Return of Organization Exempt From Income Tax

orm **990**

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begin	nning	, 2020), and endi	ing			, 20				
			C Name of organization					D Employer id	entifica	tion number				
B Ch	eck if ap	plicable:	THE AMERICAN BOARD OF	RADIOLOGY										
	Addre chang		Doing Business As					41-0773	3787					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addres	s)	Room/suite		E Telephone number (520) 790-2900						
	Initial	return	5441 E. WILLIAMS CIRCI	LE										
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code											
	Amen		TUCSON, AZ 85711					G Gross receip	ts \$	22,37	5,584.			
	Applic	ation	F Name and address of principal officer:	BRENT J WAGNE	ER, MD			H(a) Is this a grow	up return	for Ye	s X No			
	a pondii	9	5441 E. WILLIAMS CIRCI	LE, TUCSON, AZ	85711			H(b) Are all subord		uded? Ye	s No			
ī .	Tax-ex	empt st	tatus: 501(c)(3) X 501(c) ((insert no.)	4947(a)(1)	or 5	27	If "No," attac	ch a list.	(see instructions	;)			
J	Websi	te: 🕨	WWW.THEABR.ORG					H(c) Group exem	ption nur	mber				
K	Form o	of organ	nization: X Corporation Trust	Association Other	,	L Year	of formati	ion: 1934 M	State o	f legal domic	ile: DC			
Pa	art I	Sui	mmary	' '				<u>'</u>						
		Briefly	y describe the organization's mission o	r most significant activities	TO CE	RTIFY T	HAT O	UR DIPLOM	ATES					
ø			ONSTRATE THE REQUISITE K											
and		OF	THEIR DISCIPLINE TO THE	BENEFIT OF PAT	IENTS.									
ern	2	Check	k this box	iscontinued its operation	s or dispose	ed of more the		of its net asset						
Governance			per of voting members of the governing	'	•				3		9.			
∞ర			per of independent voting members of t						4		9.			
Activities			number of individuals employed in cale						5		110.			
Ę			number of volunteers (estimate if necess						6		1,163.			
Ac			unrelated business revenue from Part V						7a		0			
			nrelated business taxable income from I						7b		0			
				,				Prior Year		Current	Year			
	8	Contri	ibutions and grants (Part VIII, line 1h)				, —	64,76	57.		7,731			
nue	9	Progra	am service revenue (Part VIII, line 2g)		l cor	Y FOR		17,877,62	17.	15,9	14,889.			
Revenue			tment income (Part VIII, column (A), line		PUBLIC II	NSPECTION	1	967,75			27,313			
Ř			revenue (Part VIII, column (A), lines 5,				-	45,05	51.		991			
			revenue - add lines 8 through 11 (must					18,955,19	5.	16,7	50 , 924.			
			ts and similar amounts paid (Part IX, colu						0.		0			
		Benefits paid to or for members (Part IX, column (A), line 4)							0.		0			
s								9,908,60	1.	9,8	42,142			
Expenses			ssional fundraising fees (Part IX, column						0.		0			
cbe	b	Total ·	fundraising expenses (Part IX, column (I	D), line 25) ▶	C) . 	•							
ш			expenses (Part IX, column (A), lines 11					7,358,81	2.	14,3	91 , 846.			
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)		•	17,267,41	3.	24,2	33 , 988.			
			nue less expenses. Subtract line 18 from					1,687,78	2.	-7,4	83 , 064.			
or			·				Begin	ning of Current	ear/	End of `	/ear			
land	20	Total	assets (Part X, line 16)					48,941,44	5.	46,7	17 , 504.			
Net Assets or Fund Balances	21	Total						1,963,10	19.	3,8	84,279			
Pet			ssets or fund balances. Subtract line 21				. —	46,978,33	6.	42,8	33 , 225.			
Pa	rt II	Sig	gnature Block											
Und	er per	nalties o	of perjury, I declare that I have examined thi	is return, including accompa	anying sched	ules and state	ements, a	and to the best of	my kn	owledge and	belief, it is			
true	, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all infor	mation of whi	ich preparer h	nas any kn	nowledge.						
Sig			Signature of officer					Date						
Her	е													
			Type or print name and title											
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PT	IN				
Paid		JEA:	NETTE VERRELLI					self-employ	ed E	20074263	31			
Prep		Firm's	s name ▶ BKD, LLP					Firm's EIN	44-0	160260				
use	Only		s address 14241 DALLAS PARKWAY, SU	UITE 1100 DALLAS, TX 7	75254			Phone no.	972-	702-826	2			
May	the II		scuss this return with the preparer show							X Yes	No			
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.							90 (2020)			

