Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

<u>A</u>	ror tn	e 2021	calendar year, or tax year beginning			and ending	9							
В.			C Name of organization					D Employer ide	ntificat	ion number				
_	_	applicable:	THE AMERICAN BOARD OF	RADIOLOGY										
	Addr chan		Doing business as					41-0773						
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street addre	ess)	Room/suite		E Telephone nu	mber					
	Initia	ıl return	5441 E. WILLIAMS CIRCI	Œ				(520)7	90-2	900				
		return/ inated	City or town, state or province, country, a	and ZIP or foreign postal co	de									
	Amei	nded	TUCSON, AZ 85711					G Gross receipts	s \$	24,42	27,536.			
		ication	F Name and address of principal officer:	H(a) Is this a gro										
	pend	iiig	5441 E. WILLIAMS CIRCLE	BRENT J WAGI				subordinates H(b) Are all subord		luded? Ye				
$\overline{}$	Tax-ex	xempt st			4947(a)(1)	or 5	27	1 ' '		st. See instruction				
<u>. </u>			WWW.THEABR.ORG	(msert no.)	1347 (4)(1)	01 02		H(c) Group exem	ntion nu	mher				
_				Association Other		I Vear	of format	tion: 1934 M	•		le: DC			
	art I		immary	Association Other		L Teal	OI IOIIIIA	1011. 1934	Otate 0	n regai domici	e. DC			
Г			<u> </u>				n 1 1 7 m		M 7 M D	<u> </u>				
4	1		y describe the organization's mission of	ŭ					MAIL	5				
Governance		DEMONSTRATE THE REQUISITE KNOWLEDGE, SKILL, AND UNDERSTANDING OF THEIR DISCIPLINE TO THE BENEFIT OF PATIENTS.												
rna	_													
ove	2		k this box 🕨 🔛 if the organization d	· ·					1 1					
Ğ	3		per of voting members of the governing						3		9			
S	4		per of independent voting members of t						4		9			
itie	5		number of individuals employed in cale						5		144			
Activities &	6	Total	number of volunteers (estimate if necess	sary)					6		1,400			
Ă	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		NONE			
	b	Net u	nrelated business taxable income from l	Form 990-T, Part I, line	11				7b		NONE			
Revenue						Prior Year		Curren	Year					
	8	Contr	ibutions and grants (Part VIII, line 1h)		СОРУ	/ FOR	1	7,7	31.		NONE			
	9		am service revenue (Part VIII, line 2g)			CDECTION		15,914,88		16,83	34,305.			
	10	Invest	tment income (Part VIII, column (A), line	es 3. 4. and 7d)	PUBLIC IN:	SPECTION	┚	827,31			94,722.			
ď	11		revenue (Part VIII, column (A), lines 5,						91.		11,873.			
	12		revenue - add lines 8 through 11 (must					16,750,92			10,900.			
	13		s and similar amounts paid (Part IX, colu			ONE	± / / / .	NONE						
	14		fits paid to or for members (Part IX, colu				NONE							
	4.5		ies, other compensation, employee bene					9,842,14	ONE	11 63	39,471.			
Expenses	15									11,00				
oen	10 a		ssional fundraising fees (Part IX, column					IN	ONE		NONE			
Ä	1_D		fundraising expenses (Part IX, column (I					14 201 24						
	17		expenses (Part IX, column (A), lines 11					14,391,84			0,664.			
	18		expenses. Add lines 13-17 (must equal					24,233,98			30,135.			
- v	19	Rever	nue less expenses. Subtract line 18 from	n line 12			-	-7,483,06			39,235.			
s o							Begin	ning of Current		End of				
Net Assets or Fund Balances	20		assets (Part X, line 16)					46,717,50)4.	49,33	32 , 645.			
A P	21	Total	liabilities (Part X, line 26)					3,884,27			<u>4,792.</u>			
		Net as	ssets or fund balances. Subtract line 21	from line 20			.	42,833,22	25.	45 , 81	7,853.			
Pá	art II	Si	gnature Block											
Un	der pe	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accom	panying schedu	ules and state	ements, a	and to the best of	f my kr	nowledge and	belief, it is			
tru	e, corre	ect, and	complete. Declaration of preparer (other than	onicer) is based on all inic	officiation of will	cii preparei ii	ias arry K	Trowledge.						
Sig		3	Signature of officer					Date						
He	re													
		7	Type or print name and title											
		Print/	Type preparer's name	Preparer's signature		Date		Check	if P1	ΓΙΝ				
Pai	d	ות שד.	NETTE VERRELLI	_				self-employ	٠.١	0074263	:1			
Pre	parer													
Use	Only	' -	· · · · · · · · · · · · · · · · · · ·	, OHITME 1100 PATTER	mv 75054			Firm's EIN						
N / -	v +h		s address 14241 DALLAS PARKWAY					Phone no.		2-702-8				
$\overline{}$			liscuss this return with the preparer		IIISIIUCIIONS						No No			
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 9	90 (2021)			

