Return of Organization Exempt From Income Tax

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

<u>A F</u>	or tn	e 2022 care	endar year, or tax year beginning		and en	aing			_		1 00 0
B c	heck if a	applicable:	C Name of organization					ا	Emp	loyer i	dentification number
			THE AMERICAN BOARD O	F RADIOLOGY							
	Addres	ss change	Doing business as								3787
	Name	change	Number and street (or P.O. box if m	all is not delivered to stree	et address)		Room/su				number
	Initial r		5441 E. WILLIAMS CIR								90-2900
		eturn/terminated	City or town, state or province, cour	ntry, and ZIP or foreign po	stal code			G	Gros	s rece	•
		ded return	TUCSON, AZ 85711								20,449,152.
	Applica	ation pending	F Name and address of principal office	er: BRENT J WA	GNER, MD			H(a) Is this a g subordina		eturn for	Yes X No
			5441 E. WILLIAMS CIR	CLE, TUCSON,	AZ 85711			H(b) Are all su		ates inclu	uded? Yes No
<u> </u>	Tax-ex	cempt status:	501(c)(3) X 501(c) (6) (insert no.)	4947(a)(1) or	52	27	If "No	," atta	ich a lis	t. See instructions.
J	Websi	ite: WV	WW.THEABR.ORG					H(c) Group e	xempt	ion nun	nber
K	Form	of organization	on: X Corporation Trust	Association Other	r	L Year	of format	tion: 1934	M S	tate of	f legal domicile: DC
Pá	art I	Summ	nary								
	1	Briefly des	scribe the organization's mission o	r most significant activ	rities: TO CER	TIFY T	HAT	OUR DIPI	LOM	ATE	S
e		DEMON	ISTRATE THE REQUISITE	KNOWLEDGE, SI	KILL, AND U	NDERSI	CANDI	NG OF			
Governance		THEIR	R DISCIPLINE TO THE BE	ENEFIT OF PAT	IENTS.						
/err	2	Check this	s box if the organization	discontinued its ope	erations or dispo	sed of	more t	han 25% d	of it	s ne	t assets.
6	3	Number of	f voting members of the governing						1	3	9
	4		f independent voting members of							4	9
Activities &	5		ber of individuals employed in cale							5	149
Εį	6		ber of volunteers (estimate if neces						Г	6	1,450
Ac			elated business revenue from Part V	,,					• -	7a	NONE
			ated business taxable income from							7b	NONE
		Trot um oic	ateu buomese taxable meeme nem	1 0111 000 1,1 4111, 1111			T	Prior Year			Current Year
	8	Contribution	ons and grants (Part VIII line 1h)			NO	NE	17,643.			
Jue		8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)									17,562,271.
Revenue	10		nt income (Part VIII, column (A), line					16,834, 894,			755,482.
R	11			11,			21,356.				
	12		enue (Part VIII, column (A), lines 5,					17,740,			18,356,752.
_			nue - add lines 8 through 11 (must	17,740,	NO						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)									NONE
	14							NONE			NONE 11,505,869.
Expenses	15		other compensation, employee ben					11,639,			
Sen			nal fundraising fees (Part IX, column						NO	NE	NONE
EX			Iraising expenses (Part IX, column (· · · —				- 100			6 005 004
	17		enses (Part IX, column (A), lines 11					7,190,			6,895,394.
	18		enses. Add lines 13-17 (must equal					18,830,			18,401,263.
_ v	19	Revenue I	ess expenses. Subtract line 18 from	n line 12			 -	-1,089,			-44,511.
ts o nce							Begin	ning of Curre			End of Year
sse 3ala	20		ets (Part X, line 16)					49,332,			43,004,628.
Net Assets or Fund Balances	21		lities (Part X, line 26)					3,514,			3,719,314.
	22		s or fund balances. Subtract line 21	I from line 20		<u></u>		45,817,	853	3.	39,285,314.
	rt II	- 5	ture Block								
Und	ler pei	nalties of pe ect. and com	rjury, I declare that I have examined the plete. Declaration of preparer (other that	is return, including acco n officer) is based on all i	ompanying schedules nformation of which	and state	ments, a as anv k	and to the bes nowledge.	st of	my kn	owledge and belief, it is
		,		,				Ī			
Sig	n	0: 1									
Hei		Signature of	of officer					Date			
1161											
			nt name and title	1 =		I =					
Paid	ı	Print/Type	preparer's name	Preparer's signature		Date		Check		if PT	IN
	arer	JEANET	TE VERRELLI	JEANETTE VER	RELLI			self-emp	oloyed	d P	00742631
-	Only	Firm's nam	ne FORVIS, LLP					Firm's EIN		44	-0160260
_	Jy	Firm's add	ress 14241 DALLAS PARKWA	Y, SUITE 1100 DALLA	S, TX 75254			Phone no.		97	2-702-8262
May	the	IRS discu	iss this return with the prepare	r shown above? Se	e instructions .	<u> </u>					X Yes No
For	Pape	rwork Red	uction Act Notice, see the separat	te instructions.							Form 990 (2022)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	TO CERTIFY THAT OUR DIPLOMATES DEMONSTRATE THE REQUISITE KNOWLEDGE,									
	SKILL, AND UNDERSTANDING OF THEIR DISCIPLINE TO THE BENEFIT OF PATIENTS.									
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X									
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)									
	ADMINISTERED APPROXIMATELY 5,300 EXAMS IN DIAGNOSTIC RADIOLOGY,									
	INTERVENTIONAL RADIOLOGY, RADIATION ONCOLOGY, MEDICAL PHYSICS, AND									
	SUBSPECIALTIES. 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 35,200 DIPLOMATES.									
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
4d	Other program services (Describe on Schedule O.)									
_	(Expenses \$ including grants of \$) (Revenue \$)									