Page 2 Form 990 (2020)

Pa	art III	Statement of Program Service Check if Schedule O contains		y line in this Part III		X
1	-	describe the organization's miss	ion:			
		RTIFY THAT OUR DIPLOMA , AND UNDERSTANDING OF				
	PATIE	NTS.				
	Did the	organization undertake any si	unificant program service	s during the year v	which were not listed on the	
-	prior Fo	orm 990 or 990-EZ?				Yes X No
•	If "Yes,"	describe these new services or	Schedule O.			
3		e organization cease conduct				Yes X No
4		describe these changes on Sch		o for each of its t	hree largest program services	as massured by
4	expense		(c)(4) organizations are	required to report	the amount of grants and allo	
4a) (Expenses \$	including grai	nts of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including gran	nts of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grai	nts of \$) (Revenue \$)
	(Expens	rogram services (Describe on Sees \$ including	chedule O.) grants of \$) (Revenue \$)	
JSA		ogram service expenses				Form 990 (2020)
∪E1	020 1.000 676	7NQ B47D 8/17/2021	9:40:25 AM V 20-	-6.3F	138-1176296-1176296	PAGE

Form 990 (2020) Page 3

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	$\overline{}$	Yes	
	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."			No
		,		Х
2	complete Schedule A	1	Х	
_	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Λ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	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		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		Σ
	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		2
ı	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	
	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		2
	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		2
	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		Σ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		2
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
- u	Schedule D, Parts XI and XII.	12a		2
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		_
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Σ
	-			2
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	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			
		446		7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		-
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 2
	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		
	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		2
	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		2
	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		2
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	L	Σ
۱ 1.000			990	(20

Form 990 (2020) Page 4

Part	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? 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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		. v	
Dest	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
JSA	reportable garning (garnoling) withings to prize withers: , , , , , , , , , , , , , , , , , , ,		aan	(0000)

Page 5 Form 990 (2020)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 110			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E o		5a		Χ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	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		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
а	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.)			
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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
	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		
	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			
	•			

THE AMERICAN BOARD OF RADIOLOGY 41-0773787 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 9 Enter the number of voting members of the governing body at the end of the tax year 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. 9 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7_b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X The governing body?..... Χ Each committee with authority to act on behalf of the governing body?............ 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? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ightharpoonup m AZ, m CA, m MT,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website Upon request Other (explain on Schedule O)

19 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.

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 520-790-2900

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Pommer Former Former Former Former rdirector		is both an cor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) VALERIE JACKSON, MD	50.00									
EXECUTIVE DIRECTOR END:07/2020	1.00			Х				596 , 086.	0.	38,851.
(2) BRENT WAGNER, MD	50.00							030,000.		33,332.
EXECUTIVE DIRECTOR BEG:07/2020	1.00			Х				305 , 842.	0.	4,633.
(3) PAUL WALLNER, DO	20.00									,
ASSOC EXECUTIVE DIRECTOR	0.				Х			247,389.	0.	24,739.
(4) KARYN HOWARD	50.00							-		<u> </u>
MANAGING DIRECTOR	0.				Х			194,350.	0.	30,692.
(5) SCOTT SEGAL	40.00									
IT DIRECTOR	0.					Х		193 , 355.	0.	29,094.
(6) ANTHONY GERDEMAN	40.00									
PSYCHOMETRICS DIRECTOR	0.					Х		181,077.	0.	34,789.
(7) DAVID LASZAKOVITS	40.00									
DIRECTOR OF EXTERNAL RELATIONS	0.					Х		175,171.	0.	33,819.
(8) BLAKE WESCOTT	40.00									
DIRECTOR OF ANALYSIS	0.					Х		175 , 769.	0.	24,888.
(9) REED DUNNICK, MD	10.00									
ASSOC EXECUTIVE DIRECTOR	0.					Х		142,933.	0.	0.
(10) KELLY CRANDALL	50.00									
FINANCE DIRECTOR BEG:07/2020	1.00			Χ				120,292.	0.	19,039.
(11) MARK HOOVER	50.00									
FINANCE DIRECTOR END:02/2020	1.00			Χ				38,065.	0.	1,171.
(12) VINCENT P MATHEWS, MD	10.00									
PRESIDENT BEG: 06/2020	.25	X		Χ				0.	0.	0.
(13) ROBERT M BARR, MD	3.00									
PRESIDENT ELECT	.25	X		Χ				0.	0.	0.
(14) JOHN A KAUFMAN, MD	3.00	_						_	_	_
SECRETARY/TREAS BEG:06/2020	.25	Х		Χ				0.	0.	0.