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Pa		of Program Service	Accomplishments response or note to any line in this Part II	l	
1	Briefly describe the				
	•	•	TES DEMONSTRATE THE REQUISI	TE KNOWLEDGE,	
			THEIR DISCIPLINE TO THE BE		
	PATIENTS.				
2			ficant program services during the year		Yes X No
	If "Yes," describe the	ese new services on S	chedule O.		
3	Did the organization	on cease conducting	, or make significant changes in ho		Yes X No
		ese changes on Sched			
4	expenses. Section 5	501(c)(3) and 501(c)	rvice accomplishments for each of its (4) organizations are required to repor reach program service reported.		
4a	a (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	· —		8,930 EXAMS IN DIAGNOSTIC RA		
			ADIATION ONCOLOGY, MEDICAL		
			IVE OF EXAMS IS TO DETERMIN		
			E REQUISITE STANDARD OF KNOW		
			ENTIAL TO THE PRACTICE OF D		
			ADIOLOGY, RADIATION ONCOLOG		
			ONTINUING CERTIFICATION IS		
			ENT, PROFESSIONAL DEVELOPMENT		
				NI AND	
			LMENT IN THE MAINTENANCE OF		
	CERTIFICATION	WAS APPROXIMA	TELY 33,700 DIPLOMATES.		
4b	b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
-		, (=		,(*******************************	
4d	d Other program serv	•			
_	(Expenses \$	including gra	ants of \$) (Revenue \$)	
4-	Total program convice	a avnanaa			

4e Total program service expenses ► JSA 1E1020 1.000

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Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
·	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			21
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- · · · ·	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			21
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
Δ.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
12 4	Schedule D, Parts XI and XII.	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	u		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	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		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021)

Part IV Checklist of Required Schedules (continued) Page 4

Part	Checklist of Required Schedules (Continued)		Vaa	Na
22	Did the erganization report more than \$5,000 of grants or other againtance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	23a		
	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		X
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			
00	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 the Schedule L,			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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			3.7
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(000:
1E1030	1.000	Form	220	(2021)

Form 990 (2021) 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 144			
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 <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
	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		
b	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			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
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	445		3.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 5		17
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
47				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Part VI

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

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

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 <u>1a</u> 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Conti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	١	X
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		114	21	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	, , , , , , , , , , , , , , , , , , ,	124	21	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		- 21	
C	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_AZ,MT,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	is 🕨		

