
| b       Less. unect expenses  |                             | h   |   |                     |                   |                       |             |   |
| 10a       Gross sales of inventory, less returns and allowances   |                             |     | •   |                     |                   | 0                     |             |   |
| returns and allowances       10a       0.         b       Less: cost of goods sold       10b       0.         c       Net income or (loss) from sales of inventory.       0.       0.         11a       MISCELLANEOUS REVENUE       900099       991.       991         b       c       c       c       c         c       d       All other revenue       c       c         c       c       5       991.       0.         c       c       c       c       c         d       All other revenue       991.       c       c         c       c       10.       c       c         d       All other revenue       10.       10.       c         c       c       c       c       c       c         d       All other revenue       10.       c       c       c         e       Total revenue. See instructions       16,750,924.       15,914,889.       828,304  |                             |     | . ,   |                     |                   | 0.                    |             |   |
| b       Less: cost of goods sold 10b       0.       0.       0.         c       Net income or (loss) from sales of inventory  |                             | iva |   |                     | 0                 |                       |             |   |
| b       Less. cost of goods sold  |                             | J   |   |                     |                   |                       |             |   |
| Business Code         MISCELLANEOUS REVENUE         Business Code         900099         991.         991           b   |                             |     | Less: cost of goods sold .<br>Net income or (loss) from |                     |                   | 0                     |             |   |
| 11a       MISCELLANEOUS REVENUE       900099       991.       991         b   |                             | 0   |   | caloo or involtiony |                   | 0.                    |             |   |
| e         Total. Add lines 11a-11d         991.           12         Total revenue. See instructions         16,750,924.         15,914,889.         828,304  | sno                         |     | MICCELLANEONC DEVIENTIE                                 |                     |                   | 0.01                  |             | 0.01  |
| e         Total. Add lines 11a-11d         991.           12         Total revenue. See instructions         16,750,924.         15,914,889.         828,304  | nec                         |     |   |                     | 500035            | 221.                  |             | 591.  |
| e         Total. Add lines 11a-11d         991.           12         Total revenue. See instructions         16,750,924.         15,914,889.         828,304  | ver                         |     |   |                     |                   |                       |             |   |
| e         Total. Add lines 11a-11d         991.           12         Total revenue. See instructions         16,750,924.         15,914,889.         828,304  | Re                          |     |   |                     |                   |                       |             |   |
| 12         Total revenue. See instructions         16,750,924.         15,914,889.         828,304  | Ϊ                           |     |   |                     |                   | 0.07                  |             |   |
|   |                             |     |   |                     |                   |                       | 15 014 000  | 000.000   |
|   | JSA                         | 14  | i otal revenue. See instruc                             |                     |                   | 10,/30,924.           | 13,914,889. | <br>Form <b>990</b> (2020)                                    |

| Section 501(c)(3) and 501(c)(4) organizations must  | t complete all columns.  | All other organizati                      | ions must complete colu                   | umn (A).                              |
|---|--------------------------|---|---|---------------------------------------|
| Check if Schedule O contains a respo  | onse 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>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| <b>1</b> Grants and other assistance to domestic organizations  |                          | I   |   | I                                     |
| and domestic governments. See Part IV, line 21  | Ο.                       |   |   |                                       |
| 2 Grants and other assistance to domestic   |                          |   |   |                                       |
| individuals. See Part IV, line 22   | Ο.                       |   |   |                                       |
| <b>3</b> Grants and other assistance to foreign   |                          |   |   |                                       |
| organizations, foreign governments, and   |                          |   |   |                                       |
| foreign individuals. See Part IV, lines 15 and 16   | Ο.                       |   |   |                                       |
| 4 Benefits paid to or for members   | 0.                       |   |   |                                       |
| 5 Compensation of current officers, directors,  |                          |   |   |                                       |
| trustees, and key employees   | 1,621,149.               |   |   |                                       |
| 6 Compensation not included above to disqualified   |                          |   |   |                                       |
| persons (as defined under section 4958(f)(1)) and   |                          |   |   |                                       |
| persons described in section 4958(c)(3)(B)  | 0.                       |   |   |                                       |
| 7 Other salaries and wages  | 6,358,117.               |   |   |                                       |
| 8 Pension plan accruals and contributions (include  |                          |   |   |                                       |
| section 401(k) and 403(b) employer contributions)   | 598,876.                 |   |   |                                       |
| 9 Other employee benefits   | 693,194.                 |   |   |                                       |
| 0 Payroll taxes   | 570,806.                 |   |   |                                       |
| 1 Fees for services (nonemployees):   | ,                        |   |   |                                       |
|   | 0.                       |   |   |                                       |
| a Management  | 87,902.                  |   |   |                                       |
| b Legalc Accounting   | 83,133.                  |   |   |                                       |
| -   | 0.                       |   |   |                                       |
| d Lobbying<br>e Professional fundraising services. See Part IV, line 17.  | 0.                       |   |   |                                       |
|   | 42,450.                  |   |   |                                       |
| f Investment management fees  | 12,1001                  |   |   |                                       |
| g Other. (If line 11g amount exceeds 10% of line 25, column   | 1,547,883.               |   |   |                                       |
| (A) amount, list line 11g expenses on Schedule O.)  | 0.                       |   |   |                                       |
| 2 Advertising and promotion   | 623,012.                 |   |   |                                       |
| 3 Office expenses   | 348,582.                 |   |   |                                       |
| 4 Information technology  | 0.                       |   |   |                                       |
| 5 Royalties   | 8,769,964.               |   |   |                                       |
| 6 Occupancy   | 527,114.                 |   |   |                                       |
| 7 Travel  | 527,111.                 |   |   |                                       |
| 8 Payments of travel or entertainment expenses  | 0.                       |   |   |                                       |
| for any federal, state, or local public officials   | 42,700.                  |   |   |                                       |
| 9 Conferences, conventions, and meetings  | 42,700.                  |   | + +                                       |                                       |
| 0 Interest  | 0.                       |   |   |                                       |
| 1 Payments to affiliates  | 1,170,276.               |   |   |                                       |
| <b>2</b> Depreciation, depletion, and amortization  |                          |   |   |                                       |
| 3 Insurance   | 144,057.                 |   |   |                                       |
| 4 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.)  | 200 100                  |   |   |                                       |
| aBAD DEBT EXPENSE   | 368,100.                 |   |   |                                       |
| b DUES AND SUBSCRIPTIONS  | 573,288.                 |   |   |                                       |
| cSUPPLIES   | 63,212.                  |   |   |                                       |
| d INCOME TAXES  | 173.                     |   |   |                                       |
| e All other expenses  | 04.000                   |   |   |                                       |
| 5 Total functional expenses. Add lines 1 through 24e  | 24,233,988.              |   |   |                                       |
| 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and functional complexity constructions of the cost of |                          |   |   |                                       |
| fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)  | _                        |   |   |                                       |
| 10110W110 30F MO-7 1436 MOO-7701  | () [                     |   |   |                                       |

0.