4e Total program service expenses

Form **990** (2022)

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Part IV Checklist of Required Schedules

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		Χ
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		Χ
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		Χ
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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		Χ
10	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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
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		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Λ
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	13		21
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		21
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
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		Χ
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		Χ

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Part	t IV 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	•			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 - u		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
L		25a		
D	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		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			
	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,			
	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		Χ
b	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 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		Χ
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? <i>If "Yes,"</i>			
-	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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,		21	
~	or IV, and Part V, line 1	34	Х	
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa	Λ	
D		25h		v
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		X
30		26		
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37		27		3.7
20	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 on Schedule O for Part VI, lines 11b and	_	3.7	
Daw	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No No
4 -	Enter the number reported in box 2 of Form 1006. Enter 0 if not applicable 4.5		162	140
	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	4.	3.7	
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 149			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
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		Χ
	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		Χ
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		
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		
	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		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	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	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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.			
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	4.4-		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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
10	If "Yes," complete Form 4720, Schedule O.			2.7
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Form 990 (2022) THE AMERICAN BOARD OF RADIOLOGY 41-0773787 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			Yes	No
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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
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			
Ū	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 have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_)	71
OCCL	on B. I dides (This decisor B requests information about policies not required by the internal Neventae	ooac	·/ Yes	No
100	Did the organization have local chanters branches or affiliates?	10a		Х
	Did the organization have local chapters, branches, or affiliates?	100		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b				
D	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
D	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		Х
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		
Secti	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 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	tion 5	01(c)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records BRENT J WAGNER, MD 5441 E. WILLIAMS CIRCLE TUCSON, AZ 85711