520-790-2900

Form **990** (2021)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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	box,	unles er and	Pos neck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) BRENT J WAGNER, MD	50.00									
EXECUTIVE DIRECTOR	1.00			Χ				653,699.	NONE	51,482.
(2) VALERIE JACKSON, MD	NONE									
EXECUTIVE DIRECTOR, END:07/20	NONE						Х	245,333.	NONE	72,910.
(3) PAUL WALLNER, MD	20.00									
ASSOC EXECUTIVE DIRECTOR (RO)	NONE				Х			256,904.	NONE	25,690.
(4) SCOTT SEGAL	40.00									
IT DIRECTOR	NONE					Х		219,124.	NONE	31,272.
(5) KARYN HOWARD	50.00									
MANAGING DIRECTOR	NONE				Х			215,239.	NONE	33,883.
(6) ANTHONY GERDEMAN	40.00									
PSYCHOMETRICS DIRECTOR	NONE					Х		207,868.	NONE	37,386.
(7) DAVID LASZAKOVITS	40.00									
DIRECTOR OF EXTERNAL RELATIONS	NONE					X		201,008.	NONE	37,436.
(8) BLAKE WESCOTT	40.00									
DIRECTOR OF ANALYSIS	NONE					X		195,755.	NONE	25,629.
(9) KRISTIN GUDENKAUF	40.00									
ASSOC DIRECTOR, PROJECT MANAGE	NONE					X		154,949.	NONE	33,288.
(10) REED DUNNICK, MD	15.00									
ASSOC EXECUTIVE DIRECTOR (DR)	NONE				Х			187,598.	NONE	NONE
(11) KELLY CRANDALL	50.00									
FINANCE DIRECTOR	1.00			Χ				160,149.	NONE	22,250.
(12) VINCENT P MATHEWS, MD	10.00									
PRESIDENT	0.25	X		Χ				NONE	NONE	NONE
(13) ROBERT M BARR, MD	3.00									
PRESIDENT-ELECT	0.25	X		Χ				NONE	NONE	NONE
(14) JOHN A KAUFMAN, MD	3.00									
SECRETARY/TREASURER	0.25	X		Χ				NONE	NONE	
										Form 990 (2021)

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_	С
Page	c

CHAIR OF TRUSTEES 0.25 x X X NONE NONE NONE 16) CHERI L CANON, MD 3.00 0.25 X NONE	Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (continued)
Section Sect	• •	Average hours per week (list any	box,	unle	Pos heck ss pe	sition morerson	is both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
CHAIR OF TRUSTERS 0, 25 X X NONE NONE		related organizations below dotted					Highest employ		organization		from the organization and related
16) CHERT I CANON, MD 3,00 NONE NONE NONE NONE OCCURROR 0,25 X NONE NONE NONE NONE NONE NONE NONE NO	15) DONALD J FLEMMING, MD	+									
GOVERNOR 10. ANTHONY SEIBERT, FHD 10. 25			X	-	X	-			NONE	NONE	NONE
17) JANTHONY SELBERT, PHD 3,00 0,25 X NONE NONE NONE NONE NONE OCCURRINGR 0,25 X NONE NONE NONE NONE NONE OCCURRINGR 0,25 X NONE NONE NONE NONE NONE NONE NONE NO		+	,						NONE	NONE	NONE
COVERNOR 3.20 NONE NO			X						NONE	NONE	NONE
18) KALED M ALEKTIAR, MD 3,00 COVERNOR 0.25 X NONE NONE NONE NONE 1.9) MARY \$ NEMELI, MD 3,00 COVERNOR 0.25 X NONE NONE NONE NONE NONE COVERNOR 0.25 X NONE NONE NONE NONE NONE NONE COVERNOR 0.25 X NONE NONE NONE NONE NONE NONE NONE NO		+	-						NONE	NONE	NONE
Sub-total Sub									NONE	NONE	INIONI
19) MARY S NEWELL, MD		+	×						NONE	NONE	NONE
COVERNOR 0.25 X NONE NONE NONE NONE NONE NONE NONE NO			21						IVOIVE	IVOIVE	110111
TOBY A GORDON, SCD 3.00 NONE NONE NONE NONE NONE NONE NONE STATE AND NONE NONE NONE NONE NONE NONE NONE NO		+	1 x						NONE	NONE	NONE
Digitarian Di			1 21						110112	IVOIVE	110111
1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) SEE SCHEDULE O Name and business address Description of services Compensation Compensa		+	X						NONE	NONE	NONE
1b Sub-total C Total from continuation sheets to Part VII, Section A Did Total qadd lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual To Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) (B) Description of services Compensation											
c Total from continuation sheets to Part VII, Section A		T									
c Total from continuation sheets to Part VII, Section A											
c Total from continuation sheets to Part VII, Section A											
c Total from continuation sheets to Part VII, Section A											
c Total from continuation sheets to Part VII, Section A											
c Total from continuation sheets to Part VII, Section A	1b Sub-total								2,697,626.	NONE	371,226.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S	ection A								NONE	
reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) SEE SCHEDULE O Name and business address Description of services (C) Compensation									•		371,226.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								o re	eceived more than	\$100,000 of	
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) SEE SCHEDULE O Name and business address (B) Description of services Compensation											Yes No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) SEE SCHEDULE O Name and business address (B) Description of services Compensation											3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											
for services rendered to the organization? If "Yes," complete Schedule J for such person											4 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) SEE SCHEDULE O Name and business address (B) Compensation Compensation	for services rendered to the organization? If "Y										5 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) SEE SCHEDULE O Name and business address (B) Compensation Compensation Compensation											
SEE SCHEDULE O Name and business address Description of services Compensation	compensation from the organization. Report of										
		dress								ervices (
2. Total number of independent contractors (including but not limited to these listed share) who received	SEE SCHEDULE O and sacrifico da										poanon
2. Total number of independent contractors (including but not limited to those listed chars) who received											
2. Total number of independent contractors (including but not limited to these listed chars) who received								-			
2. Total number of independent contractors (including but not limited to these listed chara) who received								+			
	2. Total number of independent control to a	n ali i din militi	4	4 11	- i+ -	ط اہ	41		lated about Vide	ra a six a d	