JSA 0E1052 1.000 Form **990** (2020)

following SOP 98-2 (ASC 958-720)

Form 990 (2020)

| Page | 1 | 1 |  |
|------|---|---|--|
|------|---|---|--|

|   | Check if Schedule O contains a response or note to any line in this Pa   |                                 | <u></u> | •••••                                |
|---|--|---------------------------------|---------|--------------------------------------|
|   |  | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>End of year            |
| 1                                       | Cash - non-interest-bearing  | 825,887.                        | 1       | 717,441.                             |
| 2                                       | Savings and temporary cash investments.  | 4,510,733.                      | 2       | 1,662,102.                           |
| 3                                       | Pledges and grants receivable, net   | 0.                              | 3       | 0 .                                  |
| 4                                       | Accounts receivable, net   | 1,314,811.                      | 4       | 1,516,746.                           |
| 5                                       | Loans and other receivables from any current or former officer, director,  |                                 |         |                                      |
|   | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                 |         |                                      |
|   | controlled entity or family member of any of these persons   | 0.                              | 5       | 0                                    |
| 6                                       | Loans and other receivables from other disqualified persons (as defined  |                                 |         |                                      |
|   | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  | 0.                              | 6       | 0                                    |
| 2 7                                     | Notes and loans receivable, net  | 0.                              | 7       | 0                                    |
| Assels                                  | Inventories for sale or use  | 0.                              | 8       | 0.                                   |
| ¥ 9                                     | Prepaid expenses and deferred charges  | 502,538.                        | 9       | 563,427.                             |
| 10 a                                    | Land, buildings, and equipment: cost or other  |                                 |         |                                      |
|   | basis. Complete Part VI of Schedule D 10a 16,825,519.  |                                 |         |                                      |
| b                                       | Less: accumulated depreciation <b>10b</b> 10,966,588.  | 5,946,014.                      | 10c     | 5,858,931.                           |
| 11                                      | Investments - publicly traded securities   | 35,841,462.                     |         | 36,398,857.                          |
| 12                                      | Investments - other securities. See Part IV, line 11   | 0.                              | 12      | 0                                    |
| 13                                      | Investments - program-related. See Part IV, line 11  | 0.                              | 13      | 0                                    |
| 14                                      | Intangible assets  | 0.                              | 14      | 0                                    |
| 15                                      | Other assets. See Part IV, line 11   | 0.                              | 15      | 0                                    |
| 16                                      | <b>Total assets</b> . Add lines 1 through 15 (must equal line 33)  | 48,941,445.                     | 16      | 46,717,504.                          |
| 17                                      | Accounts payable and accrued expenses  | 859,205.                        | 17      | 1,261,933.                           |
| 18                                      | Grants payable   | 0.                              | 18      | 0                                    |
| 19                                      | Deferred revenue   | 665,644.                        | 19      | 2,144,142.                           |
| 20                                      | Tax-exempt bond liabilities.   | 0.                              | 20      | 0                                    |
| 21                                      | Escrow or custodial account liability. Complete Part IV of Schedule D.   | 0.                              | 21      | 0                                    |
|   | 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   | 0.                              | 22      | 0                                    |
| 23                                      | Secured mortgages and notes payable to unrelated third parties   | 0.                              | 23      | 0                                    |
| 24                                      | Unsecured notes and loans payable to unrelated third parties   | 0.                              | 23      | 0                                    |
| 25                                      | Other liabilities (including federal income tax, payables to related third   |                                 | 24      |                                      |
| 20                                      | parties, and other liabilities not included on lines 17-24). Complete Part X   |                                 |         |                                      |
|   | of Schedule D  | 438,260.                        | 25      | 478,204.                             |
| 26                                      | Total liabilities. Add lines 17 through 25.  | 1,963,109.                      | 25      | 3,884,279.                           |
| -                                       |  | 1,000,100.                      | 20      | 370017273                            |
| S                                       | Organizations that follow FASB ASC 958, check here ► X<br>and complete lines 27, 28, 32, and 33.                                     |                                 |         |                                      |
| 27                                      | Net assets without donor restrictions  | 46,978,336.                     | 27      | 42,833,225.                          |
|   | Net assets with donor restrictions   | 0.                              | 28      | 0.                                   |
|   |  | •••                             | 20      |                                      |
| 2                                       | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.  |                                 |         |                                      |
| A C C C C C C C C C C C C C C C C C C C |  |                                 | 20      |                                      |
| 29                                      | Capital stock or trust principal, or current funds   |                                 | 29      |                                      |
|   | Paid-in or capital surplus, or land, building, or equipment fund<br>Retained earnings, endowment, accumulated income, or other funds |                                 | 30      |                                      |
| 2 31                                    |  | 46,978,336.                     | 31      | 10 000 005                           |
| 32 X                                    | Total net assets or fund balances  |                                 | 32      | 42,833,225.                          |
| - 33                                    | Total liabilities and net assets/fund balances   | 48,941,445.                     | 33      | 46,717,504.<br>Form <b>990</b> (2020 |

THE AMERICAN BOARD OF RADIOLOGY

| Form 99 | 90 (2020)  |          |     |                            | Pa   | ge <b>12</b> |
|---------|--|----------|-----|----------------------------|------|--------------|
| 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        |     |                            | 50,9 |              |
| 2       | Total expenses (must equal Part IX, column (A), line 25)   | 2        |     |                            | 33,9 |              |
| 3       | Revenue less expenses. Subtract line 2 from line 1   | 3        |     | -7,483,064.<br>46,978,336. |      |              |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))              |          |     |                            |      |              |
| 5       | Net unrealized gains (losses) on investments   |          |     |                            |      |              |
| 6       | Donated services and use of facilities   | 6        |     |                            |      | 0.           |
| 7       | Investment expenses  | 7        |     |                            |      | 0.           |
| 8       | Prior period adjustments   | 8        |     |                            |      | -2.          |
| 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       | 4   | 42,8                       | 33,2 | 225.         |
| Part    |  |          |     |                            |      |              |
|         | Check if Schedule O contains a response or note to any line in this Part XII                           |          |     |                            |      |              |
|         |  |          | ſ   |                            | 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," e           | xplain   | in  |                            |      |              |
|         | Schedule O.  |          |     |                            |      |              |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant?.       |          | 1   | 2a                         |      | X            |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were con         | npiled   | or  |                            |      |              |
|         | reviewed on a separate basis, consolidated basis, or both:   |          |     |                            |      |              |
|         | Separate basis Consolidated basis Both consolidated and separate basis                                 |          |     |                            |      |              |
| b       | Were the organization's financial statements audited by an independent accountant?                     |          |     | 2b                         | Х    |              |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were audi        | ted or   | na  |                            |      |              |
|         | separate basis, consolidated basis, or both:   |          |     |                            |      |              |
|         | 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 over | ersight  | tof |                            |      |              |
|         | the audit, review, or compilation of its financial statements and selection of an independent accounta |          |     | 2c                         | Х    |              |
|         | If the organization changed either its oversight process or selection process during the tax year, ex  | kplain   | on  |                            |      |              |
|         | Schedule O.  |          |     |                            |      |              |
| 3 a     | As a result of a federal award, was the organization required to undergo an audit or audits as set for | rth in t | the |                            |      |              |
|         | Single Audit Act and OMB Circular A-133?   |          | ••• | 3a                         |      |              |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   | -        |     |                            |      |              |
|         | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a     | udits .  |     | 3b                         |      |              |

Form **990** (2020)

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

THE AMERICAN BOARD OF RADIOLOGY

41-0773787

Employer identification number

#### Organization type (check one):

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X     501(c)(6     ) (enter number) organization                                 |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Part I     | <b>Contributors</b> (see instructions). Use duplicate cop |                            |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                         | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          | N/A   | \$7,731.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                         | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                         | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                         | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                         | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                         | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