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 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	box,	unle: er an	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) BRENT J WAGNER, MD	50.00									
EXECUTIVE DIRECTOR	1.00			X				701,356.	NONE	68,530.
(2) PAUL WALLNER, MD	20.00							, , , , , , , , , , , , , , , , , , , ,	-	
ASSOC EXECUTIVE DIRECTOR (RO)	NONE				X			255,634.	NONE	25,563.
(3) SCOTT SEGAL	40.00									,
IT DIRECTOR	NONE					Х		237,051.	NONE	34,064.
(4) KARYN HOWARD	50.00									
MANAGING DIRECTOR	NONE				X			197,535.	NONE	36,541.
(5) ANTHONY GERDEMAN	40.00									
PSYCHOMETRICS DIRECTOR	NONE					Х		190,112.	NONE	39,571.
(6) DAVID LASZAKOVITS	40.00									
DIRECTOR OF EXTERNAL RELATIONS	NONE					Х		183,254.	NONE	38,702.
(7) BLAKE WESCOTT	40.00									
DIRECTOR OF ANALYSIS	NONE					Х		185,073.	NONE	25 , 627.
(8) KELLY CRANDALL	50.00									
FINANCE DIRECTOR	1.00			Х				167,674.	NONE	23,939.
(9) REED DUNNICK, MD	15.00									
ASSOC EXECUTIVE DIRECTOR (DR)	NONE				X			187,598.	NONE	NONE
(10) WESTIN SMITH	40.00									
SOFTWARE DEVELOPMENT MANAGER	NONE					Х		141,584.	NONE	20,655.
(11) TOBY A GORDON, SCD	3.00									
GOVERNOR	0.25	X						NONE	NONE	NONE
(12) CHERI L CANON, MD	3.00									
PRESIDENT-ELECT	0.25	X		Х				NONE	NONE	NONE
(13) DANIEL C DAVIS, MD	3.00									
GOVERNOR	0.25	X						NONE	NONE	NONE
(14) DONALD J. FLEMMING, MD	3.00									
GOVERNOR	0.25	X						NONE	NONE	NONE

Form 990 (2022)

Form 990 (2022)

_ _ _

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated nount of other pensation	f
	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)	org an	om the anizatio d related anization	on d
(15) J ANTHONY SEIBERT, PHD GOVERNOR THRU 09/22	3.00 0.25	X						NONE	NONE			NONE
(16) JOHN A KAUFMAN, MD SECRETARY/TREASURER	3.00	X		Х				NONE				NONE
(17) KALED M ALEKTIAR, MD GOVERNOR	3.00 0.25	Х						NONE	NONE			NONE
(18) MARY S NEWELL, MD GOVERNOR	3.00 0.25	Х						NONE	NONE			NONE
(19) MATTHEW B PODGORSAK, PHD CHAIR OF TRUSTEES	3.00 0.25	X		Х				NONE	NONE			NONE
(20) ROBERT M BARR, MD PRESIDENT	10.00 0.25	X		Х				NONE	NONE			NONE
(21) VINCENT P MATHEWS, MD PRESIDENT THRU 09/22	10.00	X		Х				NONE	NONE			NONE
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	-						* * *	2,446,871. NONE 2,446,871.	NONE NONE NONE		313,	NONE
Total number of individuals (including but not reportable compensation from the organization)	limited to t				bov	e) who	o re				0107	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations great individual	eater than	\$15	50,0	00?	! I1	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5	X	
Section B. Independent Contractors						4		de a francisco de la compansión de la comp	th			
1 Complete this table for your five highest com compensation from the organization. Report c year.												

SEE SCHEDULE O Name and business address	(B Description	(C) Of services Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