more than \$100,000 in compensation from the organization ▶

41-0773787

Part VIII Statement of Revenue

ı aı	t v III	Check if Schedule O		spon	se or note to an	v line in this Part V	III		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1	а					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		b					
۵ٌڲ	С	Fundraising events		С					
ifts	d	Related organizations		d					
ຼີ່ ອີ	е	Government grants (contrib		е					
Sin	f	All other contributions, gifts	, i						
er tie		and similar amounts not include	-	f					
혈	g	Noncash contributions incl							
g	"	lines 1a-1f	I .	g \$,				
ಬ್ಬ್	h	Total. Add lines 1a-1f	_			NONE			
					Business Code				
9	2a	CERTIFICATION FEES			611691	16,793,930.	16,793,930.		
Program Service Revenue	b	EXAM DEVELOPMENT FEE		_	611691	40,375.	40,375.		
Se	"			_		· ·	·		
am	C			_					
<u>P</u>	d			_					
Pro	e	All other program comics re		_					
	f g	All other program service re Total. Add lines 2a-2f			•	16,834,305.			
	3	Investment income (incl				.,,			
	"	other similar amounts).	•			764,080.			764,080.
	4	Income from investment o				NONE			,
	5	Royalties	•		·	NONE			
			(i) Real		(ii) Personal				
	60	Gross rents 6a	.,,						
	6a								
	b	Less: rental expenses 6b		NONE	NONE				
	C	Rental income or (loss) 6c				NONE			
	d	Net rental income or (loss).	(i) Securitie		(ii) Other	NONE			
	7a	Gross amount from	(i) Securitie	,5	(II) Other				
		sales of assets	6 706	001	21 107				
-	١.	other than inventory 7a	6,796,	001.	21,197.				
evenue	b	Less: cost or other basis	6 638	1.00	E0 467				
Ş		and sales expenses 7b			58,467.				
	Ι.	Gain or (loss)			-37,270.	130,642.			130,642.
Other R	d	Net gain or (loss)				130,042.			130,042.
₹	8a	Gross income from	9						
		events (not including \$							
		of contributions reporte		.	NONE				
		1c). See Part IV, line 18		8a	NONE				
	b	Less: direct expenses		8b		NONE			
	С	Net income or (loss) from f		ents		NONE			
	9a	Gross income from	0 0		NONE				
		activities. See Part IV, line 1		9a	NONE				
	b	Less: direct expenses		9b	NONE	210275			
	C	Net income or (loss) from	· · ·	ues .	•	NONE			
	10a	Gross sales of inver	•		MONT				
		returns and allowances			NONE NONE				
	b	Less: cost of goods sold Net income or (loss) from s		10b		310315			
	С	rest income of (1088) from S	aics of HIVEHIO	у	Business Code	NONE			
Snc		MICCELLYMEOUG DEGENIE			900099	11 070			11,873.
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE		-	200033	11,873.			11,8/3.
ella ver	b			-					
Sce	C								
Ĕ	d	All other revenue				11 050			
	e	Total. Add lines 11a-11d				11,873.	46		
	12	Total revenue. See instruct	ions			17,740,900.	16,834,305.		906,595.