Name of organization THE AMERICAN BOARD OF RADIOLOGY

Employer identification number 41-0773787

| ash Property (see instructions). Use duplicate copies | of Part II if additional space is ne  | eded.  |
|---|---|--|
| (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(See instructions.)   | (d)<br>Date received   |
|   |   |  |
|   | \$  |  |
| (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(See instructions.)   | (d)<br>Date received   |
|   | <br>  \$  |  |
| (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(See instructions.)   | (d)<br>Date received   |
|   | <br>  |  |
| (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(See instructions.)   | (d)<br>Date received   |
|   | <br>2   |  |
|   | V   |  |
| (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(See instructions.)   | (d)<br>Date received   |
|   |   |  |
|   | \$  |  |
| (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(See instructions.)   | (d)<br>Date received   |
|   | —   |  |
|   |   |  |
|   | (b) Description of noncash property given | Description of noncash property given     FMV (or estimate)<br>(See instructions.)       (b)     (C)       Description of noncash property given     (See instructions.)       (b)     (C)       (c)     FMV (or estimate)       (c)     (See instructions.)       (c)     FMV (or estimate)       (c)     S       (c)     FMV (or estimate)       (c)     (See instructions.)       (b)     FMV (or estimate)       (c)     (See instructions.)       (c)     FMV (or estimate)       (See instructions.)     (See instructions.)       (b)     FMV (or estimate)       (c)     FMV (or estimate)       (c)     (C)       (c)     FMV (or estimate) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page   |                                |  |  |  |  |  |  |  |
|--|--------------------------------|--|--|--|--|--|--|--|
| Name of organization THE AMERICAN BOARD OF RADIOLOGY   | Employer identification number |  |  |  |  |  |  |  |
|  | 41-0773787                     |  |  |  |  |  |  |  |
| Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or |                                |  |  |  |  |  |  |  |

| Use               | ibutions of <b>\$1,000 or less</b> for the<br>duplicate copies of Part III if additi | onal space is needed.        |      |                                     |
|-------------------|--|------------------------------|------|-------------------------------------|
| No.<br>om<br>rt I | (b) Purpose of gift  | (c) Use of g                 | jift | (d) Description of how gift is held |
|                   | Transferee's name, address, an   | (e) Transfer o<br>Id ZIP + 4 | -    | onship of transferor to transferee  |
| No.<br>om<br>rt I | (b) Purpose of gift  | (c) Use of g                 | jift | (d) Description of how gift is held |
|                   | Transferee's name, address, an   | (e) Transfer o<br>Id ZIP + 4 | •    | onship of transferor to transferee  |
| No.<br>om<br>rt I | (b) Purpose of gift  | (c) Use of g                 | jift | (d) Description of how gift is held |
|                   | Transferee's name, address, an   | (e) Transfer o<br>Id ZIP + 4 |      | onship of transferor to transferee  |
| No.<br>om<br>rt I | (b) Purpose of gift  | (c) Use of g                 | jift | (d) Description of how gift is held |
|                   | Transferee's name, address, an   | (e) Transfer o               |      | onship of transferor to transferee  |
| _                 |  |                              |      |                                     |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) |   |

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

| (Form 990) |  | ► Complete if the organization answered "Yes" on Form 990,<br>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. |  |              |               |        |                       | 2020                 |  |
|------------|--|--|--|--------------|---------------|--------|-----------------------|----------------------|--|
|            | rtment of the Treasury<br>nal Revenue Service  |  | ► Attach to Form 99<br>Form990 for instruction | 0.           |               |        | Open to Publ          |                      |  |
|            | e of the organization  |  |  |              |               |        | ployer identifica     |                      |  |
| THE        | AMERICAN BOA   | ARD OF RADIOLOGY   |  |              |               |        | 41-07737              | 37                   |  |
| Ра         | rt I Organiza  | tions Maintaining Donor Adv  | ised Funds or Other                            | Similar I    | unds or       | Acco   | ounts.                |                      |  |
|            | Complete   | e if the organization answered   | "Yes" on Form 990,                             | Part IV, li  | ne 6.         |        |                       |                      |  |
|            |  |  | (a) Donor advi                                 | sed funds    |               | (      | ( <b>b)</b> Funds and | other accounts       |  |
| 1          | Total number at e  | nd of year   |  |              |               |        |                       |                      |  |
| 2          |  | of contributions to (during year)  |  |              |               |        |                       |                      |  |
| 3          |  | of grants from (during year)   |  |              |               |        |                       |                      |  |
| 4          |  | at end of year   |  |              |               |        |                       |                      |  |
| 5          | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised |  |  |              |               |        |                       |                      |  |
|            | -  | nization's property, subject to the  | -  |              |               |        |                       | Yes No               |  |
| 6          | Did the organizati   | on inform all grantees, donors, a  | and donor advisors in                          | writing the  | at grant fui  | nds c  | an be used            |                      |  |
|            | only for charitable  | e purposes and not for the bene  | fit of the donor or dor                        | or adviso    | r, or for ar  | ny otł | ner purpose           |                      |  |
|            | conferring imperm  | nissible private benefit?  |  |              |               |        |                       | Yes No               |  |
| Pa         |  | tion Easements.  |  |              |               |        |                       |                      |  |
|            |  | e if the organization answered   |  |              |               |        |                       |                      |  |
| 1          |  | servation easements held by the  | •  | that apply)  | ).            |        |                       |                      |  |
|            |  | n of land for public use (for example  | e, recreation or education)                    |              |               |        | -                     | portant land area    |  |
|            |  | of natural habitat   |  | Pres         | servation c   | of a c | ertified histo        | ric structure        |  |
|            |  | n of open space  |  |              |               |        |                       |                      |  |
| 2          | -  | a through 2d if the organization he  | eld a qualified conserv                        | ation cont   | ribution in T | the fo |                       |                      |  |
|            |  | last day of the tax year.  |  |              | _             |        | Held at the           | End of the Tax Year  |  |
| а          |  | onservation easements  |  |              |               | 2a     |                       |                      |  |
| b          |  | tricted by conservation easements  |  |              |               | 2b     |                       |                      |  |
| С          |  | vation easements on a certified  |  | . ,          |               | 2c     |                       |                      |  |
| d          |  | rvation easements included in (c   |  |              |               |        |                       |                      |  |
| _          |  | isted in the National Register   |  |              |               | 2d     |                       |                      |  |
| 3          |  | rvation easements modified, tra  | nsterred, released, ext                        | inguished    | , or termin   | nated  | by the orga           | anization during the |  |
|            | tax year ▶   |  |  |              |               |        |                       |                      |  |
| 4          |  | where property subject to conse  |  |              |               |        | a sa allisa a sa f    |                      |  |
| 5          | -  | ation have a written policy reg  |  | -            |               |        | -                     |                      |  |
| c          |  | orcement of the conservation ea  |  |              |               |        |                       |                      |  |
| 6          | Starr and volunteer  | hours devoted to monitoring, insp  | ecting, nandling of viola                      | tions, and   | enforcing c   | onse   | rvation easem         | ents during the year |  |
| 7          | Amount of expens   | es incurred in monitoring, inspec  | ting handling of violatic                      | ons and or   | oforcing co   | ncon   | vation easem          | ents during the year |  |
| '          | ►\$  |  | ung, nanunng of violatio                       | nis, and ei  |               | liser  | alloneasein           | ents during the year |  |
| 8          |  | vation easement reported on line 2   | 2(d) above satisfy the re                      | auiremen     | ts of sectio  | n 17(  | )(h)(4)(B)(i)         |                      |  |
| Ū          |  | )(4)(B)(ii)?   |  |              |               |        |                       |                      |  |
| 9          |  | ibe how the organization reports   |  |              |               |        |                       |                      |  |
|            |  | d include, if applicable, the text of  |  |              |               |        |                       |                      |  |
|            | organization's acc   | ounting for conservation easeme  | nts.   | 0            |               |        |                       |                      |  |
| Ра         | rt III Organiza  | tions Maintaining Collections  | of Art, Historical Tr                          | easures,     | or Other      | Sim    | ilar Assets.          |                      |  |
|            | Complete   | e if the organization answered   | "Yes" on Form 990,                             | Part IV, li  | ne 8.         |        |                       |                      |  |
| 1a         | If the organization  | elected, as permitted under FA   | ASB ASC 958, not to I                          | eport in it  | s revenue     | stat   | ement and b           | alance sheet works   |  |
|            | of art, historical t   | n elected, as permitted under FA<br>treasures, or other similar asse<br>Part XIII the text of the footnote                             | ts held for public ext                         | nibition, eq | ducation, o   | or re  | search in fu          | rtherance of public  |  |
| -          |  |  |  |              |               |        |                       |                      |  |
| b          |  | n elected, as permitted under Fa<br>sures, or other similar assets he  |  |              |               |        |                       |                      |  |
|            |  | ing amounts relating to these iter   |  | ,            | , 2. 1000     |        |                       |                      |  |
|            | (i) Revenue inclue   | ded on Form 990, Part VIII, line 1   |  |              |               |        | ▶\$                   |                      |  |
|            | (ii) Assets include  | d in Form 990, Part X  |  |              |               |        | ►\$                   |                      |  |
| 2          |  | n received or held works of a  |  |              |               |        |                       | al gain, provide the |  |
|            | following amounts  | s required to be reported under F  | ASB ASC 958 relating                           | to these it  | ems:          |        |                       |                      |  |