Form 990 (2020)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do ı box,	not cl	Pos heck ss pe	c) sition more	e than tor/trusti e is tor/trusti employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Es ar com fr org an	(F) stimated mount of other npensatior rom the ganization d related anization	f on n d
15) DONALD J FLEMMING, MD CHAIR OF TRUSTEES	3.00	X		X		ğ		0	. 0.			
16) CHERI L CANON, MD GOVERNOR	3.00	X						0	. 0.			О
17) J ANTHONY SEIBERT, PHD GOVERNOR	3.00	X						0	0.			0
18) KALED M ALEKTIAR, MD GOVERNOR	3.00	Х						0	0.			C
19) TOBY A GORDON, SCD GOVERNOR	3.00	Х						0	0.			C
20) MARY S NEWELL, MD GOVERNOR BEG: 10/2020	3.00	Х						0	0.			С
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							* * *	2,370,329. 0. 2,370,329.	0.		241,7	0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	ceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or	tru Iividi	uste	е,	key e	mp	oloyee, or highes	t compensated	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of repeater than	oortab \$15	ole (50,0	om 00?	per	satior "Yes	n aı ,"	nd other compens complete Schedu	sation from the le J for such	4	X	

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.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
CBRE, INC PO BOX 15531 CHICAGO, IL 60696	BROKER FEES	509,738.
GARTNER INC 12651 GATEWAY BLVD FT MYERS, FL 33913	CONSULTING	133,049.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

		Check if Schedule O contain	ns a respon	se or note to an	v line in this Part V	TII		
			<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ທຸ ທຸ	1a	Federated campaigns	1a					300010113 312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ည် ရှိ	c	Fundraising events						
fts,	d	Related organizations		7,731.				
<u>a</u>	e	Government grants (contributions)		7,7011				
ns,	f	All other contributions, gifts, grant						
erio erio	•	and similar amounts not included above						
E P	g	Noncash contributions included in						
발	9	lines 1a-1f	1 1	,				
a C	h	Total. Add lines 1a-1f			7,731.			
		Totali Add Inioo Ta Ti		Business Code	,			
e	20	CERTIFICATION FEES		611691	15,828,389.	15,828,389.		
ا کِ	2a	EXAM DEVELOPMENT FEE		611691	86,500.	86,500.		
Se	b	EIIIII BEVEECTIIENI 122		011031	00,000.	00,000.		
E S	C							
Reg	d							
Program Service Revenue	e	All other programmes						
_	f g	All other program service revenue Total. Add lines 2a-2f		•	15,914,889.			
		Investment income (including			10/311/003.			
	3	· •		_	928,795.			928,795.
	4	other similar amounts) Income from investment of tax-e		Г	0.			320,7301
	4 5	Royalties	•		0.			
	Ū	Royalics	(i) Real	(ii) Personal	0.			
	C -	Cross route	(7)	(.,,				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c			0.			
	d 70	Net rental income or (loss)	Securities	(ii) Other	0.			
	7a	0.000 dilliount 1.0111	Occurrics	(II) Other				
		sales of assets	5,522,498.	680.				
4		outer unan inventory is	3,322,430.					
Jue	b	Less: cost or other basis	5,599,373.	25,287.				
evenue		and calce expended I I I I						
~ □		Gain or (loss)	-76 , 875.	-24,607.	-101,482.			-101,482.
Other	d	Net gain or (loss)			-101,402.			-101,402.
₹	8a		ا ا					
		events (not including \$	1 1					
		of contributions reported on						
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses		0.				
	С	Net income or (loss) from fundrai	sing events.		0.			
	9a	•	ming					
		activities. See Part IV, line 19		0.				
	b	Less: direct expenses		0.				
	С	Net income or (loss) from gamin	g activities.		0.			
	10a	Gross sales of inventory,	1 1					
		returns and allowances		0.				
	b	Less: cost of goods sold	10b	0.				
	С	Net income or (loss) from sales of	inventory.		0.			
sn				Business Code				
ne eo	11a	MISCELLANEOUS REVENUE		900099	991.			991.
lar	b							
Se Se	С							
Miscellaneous Revenue	d	All other revenue						
	е	Total. Add lines 11a-11d			991.			
	12	Total revenue. See instructions .		▶	16,750,924.	15,914,889.		828,304.

