



TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

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|---|---|
| Prepared by | Grant Thornton Advisors LLC |
| Special Instructions | <p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p> |
| Application for Recognition of Exemption | <p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p> |
| Requests made in person | If the request is made in person, the organization must respond by the end of the business day. |
| Requests made in writing | If the request is made in writing, response is generally required within 30 days. |
| Fees charged for copies | The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page. |
| What if we post the Form 990 on our website? | The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices. |
| What if we fail to comply with requests? | Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions. |

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2023
Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

| | | | |
|---|--|---|--|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization AMERICAN BOARD OF MEDICAL SPECIALTIES | | D Employer identification number 41-0847713 |
| | Doing business as | | E Telephone number (312) 436-2600 |
| | Number and street (or P.O. box if mail is not delivered to street address) 353 NORTH CLARK STREET | Room/suite 1400 | G Gross receipts \$ 21,808,011. |
| | City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60654 | | H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| F Name and address of principal officer: RICHARD E. HAWKINS, MD SAME AS C ABOVE | | H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) 4947(a)(1) or 527 | | | |
| J Website: WWW.ABMS.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1935 |
| | | | M State of legal domicile: IL |

Part I Summary

| | | | |
|---|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) IS TO SERVE (CONTINUED IN SCH O) | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 34 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 33 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 70 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 138 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 2,700. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 20,690,018. | 20,895,772. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 529,747. | 846,791. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 174,646. | 65,448. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 21,397,111. | 21,808,011. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 11,863,460. | 12,428,626. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 0. | 0. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,758,933. | 6,039,420. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 17,622,393. | 18,468,046. | |
| Net Assets or Fund Balances | | 3,774,718. | 3,339,965. |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 34,498,682. | 41,229,992. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 10,364,121. | 11,414,332. |
| | | 24,134,561. | 29,815,660. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|---|---|---|------------------------|--|-------------------|
| Sign Here | Signature of officer <i>Richard E. Hawkins</i> | Date 8/24/24 | | | |
| | RICHARD E. HAWKINS, MD, PRESIDENT & CEO Type or print name and title | | | | |
| Preparer Use Only | Print/Type preparer's name ERIN COUTURE | Preparer's signature <i>Erin Couture</i> | Date 8/20/2024 | Check if self-employed <input type="checkbox"/> | PTIN P01390592 |
| | Firm's name GRANT THORNTON ADVISORS LLC | Firm's EIN 99-1856619 | Phone no. 617-848-5039 | | |
| Firm's address 75 STATE ST. 13TH FLOOR BOSTON, MA 02109 | | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

| | | |
|--|--|---|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. AMERICAN BOARD OF MEDICAL SPECIALTIES | Taxpayer identification number (TIN) 41-0847713 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 353 NORTH CLARK STREET, 1400 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60654 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JULIE HUBBARD**
353 NORTH CLARK STREET, STE 1400 - CHICAGO, IL 60654

Telephone No. **312-436-2694** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box _____
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IN COLLABORATION WITH ITS MEMBER BOARDS, ABMS CREATES STANDARDS FOR BOARD CERTIFICATION FOR PHYSICIANS AND MEDICAL SPECIALISTS. SPECIFICALLY, FOR INITIAL CERTIFICATION, ABMS AND THE MEMBER BOARDS ESTABLISH RIGOROUS STANDARDS OF KNOWLEDGE, SKILLS (CONTINUED IN SCH O)