| а | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
|---|---|------|
| b | Assets included in Form 990, Part X             | ► \$ |

Schedule D (Form 990) 2020

THE AMERICAN BOARD OF RADIOLOGY

| Schee  | dule D (Form 990) 2020                                 |                        |                          |               |                     |             |                        |          |             | Page 2          |
|--------|--|------------------------|--------------------------|---------------|---------------------|-------------|------------------------|----------|-------------|-----------------|
| Ра     | rt III Organizations Maintain                          | ing Collections of     | Art, Histo               | rical Tre     | asures,             | or Othe     | er Similar As          | ssets (C | ontinued    | -               |
| 3      | Using the organization's acquisition                   |                        | ,                        |               |                     |             |                        |          |             | ,               |
|        | collection items (check all that app                   |                        |                          |               |                     |             | -                      |          |             |                 |
| а      | Public exhibition                                      |                        | d                        | Loan o        | r exchar            | nge progi   | ram                    |          |             |                 |
| b      | Scholarly research                                     |                        | e                        | Other         |                     |             |                        |          |             |                 |
| с      | Preservation for future gene                           | rations                |                          |               |                     |             |                        |          |             |                 |
| 4      | Provide a description of the orga                      | nization's collections | s and expla              | ain how tl    | hey furth           | her the o   | organization's         | exempt   | purpose     | in Part         |
|        | XIII.  |                        |                          |               |                     |             |                        |          |             |                 |
| 5      | During the year, did the organization                  | on solicit or receive  | donations c              | of art, histo | rical tre           | asures, o   | or other simila        | ır       |             |                 |
|        | assets to be sold to raise funds rati                  | her than to be maint   | ained as pa              | art of the o  | rganizat            | tion's coll | ection?                | [        | Yes         | No              |
| Ра     | rt IV Escrow and Custodial A                           | rrangements.           |                          |               |                     |             |                        |          |             |                 |
|        | Complete if the organiza                               | ation answered "Ye     | es" on For               | m 990, P      | art IV, li          | ine 9, or   | reported an            | i amoun  | t on For    | m               |
|        | 990, Part X, line 21.                                  |                        |                          |               |                     |             |                        |          |             |                 |
| 1a     | Is the organization an agent, trus                     |                        |                          | -             |                     |             |                        | ts not _ | _           |                 |
|        | included on Form 990, Part X?                          |                        |                          |               |                     |             |                        | L        | Yes         | No              |
| b      | If "Yes," explain the arrangement i                    | n Part XIII and com    | plete the fo             | llowing tab   | le:                 |             |                        |          |             |                 |
|        |  |                        |                          |               |                     |             |                        | Amount   |             |                 |
| С      | Beginning balance                                      |                        |                          |               |                     | 1c          |                        |          |             |                 |
| d      | Additions during the year                              |                        |                          |               |                     | 1d          |                        |          |             |                 |
| е      | Distributions during the year                          |                        |                          |               |                     | 1e          |                        |          |             |                 |
| f      | Ending balance   |                        |                          |               |                     | 1f          |                        |          |             |                 |
| 2a     | Did the organization include an am                     |                        |                          |               |                     |             |                        | -        | Yes         |                 |
|        | If "Yes," explain the arrangement i                    | n Part XIII. Check h   | ere if the e             | xplanation    | has bee             | n provide   | d on Part XIII         | <u></u>  |             |                 |
| Pa     | rt V Endowment Funds.                                  |                        | " <b>-</b>               | 000 D         |                     |             |                        |          |             |                 |
|        | Complete if the organiza                               |                        | 1                        |               |                     |             |                        |          | · · -       |                 |
|        |  | (a) Current year       | (b) Pric                 | or year       | (C) 1WO             | years back  | (d) Three ye           | ars back | (e) Four ye | ears back       |
| 1a     | Beginning of year balance                              |                        |                          |               |                     |             |                        |          |             |                 |
| b      | Contributions  |                        |                          |               |                     |             |                        |          |             |                 |
| С      | Net investment earnings, gains,                        |                        |                          |               |                     |             |                        |          |             |                 |
|        | and losses   |                        |                          |               |                     |             |                        |          |             |                 |
| d      | Grants or scholarships                                 |                        |                          |               |                     |             |                        |          |             |                 |
| е      | Other expenditures for facilities                      |                        |                          |               |                     |             |                        |          |             |                 |
|        | and programs   |                        |                          |               |                     |             |                        |          |             |                 |
| f      | Administrative expenses                                |                        |                          |               |                     |             |                        |          |             |                 |
| g      | End of year balance                                    |                        |                          |               |                     |             |                        |          |             |                 |
| 2      | Provide the estimated percentage                       |                        | end balanc %             | e (line 1g,   | column (            | (a)) held a | as:                    |          |             |                 |
| a<br>b | Board designated or quasi-endown Permanent endowment ► |                        | %                        |               |                     |             |                        |          |             |                 |
| b      | Term endowment   | <sup>70</sup>          |                          |               |                     |             |                        |          |             |                 |
| С      | The percentages on lines 2a, 2b, a                     | _ / •                  | 100%                     |               |                     |             |                        |          |             |                 |
| 30     | Are there endowment funds not in                       |                        |                          | ation that a  | ara hald            | and adm     | ninistered for t       | he       |             |                 |
| Ja     | organization by:                                       |                        | ne organiza              |               |                     | and adn     |                        | TIC      | Y           | es No           |
|        | (i) Unrelated organizations                            |                        |                          |               |                     |             |                        |          | 3a(i)       |                 |
|        | (ii) Related organizations                             |                        |                          |               |                     |             |                        |          | 3a(ii)      |                 |
| b      | If "Yes" on line 3a(ii), are the relate                |                        |                          |               |                     |             |                        |          | 3b          |                 |
| 4      | Describe in Part XIII the intended                     | •                      |                          |               |                     |             |                        |          |             |                 |
| -      |  |                        |                          |               |                     |             |                        |          |             |                 |
|        | Complete if the organiz                                |                        |                          |               |                     |             |                        |          |             |                 |
|        | Description of property                                |                        | r other basis<br>stment) | (b) Cost o    | r other bas<br>her) |             | Accumulated preciation | (d)      | Book valu   | e               |
| 1a     | Land   | ,                      | ,                        | ``            | 90,128              |             |                        |          | 790         | D <b>,</b> 128. |
| b      | Buildings  |                        |                          |               | 84,799              |             | 909,450.               |          |             | ,<br>5,349.     |
| c      | Leasehold improvements                                 |                        |                          |               | 44,464              |             | 241,528.               |          |             | 2,936.          |
| d      | Equipment  |                        |                          | 10,0          | 06,128              | 3. 7,       | 815,610.               |          | 2,190       | ),518.          |
| е      | Other  |                        |                          |               |                     |             |                        |          |             |                 |
|        | I. Add lines 1a through 1e. (Column                    | n (d) must equal Fori  | m 990, Part              | X, column     | (B), line           | 10c.)       |                        |          | 5,858       | 3,931.          |
|        |  |                        |                          |               |                     |             |                        |          |             |                 |