41-0773787

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	NONE							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	NONE							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors,								
	trustees, and key employees	1,606,895.							
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	318,243.							
7	Other salaries and wages	7,613,831.							
8	Pension plan accruals and contributions (include	601,841.							
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	527,879.							
10	Payroll taxes	970,782.							
	Fees for services (nonemployees):								
а	Management	NONE							
	Legal	106,975.							
	Accounting	87,653.							
	Lobbying	NONE							
	Professional fundraising services. See Part IV, line 17	NONE							
	Investment management fees	43,016.							
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 000 742							
	(A), amount, list line 11g expenses on Schedule O.)	1,089,743.							
	Advertising and promotion	NONE							
13	Office expenses	716,464.							
14	Information technology	607,034. NONE							
15	Royalties	412,409.							
16	Occupancy	232,583.							
17	Travel Payments of travel or entertainment expenses	232,303.							
10	for any federal, state, or local public officials	NONE							
10	Conferences, conventions, and meetings	53,444.							
	Interest	NONE							
21	Payments to affiliates	NONE							
22	Depreciation, depletion, and amortization	1,309,817.							
	Insurance	172,160.							
24		,							
	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.)								
а	EXAMINATION EXPENSES	1,656,470.							
b	DUES AND SUBSCRIPTIONS	685,004.							
С	UNRELATED BUS INCOME TAX	119.							
d	BAD DEBT EXPENSE	17,773.							
е	All other expenses								
	Total functional expenses. Add lines 1 through 24e	18,830,135.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)								

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X							
			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing	717,441.	1	936,394.					
	2	Savings and temporary cash investments	1,662,102.	2	1,432,194.					
	3	Pledges and grants receivable, net	NONE	3	NON					
	4	Accounts receivable, net	1,516,746.	4	767,512.					
	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	NONE	5	NON					
	6	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). NONE 6								
ts	7	Notes and loans receivable, net	NONE	7	NONI					
Assets	8	Inventories for sale or use	NONE	8	NONI					
Ą	9	Prepaid expenses and deferred charges	563,427.	9	795,146.					
	_	Land, buildings, and equipment: cost or other	, , ,							
		basis. Complete Part VI of Schedule D 10a 15,868,452.								
	b	Less: accumulated depreciation 10b 10,293,106.	5,858,931.	10c	5,575,346.					
	11	Investments - publicly traded securities	36,398,857.	11	39,826,053.					
	12	Investments - other securities. See Part IV, line 11	NONE		NONE					
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE					
	14			NONE						
	15	Intangible assets	NONE NONE		NONE					
	16	· · · · · · · · · · · · · · · · · · ·	46,717,504.							
		Total assets. Add lines 1 through 15 (must equal line 33)			49,332,645.					
	17	Accounts payable and accrued expenses	1,261,933.	17	1,365,380.					
	18	Grants payable	NONE		NONE					
	19	Deferred revenue	2,144,142.	19	1,902,017.					
	20	Tax-exempt bond liabilities	NONE		NONE					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D								
Liabilities	22	Loans and other payables to any current or former officer, director,								
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%								
jab		controlled entity or family member of any of these persons	NONE		NONE					
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE					
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE					
	25	Other liabilities (including federal income tax, payables to related third								
		parties, and other liabilities not included on lines 17-24). Complete Part X								
		of Schedule D	478,204.		247,395.					
	26	Total liabilities. Add lines 17 through 25	3,884,279.	26	3,514,792.					
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.								
ala a	27	Net assets without donor restrictions	42,833,225.	27	45,817,853.					
Ä	28	Net assets with donor restrictions	NONE	28	NONE					
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.								
ō	29	Capital stock or trust principal, or current funds		29						
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30						
SS	31	Retained earnings, endowment, accumulated income, or other funds		31						
λA	32	Total net assets or fund balances	42,833,225.	32	45,817,853.					
Ž	33	Total liabilities and net assets/fund balances	46,717,504.	33	49,332,645.					
			40, /1/, JU4.	- 55	Form 990 (2021)					