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] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) IN PARTNERSHIP WITH ITS MEMBER BOARDS, ABMS IS A LEADER IN SETTING RIGOROUS STANDARDS FOR BOARD CERTIFICATION ACROSS 40 MEDICAL SPECIALTIES AND 89 MEDICAL SUBSPECIALTIES. WHILE MEMBER BOARDS TAILOR THESE STANDARDS TO THEIR SPECIFIC SPECIALTIES AND SUBSPECIALTIES, ABMS SUPPORTS THE MEMBER BOARDS IN THE OVERALL IMPLEMENTATION OF THE STANDARDS BY PROVIDING LEARNING OPPORTUNITIES AND RESOURCES REGARDING EVALUATION, ASSESSMENT AND POLICY DEVELOPMENT RELATIVE TO CERTIFICATION. THESE SUPPORTS ARE CRITICAL TO THE ABMS COMMUNITY. AT PRESENT, IN THE UNITED STATES, ABMS MEMBER BOARDS HAVE CERTIFIED MORE THAN 940,000 PHYSICIANS AND MEDICAL SPECIALISTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) INTERNATIONALLY, ABMS CONTRACTS WITH THE SINGAPORE MINISTRY OF HEALTH TO DEVELOP AND MAINTAIN A PROGRAM OF PHYSICIAN ASSESSMENT AND CERTIFICATION FOR SINGAPORE'S PHYSICIANS AND MEDICAL SPECIALISTS, AS WELL AS CONSULTS WITH OTHER COUNTRIES AND COMMUNITIES ACROSS THE WORLD SEEKING TO EXPLORE OR ESTABLISH PHYSICIAN CERTIFICATION PROGRAMS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) ABMS CONVENES LEADERS AND STAKEHOLDERS FROM ACROSS THE ABMS AND GREATER HEALTH CARE COMMUNITIES TO DISCUSS CURRENT AND EMERGING ISSUES IN TODAY'S HEALTH CARE SYSTEM, SEEKING TO UNDERSTAND WAYS IN WHICH ABMS AND ITS MEMBER BOARDS CAN ADDRESS THOSE ISSUES TO IMPROVE THE QUALITY OF PATIENT CARE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (34); 1b Enter the number of voting members included on line 1a, above, who are independent (33); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 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 [X] Another's website [X] 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JULIE HUBBARD - 312-436-2694
353 NORTH CLARK STREET, STE 1400, CHICAGO, IL 60654

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RICHARD E. HAWKINS, MD PRESIDENT & CEO | 48.00 2.00 | X | | X | | | | 801,672. | 33,403. | 81,193. |
| (2) GREGORY OGRINC, MD SVP, CERT STANDARD & PRGM | 45.00 5.00 | | | | X | | | 423,617. | 47,068. | 97,603. |
| (3) JENNIFER MICHAEL CHIEF OPERATING OFFICER | 50.00 0.00 | | | | X | | | 352,655. | 0. | 80,802. |
| (4) THOMAS GRANATIR SVP POLICY & EXT. RELATIONS | 50.00 0.00 | | | | X | | | 287,822. | 0. | 87,540. |
| (5) DAVID COURSEY DIRECTOR OF SALES | 50.00 0.00 | | | | | X | | 330,094. | 0. | 37,229. |
| (6) RICHARD WATERS CHIEF MARKETING OFFICER | 50.00 0.00 | | | | | X | | 279,622. | 0. | 60,992. |
| (7) CARRIE RADABAUGH SVP, GOVERNANCE AND BOARD RELATIONS | 48.00 2.00 | | | | X | | | 245,619. | 10,234. | 74,129. |
| (8) STEPHANIE DONOVAN CHIEF LEGAL OFFICER (AS OF 03/23) | 49.00 1.00 | | | | X | | | 232,968. | 4,755. | 62,704. |
| (9) KRISTA ALLBEE VP, ASSESSMENT PROGRAMS | 50.00 0.00 | | | | | X | | 263,200. | 0. | 19,623. |
| (10) JULIE HUBBARD CFO | 49.00 1.00 | | | | X | | | 243,486. | 4,969. | 33,266. |
| (11) DORIA LESS ACCOUNT EXECUTIVE | 50.00 0.00 | | | | | X | | 231,542. | 0. | 41,080. |
| (12) KATHLEEN HOLTZMAN AVP, ASSESS PROGRAMS | 50.00 0.00 | | | | | X | | 214,313. | 0. | 58,221. |
| (13) REBECCA L. JOHNSON, MD CHAIR (AS OF 06/2023) | 10.00 1.00 | X | | X | | | | 22,500. | 2,500. | 0. |
| (14) MICHAEL L. CARIUS, MD CHAIR (THRU 02/23) | 10.00 1.00 | X | | X | | | | 11,250. | 1,250. | 0. |
| (15) LARRY A. GREEN, MD IMMEDIATE PAST CHAIR | 10.00 1.00 | X | | X | | | | 22,500. | 2,500. | 0. |
| (16) SUSAN RAMIN, MD SECRETARY-TREASURER | 10.00 1.00 | X | | X | | | | 22,500. | 2,500. | 0. |
| (17) J. BRANTLEY THRASHER, MD, FACS CHAIR-ELECT (AS OF 10/23) | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) RICHARD J. BARON, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) GEORGE B. BARTLEY, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) PRIYA J. BATHIJA, JD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) MIRIAM G. BLITZER, PHD, FACMG DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) KEITH BRANDT, MD DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JO BUYSKE, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) DANIEL J. COLE, MD DIRECTOR (THRU 06/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) LARRY R. FAULKNER, MD DIRECTOR (THRU 06/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) ROBERT R. GAISER, MD, MSED DIRECTOR (AS OF 06/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 3,985,360. | 109,179. | 734,382. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 3,985,360. | 109,179. | 734,382. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 44