Schedule D (Form 990) 2020

JSA 0E1269 1.000

| Part VII         | Investments - Other Securities.<br>Complete if the organization answere | ed "Yes" on Form 990 | Part IV line 11b See Form 990 F                              | Part X_line 12   |
|------------------|---|----------------------|--|------------------|
|                  | (a) Description of security or category<br>(including name of security) | (b) Book value       | (c) Method of valuation<br>Cost or end-of-year market        | 1:               |
| 1) Financi       | ial derivatives   |                      |  |                  |
| ,                | / held equity interests   |                      |  |                  |
|                  |   |                      |  |                  |
| (A)              |   |                      |  |                  |
| (B)              |   |                      |  |                  |
| (C)              |   |                      |  |                  |
| (D)              |   |                      |  |                  |
| (E)              |   |                      |  |                  |
| (F)              |   |                      |  |                  |
| (G)              |   |                      |  |                  |
| (H)              |   |                      |  |                  |
|                  | nn (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨              |                      |  |                  |
| Part VIII        |   |                      |  |                  |
|                  | Complete if the organization answere                                    | ed "Yes" on Form 990 | , Part IV, line 11c. See Form 990, F                         | Part X, line 13. |
|                  | (a) Description of investment   | (b) Book value       | <b>(c)</b> Method of valuatior<br>Cost or end-of-year market |                  |
| 1)               |   |                      |  |                  |
| 2)               |   |                      |  |                  |
| 3)               |   |                      |  |                  |
| (4)              |   |                      |  |                  |
| 5)               |   |                      |  |                  |
| (6)              |   |                      |  |                  |
| (7)              |   |                      |  |                  |
| (8)              |   |                      |  |                  |
| (9)              |   |                      |  |                  |
|                  | nn (b) must equal Form 990, Part X, col. (B) line 13.)                  |                      |  |                  |
| Part IX          | Other Assets.<br>Complete if the organization answere                   | d "Yes" on Form 990  | Part IV line 11d See Form 990 F                              | Part X line 15   |
|                  | · •   | Description          |  | (b) Book value   |
| (1)              | (4) -   |                      |  |                  |
| (2)              |   |                      |  |                  |
| (3)              |   |                      |  |                  |
| (4)              |   |                      |  |                  |
| (5)              |   |                      |  |                  |
| (6)              |   |                      |  |                  |
| (7)              |   |                      |  |                  |
| (8)              |   |                      |  |                  |
| (9)              |   |                      |  |                  |
| otal. (Col       | umn (b) must equal Form 990, Part X, col. (B                            | ) line 15.)          |  |                  |
| Part X           | Other Liabilities.<br>Complete if the organization answere              | ed "Yes" on Form 990 | . Part IV. line 11e or 11f. See Form                         | 990. Part X.     |
|                  | line 25.  |                      |  | . ,              |
|                  | (a) Desci   | ription of liability |  | (b) Book value   |
| (1) Fede         | ral income taxes  | -                    |  |                  |
| · ,              | CRRED COMPENSATION  |                      |  | 452,63           |
| ( <b>3)</b> DEFE | CRRED RENT  |                      |  | 25,56            |
| (4)              |   |                      |  |                  |
| (5)              |   |                      |  |                  |
| (6)              |   |                      |  |                  |
| (7)              |   |                      |  |                  |
|                  |   |                      |  |                  |
| (8)              |   |                      |  |                  |
| (9)              | mn (b) must equal Form 990, Part X, col. (B) line 25                    |                      |  | 478,20           |

| THE AN | MERICAN | BOARD | OF | RADIOLOGY |
|--------|---------|-------|----|-----------|
|--------|---------|-------|----|-----------|

|           | e D (Form 990) 2020   |                   | Page <b>4</b>        |
|-----------|---|-------------------|----------------------|
| Part      | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | n.                |                      |
| 1         | Total revenue, gains, and other support per audited financial statements  | 1                 |                      |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                   |                      |
| а         | Net unrealized gains (losses) on investments  | -                 |                      |
| b         | Donated services and use of facilities  | -                 |                      |
| c         | Recoveries of prior year grants   2c     Other (Describe in Part XIII )   2d  | -                 |                      |
| d         |   | 2e                |                      |
| е<br>3    | Add lines 2a through 2d   | 3                 |                      |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                   |                      |
| a         | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |                   |                      |
| b         | Other (Describe in Part XIII.)  |                   |                      |
| С         | Add lines 4a and 4b   | 4c                |                      |
| 5<br>Dout | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5                 |                      |
| Part      | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | irn.              |                      |
| 1         | Total expenses and losses per audited financial statements  | 1                 |                      |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                   |                      |
| а         | Donated services and use of facilities  | -                 |                      |
| b         | Prior year adjustments  |                   |                      |
| с<br>С    | Other losses         2c           Other (Describe in Part XIII.)         2d   |                   |                      |
| d<br>e    | Add lines 2a through 2d   | 2e                |                      |
| 3         | Subtract line 2e from line 1  | 3                 |                      |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                   |                      |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |                   |                      |
| b         | Other (Describe in Part XIII.)  |                   |                      |
|           | Add lines 4a and 4b   | 4c                |                      |
| 5<br>Dart | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).         XIII         Supplemental Information.  | 5                 |                      |
| Provid    | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F<br>XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | Part V,<br>nation | line 4; Part X, line |
|           | DULE D, PART X, LINE 2  |                   |                      |
| ASC       | 740 FOOTNOTE:   |                   |                      |
| MANA      | GEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE  |                   |                      |
| INCL      | UDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED   |                   |                      |
| ANY       | MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE   |                   |                      |
| FINA      | NCIAL STATEMENTS.   |                   |                      |
|           | CITE DITTERENTO.  |                   |                      |
|           |   |                   |                      |
|           |   |                   |                      |
|           |   |                   |                      |
|           |   |                   |                      |
|           |   |                   |                      |
|           |   |                   |                      |