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Part :	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	7,7	40,	900
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	8,8	30,	<u> 135</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1,0	89,	<u> 235</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	2,8	33,	<u> 225</u>
5	Net unrealized gains (losses) on investments	5		4,0	73,	<u>862</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				<u> </u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
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	5,8	17,	<u>853</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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	ed or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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	rsight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on 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.

► Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE	AMERICAN BOARD OF RADIOLOGY	41-0773787
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	l in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
•	Preservation of open space	with a farmer of a construction
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c d	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a	2c
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
•	tax year	mated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	> \$	
8	$Does\ each\ conservation\ easement\ reported\ on\ line\ 2(d)\ above\ satisfy\ the\ requirements\ of\ second and the property of\ second and\ second\ second and\ second\ sec$	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar	nd expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
Do	organization's accounting for conservation easements.	an Cincilan Access
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reven of art, historical treasures, or other similar assets held for public exhibition, education service, provide in Part XIII the text of the footnote to its financial statements that describes	ue statement and balance sneet works, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes	these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
	art, historical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	• •
2	If the organization received or held works of art, historical treasures, or other similar	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	assess for infantolal gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X.	> \$

che	dule D (Form 990) 2021 THE	AMERICAN BOA	RD OF RADIOLOG	ΞΥ	41-0	773787	Page 2
Pa	rt III Organizations Maintaini				Similar Assets (continued)	
3	Using the organization's acquisition	n, accession, and	other records, chec	k any of the follow	ving that make sigi	nificant use	of its
	collection items (check all that app	ly):					
а	Public exhibition		d Loan	or exchange progra	m		
b	Scholarly research		e Other				
С	Preservation for future gene	rations					
4	Provide a description of the organ		s and explain how	they further the or	ganization's exemp	t purpose	in Part
	XIII.		·	•			
5	During the year, did the organization	on solicit or receive	donations of art, hist	torical treasures, or	other similar		
	assets to be sold to raise funds rath				_	Yes	No
Pa	rt IV Escrow and Custodial A		·		<u>-</u>		
	Complete if the organiza 990, Part X, line 21.		es" on Form 990, I	Part IV, line 9, or r	eported an amou	nt on Forn	1
1 a	Is the organization an agent, trus		-		_		
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following ta	ble:			
					Amount		
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance						
2 a	Did the organization include an am	ount on Form 990,	Part X, line 21, for	escrow or custodial	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been provided	on Part XIII		
Pa	rt V Endowment Funds.						
	Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held as	: :		
а	Board designated or quasi-endown		_%				
b	Permanent endowment ▶	%					
С	Term endowment ▶	%					
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.				
3 a	Are there endowment funds not in	the possession of t	he organization that	are held and admi	nistered for the	_	
	organization by:					Ye	s 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 u	•	•				
Pa	rt VI Land, Buildings, and Equ						