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	onse 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	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	1,621,149.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	6,358,117.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	598,876.			
9	Other employee benefits	693,194.			
10	Payroll taxes	570 , 806.			
11	Fees for services (nonemployees):				
a	a Management	0.			
k	Legal	87,902.			
(Accounting	83,133.			
C	l Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	42,450.			
ç	Other. (If line 11g amount exceeds 10% of line 25, column	4 5 4 5 000			
	(A) amount, list line 11g expenses on Schedule O.)	1,547,883.			
12	Advertising and promotion	0.			
	Office expenses	623,012.			
	Information technology	348,582.			
	Royalties	0.			
	Occupancy	8,769,964.			
	Travel	527,114.			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	42,700.			
	Conferences, conventions, and meetings	42,700.			
	Interest	0.			
	Payments to affiliates	1,170,276.			
	Depreciation, depletion, and amortization	144,057.			
	Other expenses. Itemize expenses not covered	111,007.			
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.)				
	BAD DEBT EXPENSE	368,100.			
_	DUES AND SUBSCRIPTIONS	573,288.			
	SUPPLIES	63,212.			
-	INCOME TAXES	173.			
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	24,233,988.			
	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.			
				1	

Form 990 (2020)

Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	825,887.	1	717,441.
	2	Savings and temporary cash investments	4,510,733.	2	1,662,102.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	1,314,811.	4	1,516,746.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	502,538.	9	563,427.
	_	Land, buildings, and equipment: cost or other	<u> </u>		,
		basis. Complete Part VI of Schedule D 10a 16,825,519.			
	h	Less: accumulated depreciation	5,946,014.	100	5,858,931.
	11	Investments - publicly traded securities	35,841,462.	11	36,398,857.
	12	Investments - other securities. See Part IV, line 11.	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	48,941,445.	16	46,717,504.
_	17	Accounts payable and accrued expenses	859,205.	17	1,261,933.
	18		0.	18	0.
		Grants payable	665,644.	19	2,144,142.
	19	Deferred revenue.	0.007,011.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
	22	· · ·	· ·	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.	22	0.
Li.	22	controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	24	0.
	24	Unsecured notes and loans payable to unrelated third parties	· ·	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	438,260.	0.5	478,204.
	26	of Schedule D	1,963,109.	26	3,884,279.
_	26		1,000,100.	26	3,004,273.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	46,978,336.	27	42,833,225.
Fund Balances	27 28	Net assets with donor restrictions.	0.	28	42,033,223.
pu	20		0.	4 0	0.
Full		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
şts	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets		Retained earnings, endowment, accumulated income, or other funds		_	
	31 32	Total net assets or fund balances	46,978,336.	31 32	42,833,225.
Net	33	Total liabilities and net assets/fund balances	48,941,445.	_	46,717,504.
_	33	Total liabilities and het assets/fullu balances,	TU, 241, 443.	33	Form 990 (2020)

Page **12** Form 990 (2020)