		Check if Schedule O c	ontains a res	spon	se or note to an	y 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,	1a	Federated campaigns	1	la					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		lb					
وَق	С	Fundraising events		lc					
fts,	d	Related organizations		ld	17,130.				
ਹੁਵੂ∣	е	Government grants (contrib		le					
ns,	f	All other contributions, gifts,	<i>'</i>						
e gi		and similar amounts not include	-	If	513.				
호취	g	Noncash contributions inclu							
발	9	lines 1a-1f		lg \$;				
ခြ လိ	h	Total. Add lines 1a-1f				17,643.			
					Business Code				
හු	2a	CERTIFICATION FEES			611691	17,562,271.	17,562,271.		
ا ۾ چَ	b			_					
S	C								
am	d								
PS	e								
Program Service Revenue	f	All other program service re	venue						
	g	Total. Add lines 2a-2f				17,562,271.			
	3	Investment income (inclu							
		other similar amounts)			778,779.			778,779.	
	4	·				NONE			
	5	Royalties	•			NONE			
			(i) Real		(ii) Personal				
	6a	Gross rents 6a							
	b	Less: rental expenses 6b							
	С	Rental income or (loss) 6c		NONE	NONE				
	d	Net rental income or (loss).				NONE			
	7a	Gross amount from	(i) Securitie		(ii) Other				
		sales of assets							
		other than inventory 7a	2,064,	758.	4,345.				
<u>o</u>	b	Less: cost or other basis							
Revenue		and sales expenses 7b	2,065,	528.	26,872.				
ě	С	Gain or (loss) 7c	_	770.	-22,527.				
	d	Net gain or (loss)	<u>.</u>			-23,297.			-23,297.
Other	8a	Gross income from							
0		events (not including \$	•						
		of contributions reported							
		1c). See Part IV, line 18		8a	NONE				
	b	Less: direct expenses		8b	NONE				
	С	Net income or (loss) from f	undraising e <u>ve</u>	ents		NONE			
	9a	Gross income from	gaming						
		activities. See Part IV, line 1	9	9a	NONE				
	b	Less: direct expenses	L	9b	NONE				
	С	Net income or (loss) from	gaming activi	ties.		NONE			
	10a	Gross sales of inven	tory, less						
		returns and allowances		10a	NONE				
	b	Less: cost of goods sold	L	10b	NONE				
	С	Net income or (loss) from sa	ales of invento	ry		NONE			
s _n				ļ	Business Code				
ne on	11a	MISCELLANEOUS REVENUE			900099	21,356.			21,356.
Miscellaneous Revenue	b								
Se	С								
Mis	d	All other revenue		,					
	е	Total. Add lines 11a-11d .				21,356.			
	12	Total revenue. See instructi	ions			18,356,752.	17,562,271.		776,838.

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41-0773787

Part IX Statement of Functional Expenses

	organizations must co			

	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	1,664,371.									
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	NONE									
7	Other salaries and wages	7,673,027.									
8	Pension plan accruals and contributions (include	590,056.									
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	686,544.									
10	Payroll taxes	891,871.									
	Fees for services (nonemployees):										
а	Management	NONE									
	Legal	61,858.									
	Accounting	79,738.									
	Lobbying	NONE									
	Professional fundraising services. See Part IV, line 17	NONE									
	Investment management fees	35,535.									
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 21 6 070									
	(A), amount, list line 11g expenses on Schedule O.)	1,316,879.									
	Advertising and promotion	NONE									
13	Office expenses	764,849. 649,915.									
14	Information technology	NONE									
15	Royalties	491,654.									
16	Occupancy	1,017,898.									
17	Travel	1,017,030.									
10	for any federal, state, or local public officials	NONE									
19	Conferences, conventions, and meetings	152,420.									
20		NONE									
21	Payments to affiliates	NONE									
22	Depreciation, depletion, and amortization	877,535.									
	Insurance	175,607.									
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	297,985.									
b	DUES AND SUBSCRIPTIONS	617,958.									
С	UNRELATED BUS INCOME TAX	100.									
d	BAD DEBT EXPENSE	355,463.									
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	18,401,263.									
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)										
	(0 / 20/ ,			1	1						

