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 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 change	Doing	Business As					41-077	378	7		
	Name chang	_{je} 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)) – 2	2900		
	Terminated	City o	r town, state or province, country, a	and ZIP or foreign postal code	9							
	Amended 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 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 M	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	 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 es								ning of Current			d of Yea	
ets lanc	20 Tota	al assets (P	Part X, line 16)					48,941,4	45.	46	,717	7,504
Net Assets or 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				, 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 —		 14241 DALLAS PARKWAY, SI 	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 2
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 6767NQ B47D 8/17/2021 9:40:2	5 AM V 20-6	3 म	138-1176296-1176296	Form 990 (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 AGE

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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 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	Sponsoring organizations maintaining donor advised funds. 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 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 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	- Page 6
Part	VI Governance, Management, and Disclosure 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, BRENT J WAGNER,	, address, 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

JSA 0E1042 1.000 6767NO B47D 8/17/2021 9:40:25 AM V 20-6.3F

Another's website

11a

b

13

14

15

17

18

19

а

h

Section C. Disclosure

Own website

Х

Other (explain on Schedule O)

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

JSA 0E1055 1.000 6767NQ B47D 8/17/2021 9:40:25 AM V 20-6.3F

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) Revenue excluded from tax under sections 512-514
Burnest Code Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	ts 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 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 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 B 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 sales of assets other than inventory 0. 0. 0. 0. 0. 7a Gross cost or other basis and sales expenses 7a 5,522,498. 680. 0. 0. 0. 7b Less: cost or other basis 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 other than inventory 7a 5, 522, 498. 680. 0 0 b Less: cost or other basis 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 other than inventory Ta 5,522,498. 680. b Less: cost or other basis and sales expenses								
other than inventory 7a 5,522,498. 680. b Less: cost or other basis and sales expenses								
B Less: cost or other basis 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 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 . 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.	 Form 990 (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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 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.			
3 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 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.			
2 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.

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following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Page	1	1	
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	Check if Schedule O contains a response or note to any line in this Pa		<u></u>	•••••
		(A) Beginning of year		(B) 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 10b 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	Total assets . 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 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 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. Form 990 (2020

THE AMERICAN BOARD OF RADIOLOGY

Form 99	90 (2020)				Pa	ge 12
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. 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 not 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	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$7,731.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for 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) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 2	
	V	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	—	
	(b) Description of noncash property given	Description of noncash property given FMV (or estimate) (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 \$1,000 or less for the duplicate copies of Part III if additi	onal space is needed.		
No. om 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 Id ZIP + 4	-	onship of transferor to transferee
No. om 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 Id ZIP + 4	•	onship of transferor to transferee
No. om 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 Id ZIP + 4		onship of transferor to transferee
No. om 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, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						2020	
	rtment of the Treasury nal Revenue Service		► Attach to Form 99 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) 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 treasures, or other similar asse 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 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.		" -	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 b	Board designated or quasi-endown Permanent endowment ►		%							
b	Term endowment	⁷⁰								
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 stment)	(b) Cost o	r other bas her)		Accumulated preciation	(d)	Book valu	e
1a	Land	,	,	``	90,128				790	D , 128.
b	Buildings				84,799		909,450.			, 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. 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 (including name of security)	(b) Book value	(c) Method of valuation 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	(c) Method of valuatior 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. 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. 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
(3) 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
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	e D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	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 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 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 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 С	Other losses 2c Other (Describe in Part XIII.) 2d		
d 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 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, 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 on answered "Yes" on Form 990, Part IV, line 2	23.	<u>2</u> 0	ZU)
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		pen to 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 penses described above? If "No," com	plete Part III to			
			· · · · · · · · · · · · · · · · · · · ·		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 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		.	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 compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior 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 ^{IT DIRECTOR}	(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

Page 3

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.

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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

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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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled 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)							
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(7)							
	1						

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

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

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41-0773787

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Schedule R (Form 990) 2020

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)				c 2	X		
d Loa	ns or loan guarantees to or for related organization(s)				d	X		
e 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of d amount i	etermi			
(1)								
(2)								
(3)								
(4)								
(5)						_		
(6) 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) Name, address, and EIN of entity	(sta	(b) (c) Primary activity Eegal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	ed 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownership
				Yes	No			Yes	No		Yes	No	<u> </u>
(1)													
(2)													
(3)	_												
(4)													
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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.