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		16,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,2		
3	Revenue less expenses. Subtract line 2 from line 1	3		-7 , 4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			6,978,336.	
5	Net unrealized gains (losses) on investments	5	3,337,955.			
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				-2.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		42,8	33,2	225.
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," e	xplair	ı in			
	Schedule O.					3.7
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			26	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Δ.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ed o	n a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20		
	If the organization changed either its oversight process or selection process during the tax year, ex	cpiain	on			
2.5	Schedule O.	th ir	t b.o			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	ın ın	ıne	3a		
h	Single Audit Act and OMB Circular A-133?	orac	the	Ju		
b				3h		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

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** $oxed{X}$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization THE AMERICAN BOARD OF RADIOLOGY

Employer identification number 41-0773787

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$.	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.)
(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

(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization THE AMERICAN BOARD OF RADIOLOGY Employer identification number 41-0773787 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

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

Internal Revenue Service

Department of the Treasury

Nam	e of the organization		Employer identification number
ТН	E AMERICAN BOARD OF RADIOLOGY		41-0773787
P	art I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds of	or 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	d in donor advised
•	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		
P	art 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		
	Preservation of land for public use (for example,		n of a historically important land area
	Protection of natural habitat		n of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in 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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		minated by the organization during the
	tax year	, , ,	, 3
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy regard		ction, handling of
	violations, and enforcement of the conservation eas		-
6	Staff and volunteer hours devoted to monitoring, inspe		
	>		5
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		5 ,
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of	the footnote to the organization's finan	cial statements that describes the
	organization's accounting for conservation easemen	ts.	
P	art III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	SB ASC 958, not to report in its reven held for public exhibition, education	ue statement and balance sheet 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 FA		
	art, historical treasures, or other similar assets held provide the following amounts relating to these item		search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1.		•
	(ii) Assets included in Form 990, Part VIII, line 1.		
2	If the organization received or held works of art		
_	following amounts required to be reported under FA		assets for illiantial gain, provide the
а	Revenue included on Form 990. Part VIII. line 1		> \$

Schedule D (Form 990) 2020

b Assets included in Form 990, Part X............

Page 2 Schedule D (Form 990) 2020

Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Treasur	es, or Othe	r Similar Assets (d	continued)	
3	Using the organization's acquisitio							
	collection items (check all that appl	y):						
а	Public exhibition		d	Loan or exc	hange progr	am		
b	Scholarly research		е	Other				
С	Preservation for future gener	rations						
4	Provide a description of the organ	ization's collection	s and expla	ain how they f	urther the o	rganization's exemp	t purpose in Part	
	XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar							
	assets to be sold to raise funds rath	er than to be maint	ained as pa	rt of the organ	ization's colle	ection?	Yes No	
Pa	rt IV Escrow and Custodial A	rrangements.						
	Complete if the organiza	tion answered "Ye	es" on For	m 990, Part I\	/, line 9, or	reported an amou	nt on Form	
	990, Part X, line 21.							
1 a	Is the organization an agent, trust							
	included on Form 990, Part X?						Yes No	
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fo	llowing table:				
						Amount		
С	Beginning balance							
d	Additions during the year				. 1d			
е	Distributions during the year				. 1e			
f	Ending balance							
	Did the organization include an am-						Yes No	
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation has b	peen provided	d on Part XIII		
Pa	rt V Endowment Funds.	£:	"	000 Dt I	/ II: 40			
	Complete if the organiza					1		
	_	(a) Current year	(b) Pric	or year (C)	Two years back	(d) Three years back	(e) Four years back	
1 a	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			e (line 1g, colun	nn (a)) held a	IS:		
a	Board designated or quasi-endowm	ent ▶	_%					
D	Permanent endowment ▶ Term endowment ▶	[%] 0						
С	The percentages on lines 2a, 2b, a	, •	1000/					
3.2	Are there endowment funds not in t			ation that are h	eld and adm	injetered for the		
Ja	organization by:	ine possession or t	ne organiza	ation that are n	eiu aliu aulii	illistered for the	Yes No	
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended u	•			11			
_								
	Complete if the organiza	ation answered "Y	es" on Fo	rm 990, Part I	V, line 11a.	See Form 990, Pa	art X, line 10.	
	Description of property	(a) Cost o	r other basis stment)	(b) Cost or other (other)		ccumulated (c	l) Book value	
1a	Land	,	,	790,			790,128.	
b	Buildings			5,784,		909,450.	2,875,349.	
c	Leasehold improvements			244,		241,528.	2,936.	
d	Equipment			10,006,	128. 7,	815,610.	2,190,518.	
	Other							
	I. Add lines 1a through 1e. (Column		m 990. Part	X. column (B)	line 10c.)	•	5,858,931.	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990, Pa	art 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 va	alue
(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	l "Yes" on Form 99	0, Part IV, line 11c. See Form 990, Pa	ert X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	·
		Cost or end-of-year market va	alue
<u>(1)</u>			
(2)			
(3)			
_(4)			
_(5)			
(6)			
(7)			
(8)			
Total. (Column (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	0. Part IV. line 11d. See Form 990. Pa	art X. line 15.
	escription		(b) Book value
(1)	<u>'</u>		(- /
(2)			
(3)			
(4)			
_(5)			
(6)			
<u>(7)</u>			
_(8)			
(9)	" 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B)	ine 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 9	990, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes			(b) Deen value
(2) DEFERRED COMPENSATION			452,639.
(3) DEFERRED RENT			25,565.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			478,204.
2. Liability for uncertain tax positions. In Part XIII, provide the			
organization's liability for uncertain tax positions under FASB.	ASC 740. Check here is	f the text of the footnote has been provided i	n Part XIII .