Form 990 (2022) Page **11**

Part X Balance Sheet Check if Schedule O contains

		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing	936 , 394. 1	349 , 787.
	2 Savings and temporary cash investments	1,432,194. 2	1,931,052.
	3 Pledges and grants receivable, net	NONE 3	NON
	4 Accounts receivable, net	767 , 512 . 4	506 , 972.
	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 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	NON
2	7 Notes and loans receivable, net	NONE 7	NON
	8 Inventories for sale or use	NONE 8	NON
	9 Prepaid expenses and deferred charges	795 , 146. 9	617,570
1	Da Land, buildings, and equipment: cost or other		
	basis. Complete Part VI of Schedule D 10a 13,061,528.		
	b Less: accumulated depreciation	5,575,346. 10c	5,678,756
1	, ,	39,826,053. 11	33,920,491.
1:	,	NONE 12	NON
1		NONE 13	NON
1	99	NONE 14	NON
1		NONE 15	NON
1	5 ()	49,332,645. 16	43,004,628
1	· ·	1,365,380.17	1,411,886
1	, ,	NONE 18	NON
1		1,902,017.19	2,062,224
2	•	NONE 20	NON
2	,	NONE 21	NON
2	, , ,		
	trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons	NONE 22	NON
		NONE 23	NON
2	1,	NONE 24	NON
2	5 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		
		247 305 25	245 204
2	of Schedule D	247,395. 25	245,204
+	3	3,514,792. 26	3,719,314
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		
2		45,817,853. 27	39,285,314
2		NONE 28	NON
-	Organizations that do not follow FASB ASC 958, check here	NONE 20	11011
	and complete lines 29 through 33.		
2	-	29	
3	ľ	30	
3	· · · · · · · · · · · · · · · · · · ·	31	
2 2 3 3 3 3		45,817,853. 32	39,285,314
		10,01,000.	JJ, 200, JIT.

Form **990** (2022)

Form 990 (2022) Page **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	1	8,3	56,	752
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 263</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		_	44,	<u>511</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	5,8	17,	<u>853</u>
5	Net unrealized gains (losses) on investments	5		6,4	88,	028
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	9,2	85,	<u> 314</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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 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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı 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	_			,,	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
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	ıdits		3b		

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization THE AMERICAN BOARD OF RADIOLOGY 41-0773787 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **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), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization
THE AMERICAN BOARD OF RADIOLOGY

Employer identification number 41-0773787

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is ne	eded.
--	-------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$17,130.	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.)

Name of organization

THE AMERICAN BOARD OF RADIOLOGY

Employer identification number

41-0773787

	N 1.5	/ ' ' ' '	\	. CD (U.C 1.00)	
art II	Noncash Property	(see instructions). Use duplicate co	pies of Part II if addition	ai space is needed.

		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
I .		1	İ

Schedule B (Form 990) (2022) Page **4**

Name of or	rganization			Employer identification number					
	THE AMERICAN BOARD OF			41-0773787					
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any one oons completing Part III, e e year. (Enter this inform	contributor . Co	omplete columns (a) through (e) and f exclusively religious, charitable, etc.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held					
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee					
(-) N:									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held					
		(e) Transfer of	_						
	Transferee's name, address, a	and ZIP + 4	Relationsh	ip of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held					
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, a		_	ip of transferor to transferee					