Pa	rt VI Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" on For	rm 990, Part IV, line	e 11a. See Form	990, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		790,128.		790,128.
b	Buildings		5,789,855.	3,049,478.	2,740,377.
С	Leasehold improvements		227,754.	225,658.	2,096.
d	Equipment		9,060,715.	7,017,970.	2,042,745.
	Other				
Tota	II. Add lines 1a through 1e. (Column (d) musi	t equal Form 990, Part	X, column (B), line 10	Ͻc.) ►	5,575,346.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.			
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Ves" on Form 990	Part IV line 11c See Form 990	Part Y line 13
	(a) Description of investment		(c) Method of valuation	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment	(b) Book value	Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)		
Part X	Other Liabilities.	l "\/" 000	Dowt IV/ line 44e en 44f Coe Form	- 000 D+ V
	Complete if the organization answered line 25.	res on Form 990	, Partiv, line Tie of Til. See Form	
1.		otion of liability		(b) Book value
	ral income taxes			
	RED RENT			2,940.
	RED COMPENSATION			244,455.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				0.17 0.07
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			247,395.
2. I jability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	at reports the

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

JSA 1E1270 1.000

	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:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	
a b	Other (Describe in Part XIII.)	-
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
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:	
a	Donated services and use of facilities	-
b	Prior year adjustments	-
c d	Other losses	-
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.)	4.0
С 5	Add lines 4a and 4b	4c 5
	XIII Supplemental Information.	
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
,		
CDD		
SEE	SUPPLEMENTAL PAGE	
<u> </u>	SUPPLEMENTAL PAGE	
<u> </u>	SUPPLEMENTAL PAGE	
20L	SUPPLEMENTAL PAGE	
	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE AMERICAN BOARD OF RADIOLOGY

Employer identification number

41-0773787

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
b 2	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X	2		X
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

41-0773787

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 a	3) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC com		(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
BRENT J WAGNER, MD	(i)	653,303.	NONE	396.	39,469.	12,013.	705,181.	
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SCOTT SEGAL	(i)	194,695.	24,171.	258.	19,899.	11,373.	250,396.	
2 IT DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ANTHONY GERDEMAN	(i)	184,108.	23,622.	138.	20,536.	16,850.	245,254.	
3 PSYCHOMETRICS DIRECTO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DAVID LASZAKOVITS	(i)	177,326.	23,622.	60.	20,601.	16,835.	238,444.	
4 DIRECTOR OF EXTERNAL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BLAKE WESCOTT	(i)	181,541.	14,154.	60.	19,575.	6,054.	221,384.	
5 DIRECTOR OF ANALYSIS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KRISTIN GUDENKAUF	(i)	107,770.	47,127.	52.	15,709.	17 , 579.	188,237.	
6 ASSOC DIRECTOR, PROJE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
REED DUNNICK, MD	(i)	187,598.	NONE	NONE	NONE	NONE	187,598.	
7 ASSOC EXECUTIVE DIREC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
PAUL WALLNER, MD	(i)	256,904.	NONE	NONE	25,690.	NONE	282,594.	
8 ASSOC EXECUTIVE DIREC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KARYN HOWARD	(i)	194,797.	20,046.	396.	21,020.	12,863.	249,122.	
9 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KELLY CRANDALL	(i)	152,769.	7,242.	138.	16,315.	5,935.	182,399.	
10 FINANCE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
VALERIE JACKSON, MD	(i)	245,333.	NONE	NONE	NONE	72,910.	318,243.	245,333.
11 EXECUTIVE DIRECTOR, E	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part || 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:

IN JUNE 2021, NEARLY ALL REGULAR FULL-TIME EMPLOYEES RECEIVED A BONUS, GROSSED UP TO COVER MOST TAXES. DR. WAGNER REFUSED THE BONUS, AND THE ASSOCIATE EXECUTIVE DIRECTORS WERE NOT ELIGIBLE (NOT FULL-TIME) AND DID NOT RECEIVE IT. ADDITIONALLY, SCOTT SEGAL AND KELLY CRANDALL RECEIVED A GIFT CARD(S) EARLY IN THE YEAR, WHICH WAS REPORTED GROSSED UP FOR MOST TAXES. THESE BONUSES AND GIFT CARDS ARE NO LONGER GROSSED UP FOR TAXES, AS OF MID-2021.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONOUALIFIED RETIREMENT PLAN:

THE AMERICAN BOARD OF RADIOLOGY MAINTAINS A SECTION 457(F) PLAN. BRENT WAGNER, MD PARTICIPATES IN THE 457(F) PLAN, BUT DID NOT RECEIVE ANY PAYMENTS FROM THE PLAN. CONTRIBUTIONS TO THE PLAN TOTALING \$10,469 WERE MADE AND ARE REFLECTED IN HIS DEFERRED COMPENSATION.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

41-0773787

THE AMERICAN BOARD OF RADIOLOGY

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 BOARD

APPROVES ALL EXECUTIVE LEVEL COMPENSATION UPON RECOMMENDATION OF THE

COMPENSATION COMMITTEE. THE MOST RECENT REVIEW OF ALL POSITIONS WAS

CONDUCTED IN FISCAL YEAR 2018 BY AN OUTSIDE CONTRACTOR, HR KNOW, LLC.

HR KNOW, LLC CONDUCTED A LIMITED COMPENSATION SURVEY, FOR IT POSITIONS AND DIRECTORS, IN FALL 2021.

FORM 990, PART VI, SECTION C, LINE 18 & 19

AVAILABILITY OF DOCUMENTS:

THE FORM 990, CONFLICT OF INTEREST POLICY, BYLAWS AND ANNUAL SUMMARY FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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.

Name of the organization

THE AMERICAN BOARD OF RADIOLOGY

Employer identification number

41-0773787

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

GARTNER INC

12651 GATEWAY BLVD

FT MYERS, FL 33913 CONSULTING 107,504.

FACILITYNET, LLC

16901 MEDFORD BLVD STE 100

BOWIE, MD 20715 MOVE/DISPOSE ASSETS 102,580.

SCHEDULE R (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number 41-0773787

THE AMERICAN BOARD OF RADIOLOGY

(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	117,963.	987 , 851.	ABR
(2)					
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II 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	Section 5	g) 512(b)(13) rolled iity?
						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	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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. Part III

(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	(h) Disproportionate allocations?		Disproportionate		rtionate Code V - UBI		eral or aging tner?	(k) Percentage ownership
				,			Yes	No		Yes	No			
(1)														
(2)														
(-)														
(3)														
(0)														
(4)														
(' '	-													
(5)														
(0)	-													
(6)														
(0)	_													
(7)														
_(7)	-													

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. Part IV

·				,				
(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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

41-0773787

Yes No

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

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

1	During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations lis	sted in Parts II-IV?					
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ	
	Gift, grant, or capital contribution to related organization(s)		1b		Χ			
	Gift, grant, or capital contribution from related organization(s)				1c		Χ	
	Loans or loan guarantees to or for related organization(s)				1d		Χ	
	Loans or loan guarantees by related organization(s)				1e		Χ	
f	Dividends from related organization(s)				1f		Х	
	Sale of assets to related organization(s).				1g		Χ	
			1h		Х			
ï	chase of assets from related organization(s)							
	Lease of facilities, equipment, or other assets to related organization(s).				1i 1j		X	
,	Ecoso of facilities, equipment, of other assets to related organization(s).							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
m	Performance of services or membership or fundraising solicitations for related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m 1n	Х	X	
	Sharing of paid employees with related organization(s)				10	X		
U	Strating of paid employees with related organization(s)					21		
_	Reimbursement paid to related organization(s) for expenses				1p		Χ	
	Reimbursement paid to related organization(s) for expenses				1q	Х		
Ч	Reimbursement paid by related organization(s) for expenses				19	21		
_	Other transfer of each or preparty to related errorization(a)				1r		Х	
r	Other transfer of cash or property to related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line including cove	ered relationships and transa	action thre				
_	(a)	(b)	(c)		(d)	-		
	Name of related organization	Name of related organization Transaction Amount involved					ıg	
		type (a-s)		amount involved				
(1)								
(- /								
(2)								
· /								
(3)								
` '								
(4)								
. ,								
(5)								
/								
(6)								
		I	Sch	edule R (Form 9	990) 2	202	
SA				'		, -		

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.

N	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512 - 514	Yes	No			Yes	No	(Yes	No	
(1)														
(2)														
(3)														
(4)														
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(7)														
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