JSA 0E1270 1.000 6767NQ B47D 8/17/2021 9:40:25 AM V 20-6.3F 138-1176296-1176296 PAGE 22

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d		2e	
е 3	Add lines 2a through 2d	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4111.	
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: Donated services and use of facilities		
a	Bollated 361 vices and disc of labilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
b C	Prior year adjustments	1	
d	Other (Describe in Part XIII.)		
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	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines 4a and 4b	5	
_	XIII Supplemental Information.		
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SCHE	DULE D, PART X, LINE 2		
ASC	740 FOOTNOTE:		
MANA	GEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE		
INCL	UDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED		
ANY	MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE		
FINA	NCIAL STATEMENTS.		

Part XIII Supplemental Information (continued)

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

Part I Questions Regarding Compensation

41-0773787

Employer identification number

			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			
	X 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	1b		X
2	explain	ID		21
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		Х
_	1a?			21
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 Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The residence of the state persons and provide the approache amounts for each from in rank in.			
	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 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) 2020

THE AMERICAN BOARD OF RADIOLOGY 41-0773787

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of	B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
VALERIE JACKSON, MD	(i)	461,141.	3,000.	131,945.	34,884.	3,967.	634,937.	131,500.	
1 EXECUTIVE DIRECTOR END:07/2020	(ii)	0.	0.	0.	0.	0.	0.	0.	
BRENT WAGNER, MD	(i)	305 , 677.	0.	165.	0.	4,633.	310,475.	0.	
2 EXECUTIVE DIRECTOR BEG:07/2020	(ii)	0.	0.	0.	0.	0.	0.	0.	
PAUL WALLNER, DO	(i)	247,389.	0.	0.	24,739.	0.	272,128.	0.	
3ASSOC EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
KARYN HOWARD	(i)	192,031.	1,923.	396.	19,435.	11,257.	225,042.	0.	
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
SCOTT SEGAL	(i)	191,110.	1,987.	258.	18,276.	10,818.	222,449.	0.	
5 ^{IT} DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANTHONY GERDEMAN	(i)	179,016.	1,923.	138.	18,807.	15 , 982.	215,866.	0.	
6PSYCHOMETRICS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
DAVID LASZAKOVITS	(i)	173,169.	1,942.	60.	17,926.	15 , 893.	208,990.	0.	
7DIRECTOR OF EXTERNAL RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
BLAKE WESCOTT	(i)	173,764.	1,945.	60.	17,639.	7,249.	200,657.	0.	
8DIRECTOR OF ANALYSIS	(ii)	0.	0.	0.	0.	0.	0.	0.	
REED DUNNICK, MD	(i)	142,933.	0.	0.	0.	0.	142,933.	0.	
9ASSOC EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
10	(ii)								
	(i)								
_11	(ii)								
	(i)								
12	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2020