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | 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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| INTERNET TESTING SYSTEMS, LLC, 300 CHESTNUT AVE STE 401, BALTIMORE, MD 21211 | TEST ADMINISTRATION | 413,588. |
| DATA RECOGNITION CORPORATION, 13036 COLLECTION CENTER DRIVE, CHICAGO, IL 60693 | TEST ADMINISTRATION | 142,000. |
| GRANT THORNTON LLP 171 N CLARK ST SUITE 200, CHICAGO, IL 60601 | AUDIT AND TAX SERVICE | 129,168. |
| INNOVATIONLABS CONSULTING AND TRAINING LLC 159 PINE HILL ROAD, CHESTER, NY 10918 | CONSULTANTS | 121,543. |
| ARENTFOX SCHIFF HARDIN, 233 SOUTH WACKER DRIVE, SUITE 7100, CHICAGO, IL 60606 | LEGAL SERVICES | 116,184. |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | 6 |

SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> | | | | | | | | | | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) THOMAS W. HESS, JD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) JOHN L. KENDALL, MD, FACEP DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) CAROLYN L. KINNEY, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) JEFFREY M. LYNESS, MD DIRECTOR (AS OF 03/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) DAVID F. MARTIN, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) WALTER H. MERRILL, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) TARA MONTGOMERY, MS DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) MICHAEL R. NELSON, MD, PHD DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) MARY S. NEWELL, MD, FACR, FSBI DIRECTOR (AS OF 10/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) WARREN P. NEWTON, MD, MPH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) BRIAN NUSSENBAUM, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) CHRISTOPHER J. ONDRULA, JD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) KATIE O. ORRICO, JD DIRECTOR (THRU 06/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) DONALD J. PALMISANO JR., JD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (41) GARY W. PROCOP, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (42) THOMAS E. READ, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (43) RANDALL K. ROENIGK, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) TARA B. ROUSE, MA, CPHQ, CPXP DIRECTOR (AS OF 06/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (45) JUDY SCHAECHTER, MD, MBA DIRECTOR (THRU 06/23) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (46) GEORGE M. SEGALL, MAD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | | |
|--|--|--|----------------|------------------------------------|----------------------------|--|----------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | 2 a | SUBS AND DATA SERVICES | Business Code | | | | | |
| | | | 730000 | 8,631,453. | 8,631,453. | 0. | 0. | |
| | b | MEMBERSHIP DUES | 862100 | 7,457,200. | 7,457,200. | 0. | 0. | |
| | c | PROGRAM AND SPONSORSHI | 860000 | 2,323,652. | 2,323,652. | 0. | 0. | |
| | d | LICENSE FEES | 860000 | 1,248,247. | 1,248,247. | 0. | 0. | |
| | e | INTERNATIONAL PROGRAMS | 900099 | 1,235,220. | 1,235,220. | 0. | 0. | |
| | f | All other program service revenue | | | | | | |
| g | Total. Add lines 2a-2f | | 20,895,772. | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 846,791. | | | 846,791. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | | 43,781. | | | | |
| | b | Less: rental expenses ... | 6b | 0. | | | | |
| | c | Rental income or (loss) | 6c | 43,781. | | | | |
| | d | Net rental income or (loss) | | 43,781. | | | 43,781. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | | |
| | c | Gain or (loss) | 7c | | | | | |
| | d | Net gain or (loss) | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | | | | | | | | |
| | | 8a | | | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | | | | | | | | |
| | | 9a | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | | | | | | | | |
| | | 10a | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | PAYROLL SERVICES | Business Code | | | | | |
| | | | 541214 | 21,167. | | | 21,167. | |
| | b | HONORARIA | 541990 | 500. | | | 500. | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 21,667. | | | | | |
| 12 | Total revenue. See instructions | | 21,808,011. | 20,895,772. | 0. | 912,239. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,165,933. | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 7,432,408. | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 392,592. | | | |
| 9 Other employee benefits | 793,280. | | | |
| 10 Payroll taxes | 644,413. | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 220,738. | | | |
| b Legal | 233,132. | | | |
| c Accounting | 118,992. | | | |
| d Lobbying | 182,223. | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 110,138. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 567,475. | | | |
| 12 Advertising and promotion | 356,558. | | | |
| 13 Office expenses | 234,686. | | | |
| 14 Information technology | 1,114,271. | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 936,812. | | | |
| 17 Travel | 332,962. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 1,186,550. | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 138,244. | | | |
| 23 Insurance | 267,438. | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a SINGAPORE INCOME TAX | 34,144. | | | |
| b RECRUITMENT | 5,057. | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 18,468,046. | | | |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 7,265,337. | 1 | 9,266,165. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 406,580. | 4 | 441,697. |
| | 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 | | 5 | |
| | 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) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 779,466. | 9 | 827,248. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,199,283. | | |
| | b Less: accumulated depreciation | 10b 3,905,787. | | |
| | 11 Investments - publicly traded securities | 288,660. | 10c | 293,496. |
| | 12 Investments - other securities. See Part IV, line 11 | 20,422,187. | 11 | 23,250,678. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | 796,836. | 13 | |
| | 15 Other assets. See Part IV, line 11 | 4,539,616. | 14 | 796,836. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 34,498,682. | 15 | 6,353,872. | |
| | | 16 | 41,229,992. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,149,680. | 17 | 2,172,972. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 6,143,728. | 19 | 6,427,350. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,070,713. | 25 | 2,814,010. |
| | 26 Total liabilities. Add lines 17 through 25 | 10,364,121. | 26 | 11,414,332. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 24,134,561. | 27 | 29,815,660. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 24,134,561. | 32 | 29,815,660. |
| | 33 Total liabilities and net assets/fund balances | 34,498,682. | 33 | 41,229,992. |