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

miir	AMERICAN BOARD OF RADIOLOGY	41 0772707
		41-0773787
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.
		4) 5 1 1 1 1
	(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 f	funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?	Yes No
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	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
a b	Total acreage restricted by conservation easements	2b
		2c
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
2	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	-
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	Yes I No
9	in Part XIII, describe now the organization reports conservation easements in its re-	evenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easements.	- Olmilan Assats
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 revenu 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 its	ue statement and balance sheet works
	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 res	search in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar Ass	sets (c	ontinue	d)
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	c any o	f the	follow	ing that mal	ke sign	ificant u	se of its
	collection items (check all that app	ly):			_							
а	Public exhibition			d	Loan	or excha	ange	prograi	m			
b	Scholarly research			е	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey fur	ther	the or	ganization's (exempt	purpose	in Part
	XIII.											
5	During the year, did the organization	n solicit o	or receive o	donations o	f art, histo	orical tr	easu	res, or	other similar	_	_	
	assets to be sold to raise funds rath			ained as pa	rt of the	organiza	ation'	s collec	ction?		Yes	No
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1 a	Is the organization an agent, trus										_	
	included on Form 990, Part X?									L	Yes	No
b	If "Yes," explain the arrangement i	n Part XII	I and comp	olete the fo	llowing tab	ole:						
									A	mount		
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an am										Yes	No No
	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the ex	xplanation	has be	en pr	ovided	on Part XIII <u>.</u>			
Pa	rt V Endowment Funds.	4:	a.a.d !!\/a	"	000 [)t \ /	lin n	40				
	Complete if the organiza								(D T			
		(a) Cur	rrent year	(b) Prio	r year	(c) Two	o years	s Dack	(d) Three year	s back	(e) Four y	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 Board designated or quasi-endown				e (line 1g,	column	ı (a))	held as	:			
a b	Permanent endowment	%		70								
	Term endowment %	/0										
C	The percentages on lines 2a, 2b, a	and 2c sh	مياط ممياءا -	100%								
3a	Are there endowment funds not in		-		ation that	are hel	d and	l admir	nistered for the	e		
Ju	organization by:	tile possi	2331011 01 11	ic organize	ation that	are ner	a and	aumin	ilotorou for the	C	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 u	-						• •				
_	rt VI Land, Buildings, and Equ	uipment.										
	Complete if the organize Description of property	ation ans										
	Description of property		(a) Cost or (inves	other basis tment)	(b) Cost (or other ba ther)	asis		cumulated eciation	(d) Book valu	ie
1a	Land			·		790,12	28.				790	,128.
b	Buildings				5,8	50,65	7.	3,2	63,374.			,283.
С	Leasehold improvements	1										
d	Equipment				6,4	20,74	3.	4,1	19,398.		2,301	,345.
_е	Other											
Tota	II. Add lines 1a through 1e. (Column		equal Forr	n 990, Part	X, columi	n (B), lin	ne 100	c.)			5,678	756.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE AMERICAN BO	DARD OF RADIOL	OGY 41	-0773787	Page
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11b. See Form 990,	Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered	"Ves" on Form 99() Part IV line 11c See Form 000	Part Y line	13
	(b) Book value			10.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11d. See Form 990,	Part X, line	15.
(a) Des	cription		(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			
Part X Other Liabilities.	,0 ,0./, , , , , , , , ,			
Complete if the organization answered	"Yes" on Form 990	D Part IV line 11e or 11f See Form	n 990 Part	X
line 25.				,
1. (a) Descript	ion of liability		(b) Book v	alue
(1) Federal income taxes	ion or nability		(B) BOOK V	aiuc
(2)DEFERRED COMPENSATION			245	,204.
(3)			245	, 204.
(4)				
		+		
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			245	,204.
2. Liability for 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

Concad	THE AMERICAN BOARD OF NADIOLOGI	41 07/3707 Tage
Part	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	
C	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5
Part	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:	
а	Donated services and use of facilities	_
b	Prior year adjustments	-
C	Other losses	-
d	Other (Describe in Part XIII.)	- 20
e	Add lines 2a through 2d	2e 3
3 4	Subtract line 2e from line 1	
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
	XIII Supplemental Information.	
Provid 2; Par	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 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.
SEE	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

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

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

THE AMERICAN BOARD OF RADIOLOGY

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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the 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 Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
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 Rest III	$ $		
9	in Part III	8		
J	Regulations section 53.4958-6(c)?	9		
				ì

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099		1099-NEC 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
BRENT J WAGNER, MD	(i)	700,960.	NONE	396.	54,440.	14,090.	769 , 886.	
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
PAUL WALLNER, MD	(i)	255,634.	NONE	NONE	25,563.	NONE	281,197.	
2 ASSOC EXECUTIVE DIRECTOR (RO)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
REED DUNNICK, MD	(i)	187,598.	NONE	NONE	NONE	NONE	187,598.	
3 ASSOC EXECUTIVE DIRECTOR (DR)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KARYN HOWARD	(i)	196,639.	500.	396.	18,754.	17,787.	234,076.	
4 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KELLY CRANDALL	(i)	167,366.	170.	138.	17,067.	6,872.	191,613.	
5 FINANCE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SCOTT SEGAL	(i)	211,393.	25,400.	258.	20,607.	13,457.	271,115.	
6 IT DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ANTHONY GERDEMAN	(i)	189,624.	350.	138.	19,681.	19,890.	229,683.	
7 PSYCHOMETRICS DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DAVID LASZAKOVITS	(i)	182,694.	500.	60.	18,825.	19 , 877.	221,956.	
8 DIRECTOR OF EXTERNAL RELATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BLAKE WESCOTT	(i)	184,483.	500.	90.	18,507.	7,120.	210,700.	
9 DIRECTOR OF ANALYSIS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
WESTIN SMITH	(i)	141,531.	5.	48.	13,807.	6,848.	162,239.	
10 SOFTWARE DEVELOPMENT MANAGER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED 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 DURING THE TAX YEAR. CONTRIBUTIONS TO THE PLAN TOTALING \$8,440 WERE MADE DURING THE YEAR 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