Schedule D (Form 990) 2020

| SCH    | EDULE J                                 | Compen  | sation Information   | 0                       | MB No. 1        | 545-0  | 047      |
|--------|---|---|--|-------------------------|-----------------|--------|----------|
| (Forn  | n 990)                                  | For certain Officers, Dire                    | ectors, Trustees, Key Employees, and Highest   |                         | ୬ଲ              | 20     |          |
|        |   |   | mpensated Employees<br>on answered "Yes" on Form 990, Part IV, line 2                    | 23.                     | <u>2</u> 0      | ZU     | )        |
|        | nent of the Treasury<br>Revenue Service |   | Attach to Form 990.<br>990 for instructions and the latest information.                  |                         | pen to<br>Inspe |        |          |
|        | of the organization                     |   |  | Employer identification |                 |        | "        |
| THE    | AMERICAN                                | BOARD OF RADIOLOGY                            |  | 41-0773787              |                 |        |          |
| Part   | Question                                | ns Regarding Compensation                     | I  |                         |                 |        |          |
|        |   |   |  |                         |                 | Yes    | No       |
| 1a     |   |   | ovided any of the following to or for a pers   |                         |                 |        |          |
|        | 990, Part VII,                          | Section A, line 1a. Complete Part III to      | provide any relevant information regarding   | g these items.          |                 |        |          |
|        | First-cla                               | iss or charter travel                         | Housing allowance or residence for   | personal use            |                 |        |          |
|        | Travel fo                               | or companions                                 | Payments for business use of person  | nal residence           |                 |        |          |
|        | X Tax inde                              | emnification and gross-up payments            | Health or social club dues or initiation   | on fees                 |                 |        |          |
|        | Discretio                               | onary spending account                        | Personal services (such as maid, cha   | auffeur, chef)          |                 |        |          |
| b      | or reimburse                            | ement or provision of all of the ex           | ne organization follow a written policy re<br>penses described above? If "No," com       | plete Part III to       |                 |        |          |
|        |   |   | ·<br>· · · · · · · · · · · · · · · · · · ·   |                         | 1b              |        | X        |
| 2      | -                                       |   | to reimbursing or allowing expenses  | -                       |                 |        |          |
|        |   |   | D/Executive Director, regarding the items  | checked on line         |                 |        | X        |
|        |   |   |  |                         | 2               |        |          |
| 3      |   |   | on used to establish the compensation of t<br>at apply. Do not check any boxes for metho |                         |                 |        |          |
|        |   |   | e CEO/Executive Director, but explain in Pa  |                         |                 |        |          |
|        |   | nsation committee                             | Written employment contract  |                         |                 |        |          |
|        |   | ident compensation consultant                 | X Compensation survey or study   |                         |                 |        |          |
|        | ·                                       | 90 of other organizations                     | X Approval by the board or compensa  | tion committee          |                 |        |          |
| 4      |   | ·   | Part VII, Section A, line 1a, with respect to  |                         |                 |        |          |
| 4      | organization                            | or a related organization:                    | Fait vii, Section A, line Ta, with respect to  |                         |                 |        |          |
| а      |   |   | ayment?  |                         | 4a              | Х      |          |
| b      | Participate in                          | or receive payment from a supplemen           | tal nonqualified retirement plan?  |                         | 4b              | Х      |          |
| с      | Participate in                          | or receive payment from an equity-bas         | ed compensation arrangement?   |                         | 4c              |        | Х        |
|        | If "Yes" to an                          | y of lines 4a-c, list the persons and pr      | rovide the applicable amounts for each it  | em in Part III.         |                 |        |          |
|        |   |   |  |                         |                 |        |          |
| -      | -                                       |   | rganizations must complete lines 5-9.  |                         |                 |        |          |
| 5      |   |   | on A, line 1a, did the organization pa   | ly or accrue any        |                 |        |          |
|        | •                                       | n contingent on the revenues of:              |  |                         | 50              |        |          |
|        |   |   |  |                         | 5a              |        | <u> </u> |
| b      |   | e 5a or 5b, describe in Part III.             |  |                         | 5b              |        |          |
| 6      |   |   | on A, line 1a, did the organization pa   | v or accrue any         |                 |        |          |
|        |   | n contingent on the net earnings of:          |  |                         |                 |        |          |
| а      | •                                       |   |  |                         | 6a              |        |          |
|        |   |   |  |                         | 6b              |        |          |
| -      | -                                       | e 6a or 6b, describe in Part III.             |  |                         |                 |        |          |
| 7      |   |   | n A, line 1a, did the organization prov  | ide any nonfixed        |                 |        |          |
|        |   |   | escribe in Part III  |                         | 7               |        |          |
| 8      |   |   | paid or accrued pursuant to a contract tha   |                         |                 |        |          |
|        | to the initia                           | I contract exception described in I           | Regulations section 53.4958-4(a)(3)? If  | "Yes," describe         |                 |        |          |
|        |   |   |  |                         | 8               |        |          |
| 9      |   | <b>.</b>                                      | low the rebuttable presumption proced  |                         |                 |        |          |
|        |   |   |  |                         | 9               |        |          |
| For Pa | aperwork Reduc                          | ction Act Notice, see the Instructions for Fo | orm 990.   | Sched                   | ule J (Fo       | rm 990 | 0) 2020  |

Schedule J (Form 990) 2020

Page **2** 

#### 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 o          | f W-2 and/or 1099-MI                | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|----------------------------------|------|--------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title               |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| VALERIE JACKSON, MD              | (i)  | 461,141.                 | 3,000.                              | 131,945.                                  | 34,884.                        | 3,967.         | 634,937.             | 131,500.   |
| 1 EXECUTIVE DIRECTOR END:07/2020 | (ii) | 0.                       | Ο.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| BRENT WAGNER, MD                 | (i)  | 305,677.                 | 0.                                  | 165.                                      | 0.                             | 4,633.         | 310,475.             | 0.   |
| 2EXECUTIVE DIRECTOR BEG:07/2020  | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| PAUL WALLNER, DO                 | (i)  | 247,389.                 | 0.                                  | 0.  | 24,739.                        | 0.             | 272,128.             | 0.   |
| 3ASSOC EXECUTIVE DIRECTOR        | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| KARYN HOWARD                     | (i)  | 192,031.                 | 1,923.                              | 396.                                      | 19,435.                        | 11,257.        | 225,042.             | 0.   |
| 4 MANAGING DIRECTOR              | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| SCOTT SEGAL                      | (i)  | 191,110.                 | 1,987.                              | 258.                                      | 18,276.                        | 10,818.        | 222,449.             | 0.   |
| 5 <sup>IT DIRECTOR</sup>         | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| ANTHONY GERDEMAN                 | (i)  | 179,016.                 | 1,923.                              | 138.                                      | 18,807.                        | 15,982.        | 215,866.             | 0.   |
| 6 PSYCHOMETRICS DIRECTOR         | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| DAVID LASZAKOVITS                | (i)  | 173,169.                 | 1,942.                              | 60.                                       | 17,926.                        | 15,893.        | 208,990.             | 0.   |
| 7 DIRECTOR OF EXTERNAL RELATIONS | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| BLAKE WESCOTT                    | (i)  | 173,764.                 | 1,945.                              | 60.                                       | 17,639.                        | 7,249.         | 200,657.             | 0.   |
| 8 DIRECTOR OF ANALYSIS           | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| REED DUNNICK, MD                 | (i)  | 142,933.                 | 0.                                  | 0.  | 0.                             | 0.             | 142,933.             | 0.   |
| 9ASSOC EXECUTIVE DIRECTOR        | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
|                                  | (i)  |                          |                                     |   |                                |                |                      |  |
| 10                               | (ii) |                          |                                     |   |                                |                |                      |  |
|                                  | (i)  |                          |                                     |   |                                |                |                      |  |
| 11                               | (ii) |                          |                                     |   |                                |                |                      |  |
|                                  | (i)  |                          |                                     |   |                                |                |                      |  |
| 12                               | (ii) |                          |                                     |   |                                |                |                      |  |
|                                  | (i)  |                          |                                     |   |                                |                |                      |  |
| 13                               | (ii) |                          |                                     |   |                                |                |                      |  |
|                                  | (i)  |                          |                                     |   |                                |                |                      |  |
| 14                               | (ii) |                          |                                     |   |                                |                |                      |  |
|                                  | (i)  |                          |                                     |   |                                |                |                      |  |
| 15                               | (ii) |                          |                                     |   |                                |                |                      |  |
|                                  | (i)  |                          |                                     |   |                                |                |                      |  |
| 16                               | (ii) |                          |                                     |   |                                |                |                      |  |