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 | 21,808,011. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,468,046. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,339,965. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 24,134,561. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,341,134. |
| 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 | 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 | 29,815,660. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form **990** (2023)

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization <p style="text-align: center;">AMERICAN BOARD OF MEDICAL SPECIALTIES</p> | Employer identification number <p style="text-align: center;">41-0847713</p> |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|--|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | 0. | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 0. | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 0. | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| not over \$500,000, | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| over \$17,000,000, | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES Employer identification number 41-0847713

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2 columns: Description, Held at the End of the Tax Year). 3-9. Questions regarding monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a, 1b, and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (Revenue, Assets). 2: Amounts for art collection for financial gain (Revenue, Assets).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt 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 rather than to be maintained as part of the organization's collection? 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.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 527,711. | 411,996. | 115,715. |
| d Equipment | | 3,671,572. | 3,493,791. | 177,781. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 293,496. |

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) DUE FROM RELATED AFFILIATE | 3,207,540. |
| (2) RIGHT OF USE ASSET | 2,419,152. |
| (3) DEFERRED COMPENSATION PLAN | 727,180. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 6,353,872. |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY | 2,814,010. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,814,010. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FIN 48 FOOTNOTE

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED GUIDANCE THAT

REQUIRES THE TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN

THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO

BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.

OTHER THAN WHAT IS DISCLOSED IN NOTE M, MANAGEMENT HAS DETERMINED THAT

THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE

CONSOLIDATED FINANCIAL STATEMENTS.

NOTE M OF THE AUDITED FINANCIAL STATEMENTS OUTLINES TAX EXPENSE

RECEIVABLES AND PAYABLES FOR INCOME TAX PURPOSES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

Employer identification number

41-0847713

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | SPECIALTY CERTIFICATION | 1,428,641. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 1,428,641. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 1,428,641. |

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

Schedule F (Form 990) 2023

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING ASSISTANCE OUTSIDE THE U.S.

THE ORGANIZATION TRACKS AND MONITORS EXPENDITURES TO ORGANIZATIONS

OUTSIDE THE U.S. USING THE SAME METHODS IT USES TO TRACK AND MONITOR

EXPENDITURES WITHIN THE U.S.