THE AMERICAN BOARD OF RADIOLOGY 41-0773787

Schedule J (Form 990) 2020

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 4A

SEVERANCE PAYMENTS:

SEVERANCE IS A VOLUNTARY AGREEMENT THAT SET FORTH THE AGREED UPON

SEPARATION DATE FOR EMPLOYMENT AND BENEFITS COVERAGE, THE AMOUNT OF

PAYMENT, A CONFIDENTIALITY AGREEMENT CONCERNING COMPANY INFORMATION AND

MATERIALS, RETURN OF COMPANY MATERIALS, AND COOPERATION CONCERNING

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

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

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

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

THE AMERICAN BOARD OF RADIOLOGY 41-0773787

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A & 1B

GROSS UP PAYMENTS:

ALL EMPLOYEES ON THE OCTOBER 30TH PAYROLL RECEIVED A COVID BONUS, GROSSED UP TO COVER MOST TAXES. DR. WAGNER REFUSED THE BONUS, AND DR. JACKSON WAS NO LONGER EMPLOYED AT THE TIME AND DID NOT RECEIVE IT. ADDITIONALLY, SCOTT SEGAL, DAVID LASZAKOVITS, AND BLAKE WESCOTT RECEIVED A GIFT CARD(S) DURING THE YEAR, WHICH WAS REPORTED GROSSED UP FOR MOST TAXES.

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

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

THE RELATED TAXES (WITHOUT GROSS-UP).

SCHEDULE O (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 41-0773787

Name of the organization
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 COMPENSATION COMMITTEE APPROVES ALL EXECUTIVE LEVEL COMPENSATION. THE MOST RECENT REVIEW WAS CONDUCTED IN FISCAL YEAR 2018 BY AN OUTSIDE CONTRACTOR, HR KNOW, LLC.

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

AVAILABILITY OF DOCUMENTS:

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

Name of the organization

THE AMERICAN BOARD OF RADIOLOGY

Employer identification number

41-0773787

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

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

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

ATTACHMENT 1

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

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright 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

2020

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	128,973.	884,833.	ABR
_(2)					
_(3)					
_(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) rolled
						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) 2020

JSA

Schedule R (Form 990) 2020

Part III Identification of Relation because it had one or	ted Organizations more related org	s Taxable anization	e as a Partnersl is treated as a p	hip. Complete if the eartnership during th	e organization a e tax year.	nswered "Yes"	on l	Form	n 990, Part IV,	line	34,		
(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?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				30010113 012 - 014)			Yes	No		Yes	No	1	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													

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

1110 04, because it had one of more related organization				(6)	(a)	(b)	(1)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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?
							Yes No
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

(7)

Schedule	R (Form 990) 2020		Pa	ige 3
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
		1b		Х
	ift, grant, or capital contribution from related organization(s)	1c	Х	
	pans or loan guarantees to or for related organization(s)	1d		Х
		1e		X
f Di	Machae Henrichted Grganization(6)	1f		Х
	ale of assets to related organization(s)	1g		Х
h Pi	urchase of assets from related organization(s)	1h		Х
	xchange of assets with related organization(s)	1i		Х
	ease of facilities, equipment, or other assets to related organization(s)	1j		Х
				3.7
		1k		X
	erformance of services or membership or fundraising solicitations for related organization(s)	11		X
		1m		Х
n Sl	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o SI	haring of paid employees with related organization(s)	10	X	
n D	eimbursement paid to related organization(s) for expenses	1p		X
-		1q	Х	
q R	eimbursement paid by related organization(s) for expenses	14		
r O	ther transfer of cash or property to related organization(s)	1r		Х
s 0	ther transfer of cash or property from related organization(s)	1s		Х
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	holds	3.	

(a)
Name of related organization (d) Method of determining (b) Transaction (c) Amount involved type (a-s) amount involved (1) (2) (3) (4) (5) (6)

Schedule R (Form 990) 2020

Page 4

Schedule R (Form 990) 2020

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		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	(1 01111 1003)	Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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