Schedule J (Form 990) 2020

JSA

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Schedule J (Form 990) 2020

#### 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 J, PART I, LINE 4A

SEVERANCE PAYMENTS:

SEVERANCE IS A VOLUNTARY AGREEMENT THAT SET FORTH THE AGREED UPON

SEPARATION DATE FOR EMPLOYMENT AND BENEFITS COVERAGE, THE AMOUNT OF

PAYMENT, A CONFIDENTIALITY AGREEMENT CONCERNING COMPANY INFORMATION AND

MATERIALS, RETURN OF COMPANY MATERIALS, AND COOPERATION CONCERNING

BUSINESS MATTERS. MARK HOOVER RECEIVED A SEVERANCE PAYMENT OF \$12,500.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

THE AMERICAN BOARD OF RADIOLOGY MAINTAINS A SECTION 457(F) PLAN. VALERIE P JACKSON, MD PARTICIPATES IN THE 457(F) PLAN, BUT DID NOT RECEIVE ANY PAYMENTS FROM THE PLAN. DURING THE TAX YEAR CONTRIBUTIONS TO THE PLAN TOTALING \$6,384 WERE MADE DURING THE YEAR AND ARE REFLECTED IN HER DEFERRED COMPENSATION.

\$131,500 WAS REPORTED IN HER W-2 TAXABLE COMPENSATION AS A 457(F) DISTRIBUTION ALTHOUGH SHE DID NOT ACTUALLY RECEIVE THE FUNDS.

0E1505 1.000 6767NQ B47D 8/17/2021 9:40:25 AM V 20-6.3F 138-1176296-1176296 Schedule J (Form 990) 2020

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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 J, PART I, LINE 1A & 1B

GROSS UP PAYMENTS:

JSA

ALL EMPLOYEES ON THE OCTOBER 30TH PAYROLL RECEIVED A COVID BONUS, GROSSED

UP TO COVER MOST TAXES. DR. WAGNER REFUSED THE BONUS, AND DR. JACKSON WAS

NO LONGER EMPLOYED AT THE TIME AND DID NOT RECEIVE IT. ADDITIONALLY,

SCOTT SEGAL, DAVID LASZAKOVITS, AND BLAKE WESCOTT RECEIVED A GIFT CARD(S)

DURING THE YEAR, WHICH WAS REPORTED GROSSED UP FOR MOST TAXES.

DR. VALERIE JACKSON RECEIVED \$3,000 IN GIFT CARDS FOR HER RETIREMENT.

THOSE GIFT CARDS WERE REPORTED ON HER FINAL PAYCHECK IN ORDER TO DEDUCT

THE RELATED TAXES (WITHOUT GROSS-UP).

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

Department of the Treasury

Internal Revenue Service

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

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

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



Name of the organization THE AMERICAN BOARD OF RADIOLOGY Employer identification number 41-0773787

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

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM FOLLOWING THE COMPLETION OF AN AUDIT OF FINANCIAL STATEMENTS. AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: POTENTIAL CONFLICTS ARE REVIEWED ANNUALLY AT A MEETING OF THE BOARD OF GOVERNORS. IF A CONFLICT IS FOUND TO EXIST, THE CONFLICTED MEMBER RECUSES THEMSELVES FROM RELATED DISCUSSIONS.

FORM 990, PART VI, SECTION B, LINE 15A & 15B COMPENSATION REVIEW:

SPECIFIC SOURCES PROVIDING COMPARABILITY DATA FOR SALARY RANGES RELATED TO POSITIONS ARE USED FOR DIRECTOR POSITIONS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE APPROVES ALL EXECUTIVE LEVEL COMPENSATION. THE MOST RECENT REVIEW WAS CONDUCTED IN FISCAL YEAR 2018 BY AN OUTSIDE CONTRACTOR, HR KNOW, LLC.

FORM 990, PART VI, SECTION C, LINE 18 & 19 AVAILABILITY OF DOCUMENTS:

THE FORM 990 AND 1023, CONFLICT OF INTEREST POLICY, BYLAWS AND ANNUAL

SUMMARY FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION A, LINE 1A DELEGATION OF AUTHORITY:

THE PRESIDENT AND PRESIDENT ELECT HAVE AUTHORITY TO MAKE DECISIONS OUTSIDE OF REGULAR BOARD MEETINGS.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ADMINISTERED APPROXIMATELY 700 EXAMS IN RADIATION ONCOLOGY AND MEDICAL PHYSICS. DUE TO THE COVID-19 PANDEMIC, ALL EXAMS PRIOR TO DECEMBER HAD TO BE CANCELLED. THE PROCESS OF CREATING NEW EXAM MATERIALS CONTINUED DURING 2020, AND WORK WAS INITIATED TO DEVELOP REMOTE EXAM CAPABILITIES. THE OBJECTIVE OF EXAMS IS TO DETERMINE IF CANDIDATES HAVE ACQUIRED THE REQUISITE STANDARD OF KNOWLEDGE, SKILL AND UNDERSTANDING ESSENTIAL TO THE PRACTICE OF DIAGNOSTIC RADIOLOGY, INTERVENTIONAL RADIOLOGY, RADIATION ONCOLOGY OR MEDICAL PHYSICS. THE OBJECTIVE OF CONTINUING CERTIFICATION IS TO PROVIDE CONTINUOUS QUALITY IMPROVEMENT, PROFESSIONAL DEVELOPMENT AND QUALITY PATIENT CARE. ENROLLMENT IN THE MAINTENANCE OF CERTIFICATION WAS APPROXIMATELY 30,585 DIPLOMATES.