PART I, LINE 3:

ACTIVITIES PER REGION

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

Employer identification number

41-0847713

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

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

Schedule J (Form 990) 2023

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 W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) RICHARD E. HAWKINS, MD PRESIDENT & CEO | (i) 698,120. (ii) 29,088. | 53,421. 2,226. | 50,131. 2,089. | 39,600. 1,650. | 38,345. 1,598. | 879,617. 36,651. | 0. 0. |
| (2) GREGORY OGRINC, MD SVP, CERT STANDARD & PRGM | (i) 310,539. (ii) 34,504. | 33,300. 3,700. | 79,778. 8,864. | 36,047. 4,005. | 51,796. 5,755. | 511,460. 56,828. | 0. 0. |
| (3) JENNIFER MICHAEL CHIEF OPERATING OFFICER | (i) 322,655. (ii) 0. | 30,000. 0. | 0. 0. | 40,052. 0. | 40,750. 0. | 433,457. 0. | 0. 0. |
| (4) THOMAS GRAMATIR SVP POLICY & EXT. RELATIONS | (i) 261,942. (ii) 0. | 25,000. 0. | 880. 0. | 39,633. 0. | 47,907. 0. | 375,362. 0. | 0. 0. |
| (5) DAVID COURSEY DIRECTOR OF SALES | (i) 324,317. (ii) 0. | 4,370. 0. | 1,407. 0. | 22,961. 0. | 14,268. 0. | 367,323. 0. | 0. 0. |
| (6) RICHARD WATERS CHIEF MARKETING OFFICER | (i) 265,112. (ii) 0. | 14,510. 0. | 0. 0. | 20,742. 0. | 40,250. 0. | 340,614. 0. | 0. 0. |
| (7) CARRIE RADABAUGH SVP, GOVERNANCE AND BOARD RELATIONS | (i) 223,073. (ii) 9,295. | 22,176. 924. | 370. 15. | 33,109. 1,380. | 38,054. 1,586. | 316,782. 13,200. | 0. 0. |
| (8) STEPHANIE DONOVAN CHIEF LEGAL OFFICER (AS OF 03/23) | (i) 224,462. (ii) 4,581. | 8,506. 174. | 0. 0. | 20,327. 415. | 41,123. 839. | 294,418. 6,009. | 0. 0. |
| (9) KRISTA ALLBEE VP, ASSESSMENT PROGRAMS | (i) 251,716. (ii) 0. | 9,010. 0. | 2,474. 0. | 19,255. 0. | 368. 0. | 282,823. 0. | 0. 0. |
| (10) JULIE HUBBARD CFO | (i) 234,989. (ii) 4,796. | 8,497. 173. | 0. 0. | 18,205. 372. | 14,395. 294. | 276,086. 5,635. | 0. 0. |
| (11) DORIA LESS ACCOUNT EXECUTIVE | (i) 229,646. (ii) 0. | 1,690. 0. | 206. 0. | 10,523. 0. | 30,557. 0. | 272,622. 0. | 0. 0. |
| (12) KATHLEEN HOLTZMAN AVP, ASSESS PROGRAMS | (i) 205,612. (ii) 0. | 6,700. 0. | 2,001. 0. | 16,482. 0. | 41,739. 0. | 272,534. 0. | 0. 0. |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |

Schedule J (Form 990) 2023

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.

PART I, LINE 1A:

FIRST-CLASS OR CHARTER TRAVEL

PER THE TERMS OF HIS EMPLOYMENT CONTRACT, THE PRESIDENT AND CHIEF EXECUTIVE

OFFICER IS PERMITTED TO FLY FIRST CLASS FOR ORGANIZATION-RELATED BUSINESS

ON FLIGHTS THAT ARE THREE HOURS IN DURATION OR LONGER, THIS BENEFIT IS NOT

TAXABLE AS COMPENSATION.

DISCRETIONARY SPENDING

PER THE TERMS OF HIS OFFER LETTER, ONE KEY EMPLOYEE RECEIVES A TRAVEL

ALLOWANCE. THE TRAVEL ALLOWANCE IS TAXABLE AS COMPENSATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

Employer identification number

41-0847713

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PUBLIC AND THE MEDICAL PROFESSION BY IMPROVING THE QUALITY OF

HEALTH CARE THROUGH SETTING PROFESSIONAL STANDARDS FOR LIFELONG

CERTIFICATION IN PARTNERSHIP WITH ITS MEMBER BOARDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN TERMS OF ADVOCACY, ABMS COMMUNICATES INFORMATION ABOUT AND

EMPHASIZES THE IMPORTANCE OF BOARD CERTIFICATION TO DIPLOMATES, MEDICAL

PROFESSIONALS, HEALTH CARE ORGANIZATIONS, INSURERS, LEGISLATORS AND THE

GENERAL PUBLIC. THESE COMMUNICATIONS PROVIDE THESE STAKEHOLDERS AND

ADVOCATES WITH FACTUAL INFORMATION ABOUT THE IMPORTANCE OF BOARD

CERTIFICATION AND THE MARKER OF TRUST SIGNIFIED BY THE CREDENTIAL.