2022

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

THE AMERICAN BOARD OF RADIOLOGY

41-0773787

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:

THE BYLAWS WERE UPDATED IN NOVEMBER 2022. THE CHANGES INCLUDED ADDING AN EXPLICIT STATEMENT EXPLAINING THERE ARE NO MEMBERS AND REPLACED CERTAIN STANDING COMMITTEES OF THE TRUSTEES.

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. HR KNOW, LLC CONDUCTED A LIMITED COMPENSATION SURVEY, FOR IT POSITIONS AND DIRECTORS, IN FALL 2021. AN ADDITIONAL LIMITED SURVEY CONDUCTED BY HR KNOW, LLC FOR THE EXECUTIVE DIRECTOR AND OTHER POSITIONS NOT REVIEWED IN 2021 WAS COMPLETED MID-2022.

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.

2022
Open to Public Inspection

OMB No. 1545-0047

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

THE AMERICAN BOARD OF RADIOLOGY

41-0773787

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.

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	Employer identification number	
THE AMERICAN BOARD OF PARTOLOGY	11_0773787	

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GARTNER INC		
12651 GATEWAY BLVD		
FT MYERS, FL 33913	CONSULTING	122,179.
SLIDE UX, LLC		
PO BOX 66518		
AUSTIN, TX 78766	WEBSITE REDESIGN	101,586.
ROBERT HALF TALENT SOLUTIONS		
2375 E CAMELBACK RD, STE 290		
PHOENIX, AZ 85016	TEMP STAFFING	239,013.
TEKSYSTEMS		
5090 NORTH 40TH STREET, STE 270		
PHOENIX, AZ 85018	CONTRACT SERVICES	580,606.

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

THE AMERICAN BOARD OF RADIOLOGY

Employer identification number 41-0773787

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	9,434.	100,000.	ABR
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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	Section 5 contr	g) 512(b)(13) rolled ity?
						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)							
(7)							

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

Schedule R (Form 990) 2022

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	are of total Share of end-of- Disproportionate Code V - UBI		Disproportionate allocations? Code V - UBI amount in box 20 of Schedule K-1		Disproportionate allocations? Code V - UBI amount in box 20 of Schedule K-1		Gene man	ij) 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

<i>,</i>				,				
(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	Section 512(b)(13) controlled entity?
(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?				
а	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	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Χ
	Loans or loan guarantees by related organization(s)				1e		Χ
	3 , 3 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
f	Dividends from related organization(s)				1f		Χ
	Sale of assets to related organization(s)				1g		Χ
	Purchase of assets from related organization(s).				1h		Χ
i	Exchange of assets with related organization(s).				1i		Χ
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		Х
,	2000 of facilities, equipment, of other access to folder digametricity, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m .	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
Ū	Chaining of paid chiployood with foldied diguinization(b)						
n	Reimbursement paid to related organization(s) for expenses				1р		Х
_	Reimbursement paid by related organization(s) for expenses				1q	Х	
ч	Trembursement paid by related organization(s) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from 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	nis line, including cove	ered relationships and transa	ction thre		<u>-</u> -	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a - s)	Amount involved	Method	of dete int invo		g
		type (a - s)		anio	1111 111100	iveu	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
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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	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Olyaniz	partners tion (c)(3) cations?	(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)	man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
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Part VII Supplemental Information

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