.ISA

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

41-0773787

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

THE AMERICAN BOARD OF RADIOLOGY

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|--------------------------------|---|----------------------------|----------------------------------|-------------------------------------|
| (1) AMERICAN BOARD OF RADIOLOGY INT. LLC 41-0773787                 |                                |   |                            |                                  |                                     |
| 5441 E. WILLIAMS CIRCLE TUCSON, AZ 85711                            | GUIDANCE                       | DE  | 128,973.                   | 884,833.                         | ABR                                 |
| (2)   |                                |   |                            |                                  |                                     |
|   |                                |   |                            |                                  |                                     |
| _(3)  |                                |   |                            |                                  |                                     |
|   |                                |   |                            |                                  |                                     |
| (4)   |                                |   |                            |                                  |                                     |
|   |                                |   |                            |                                  |                                     |
| (5)   |                                |   |                            |                                  |                                     |
|   |                                |   |                            |                                  |                                     |
| (6)   |                                |   |                            |                                  |                                     |
|   |                                |   |                            |                                  |                                     |

### Part II

# Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | <b>(e)</b><br>Public charity status<br>(if section 501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | conti | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|---|--------------------------------|---|----------------------------|---|--|-------|--|
|   |                                |   |                            |   |  | Yes   | No   |
| (1) THE AMERICAN BOARD OF RADIOLOGY FDN 20-1354373    |                                |   |                            |   |  |       |  |
| 5441 E. WILLIAMS CIRCLE TUCSON, AZ 85711              | SUPPORT                        | DC  | 501(C)(3)                  | 12, TYPE I  | ABR  | Х     |  |
| (2)   |                                |   |                            |   |  |       |  |
|   | -                              |   |                            |   |  |       |  |
| (3)   |                                |   |                            |   |  |       |  |
|   | -                              |   |                            |   |  |       |  |
| (4)   |                                |   |                            |   |  |       |  |
|   |                                |   |                            |   |  |       |  |
| (5)   |                                |   |                            |   |  |       |  |
|   | -                              |   |                            |   |  |       |  |
| (6)   |                                |   |                            |   |  |       |  |
| - · ·   | 1                              |   |                            |   |  |       |  |
| (7)   |                                |   |                            |   |  |       |  |
|   | 1                              |   |                            |   |  |       |  |

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

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# 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.

|  | i illore related org           |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
|--|--------------------------------|--|--|---|---------------------------------|---|---------|-----------------------------|---|-------------|---------------------------------------|---------------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of end-of-<br>year assets | Disprop | h)<br>portionate<br>ations? | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Gene<br>man | <b>j)</b><br>eral or<br>aging<br>ner? | <b>(k)</b><br>Percentage<br>ownership |
|  |                                |  |  | ,   |                                 |   | Yes     | No                          |   | Yes         | No                                    |                                       |
| (1)  | _                              |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
| (2)  | _                              |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
| (3)  |                                |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
|  | _                              |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
| (4)  | -                              |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
| (5)  | _                              |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
| (6)  | _                              |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |
| (7)  | _                              |  |  |   |                                 |   |         |                             |   |             |                                       |                                       |

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year assets | (i)<br>Sectior<br>512(b)(1<br>controlle<br>entity?<br>Yes No |
|---|--------------------------------|---|--|--|--|--|--|
| (1)   |                                |   |  |  |  |  |  |
| (2)   |                                |   |  |  |  |  |  |
| (3)   |                                |   |  |  |  |  |  |
| (4)   |                                |   |  |  |  |  |  |
| (5)   |                                |   |  |  |  |  |  |
| (6)   |                                |   |  |  |  |  |  |
| (7)   |                                |   |  |  |  |  |  |

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| THE AMERICAN BOARD OF RADIOL |     |  |
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| Part V       | Transactions With Related Organizations. Complete if the organization answered "Ye                 | es" on Form 990, Pa              | rt IV, line 34, 35b, or 36.   |                                |            |        |  |  |
|--------------|--|----------------------------------|-------------------------------|--------------------------------|------------|--------|--|--|
| Note: Co     | mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                    |                                  |                               |                                | Ye         | s No   |  |  |
| 1 Dur        | ng the tax year, did the organization engage in any of the following transactions with one or more | related organizations lis        | sted in Parts II-IV?          |                                |            |        |  |  |
| a Rec        | eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity       |                                  |                               | 1                              | a          | X      |  |  |
| b Gift       | grant, or capital contribution to related organization(s)  |                                  |                               | 1                              | _          | X      |  |  |
|              | grant, or capital contribution from related organization(s)  |                                  |                               |                                | <b>c</b> 2 | X      |  |  |
| <b>d</b> Loa | ns or loan guarantees to or for related organization(s)  |                                  |                               |                                | d          | X      |  |  |
| <b>e</b> Loa | ns or loan guarantees by related organization(s)   |                                  |                               |                                | e          | X      |  |  |
| f Divi       | lends from related organization(s)   |                                  |                               | 1                              | _          | X      |  |  |
|              | of assets to related organization(s)   |                                  |                               |                                |            | X      |  |  |
|              | Purchase of assets from related organization(s)  |                                  |                               |                                |            |        |  |  |
|              | ange of assets with related organization(s).   |                                  |                               |                                | _          | X      |  |  |
| j Lea        | e of facilities, equipment, or other assets to related organization(s)                             |                                  |                               | 1                              | j          | X      |  |  |
|              | e of facilities, equipment, or other assets from related organization(s)                           |                                  |                               |                                | k          | X      |  |  |
|              | I Performance of services or membership or fundraising solicitations for related organization(s)   |                                  |                               |                                |            |        |  |  |
|              | ormance of services or membership or fundraising solicitations by related organization(s)          |                                  |                               |                                | _          | X      |  |  |
| n Sha        | ing of facilities, equipment, mailing lists, or other assets with related organization(s)          |                                  |                               |                                |            | X      |  |  |
| o Sha        | ing of paid employees with related organization(s)   |                                  |                               |                                | o 2        | X      |  |  |
| p Rei        | nbursement paid to related organization(s) for expenses  |                                  |                               | 1                              | b          | X      |  |  |
| -            | bursement paid by related organization(s) for expenses   |                                  |                               | ····                           | · · ·      | X      |  |  |
| 9 100        |  |                                  |                               |                                |            |        |  |  |
| r Oth        | r transfer of cash or property to related organization(s)  |                                  |                               | 1                              | _          | X      |  |  |
|              | er transfer of cash or property from related organization(s)                                       |                                  |                               |                                | -          | X      |  |  |
| 2 If th      | answer to any of the above is "Yes," see the instructions for information on who must complete     |                                  |                               |                                |            |        |  |  |
|              | (a)<br>Name of related organization  | (b)<br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of d<br>amount i | etermi     |        |  |  |
| (1)          |  |                                  |                               |                                |            |        |  |  |
| (2)          |  |                                  |                               |                                |            |        |  |  |
| (3)          |  |                                  |                               |                                |            |        |  |  |
| (4)          |  |                                  |                               |                                |            |        |  |  |
| (5)          |  |                                  |                               |                                |            | _      |  |  |
|              |  |                                  |                               |                                |            |        |  |  |
| (6)<br>JSA   |  |                                  | Scł                           | hedule R (For                  | m 990      | ) 2020 |  |  |
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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (sta | (b) (c)<br>Primary activity Eegal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512 - 514) | ed 501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | amount in box 20<br>of Schedule K-1<br>(Form 1065) | partner? |    | ownership |
|---|------|---|--|--------------------------------|----|---------------------------------|--|---|----|--|----------|----|-----------|
|   |      |   |  | Yes                            | No |                                 |  | Yes                                     | No |  | Yes      | No | <u> </u>  |
| (1)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (2)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (3)                                     | _    |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (4)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (5)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (6)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (7)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (8)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (9)                                     |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (10)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (11)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (12)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (13)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (14)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (15)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (16)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |
| (10)                                    |      |   |  |                                |    |                                 |  |   |    |  |          |    |           |

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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.