CERTIFICATIONMATTERS.ORG, WHICH IS A PUBLIC ACCESS ABMS WEBSITE, ALSO

PROVIDES INFORMATION ABOUT BOARD CERTIFICATION. ANY INDIVIDUAL MAY

ACCESS THIS SITE TO DETERMINE IF A PHYSICIAN OR MEDICAL SPECIALIST IS

BOARD CERTIFIED BY AN ABMS MEMBER BOARD.

IN TERMS OF RESEARCH AND PROFESSIONAL DEVELOPMENT, ABMS AND ITS MEMBER

BOARDS ACTIVELY STUDY AND SUPPORT RESEARCH INTO THE IMPACT THAT

CERTIFICATION PROGRAMS HAVE ON BOTH THE PROFESSION OF MEDICINE AS WELL

AS IMPROVING PATIENT SAFETY AND HEALTH CARE. ABMS IS ALSO COMMITTED TO

PHYSICIAN PROFESSIONAL DEVELOPMENT AS PART OF ITS MEMBER BOARDS'

CONTINUING CERTIFICATION PROGRAMS, INCLUDING CONTINUING MEDICAL

EDUCATION AND QUALITY AND PRACTICE IMPROVEMENT ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 1A:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

DELEGATION OF AUTHORITY

WITH RESPECT TO "MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE

GOVERNING BODY," THE ABMS BOARD OF DIRECTORS IS COMPRISED OF 35 VOTING

MEMBERS. THE CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR, SECRETARY-TREASURER

AND PRESIDENT AND CHIEF EXECUTIVE OFFICER EACH HAVE ONE VOTE. THE SIX

PUBLIC MEMBERS EACH HAVE ONE VOTE. THE VOTES ALLOCATED TO THE 24 MEMBER

BOARD EMPOWERED REPRESENTATIVES (MBERS) DEPEND ON THE TYPE OF VOTE REQUIRED

BY THE BYLAWS. IF THE VOTE REQUIRED IS A "REPRESENTATIONAL VOTE," THEN EACH

MBER HAS ONE VOTE. IF THE VOTE REQUIRED IS A "PROPORTIONAL VOTE," THEN THE

MBERS HAVE AN ALLOCATED PORTION OF 100 VOTES BASED ON A FORMULA SET FORTH

IN THE BYLAWS. IN THE CASE OF PROPORTIONAL VOTING, THE BYLAWS STATE THAT

EACH MBER HAS A BASE VOTE OF TWO VOTES AND THAT THE REMAINDER OF THE 100

VOTES ARE PRORATED AMONG THE MBERS BASED ON THE NUMBER OF NEW DIPLOMATES

CERTIFIED DURING A DEFINED PERIOD.

AT YEAR END 2023, THERE WERE 33 VOTING MEMBERS DUE TO ATTRITION.

WITH RESPECT TO THE GOVERNING BOARD DELEGATING "BROAD AUTHORITY" TO AN

EXECUTIVE COMMITTEE, THE EXECUTIVE COMMITTEE OF THE ABMS BOARD OF DIRECTORS

IS A STANDING COMMITTEE WITH RESPONSIBILITY FOR OVERSEEING THE CORPORATION

AND WITH FULL AUTHORITY TO ACT ON BEHALF OF THE CORPORATION IN THE INTERIM

BETWEEN MEETINGS OF THE ABMS BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS

REQUIRED TO COMMUNICATE TO THE ABMS BOARD OF DIRECTORS IN A TIMELY FASHION

ALL OF ITS ACTIONS TAKEN ON BEHALF OF THE CORPORATION.

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE FOLLOWING MEMBERS OF THE ABMS

BOARD OF DIRECTORS: CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR,

SECRETARY-TREASURER, PRESIDENT, AND CHIEF EXECUTIVE OFFICER, THREE MBERS,

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

AND ONE PUBLIC MEMBER.

FORM 990, PART VI, SECTION A, LINE 4:

BELOW IS AN OUTLINE OF CHANGES MADE FROM THE REVISED BYLAWS:

- STATES THE PURPOSE OF THE CORPORATION ARE ESTABLISHED BY THE ACT, THE CODE, THE CORPORATION'S ARTICLES OF INCORPORATION, THE BYLAWS, AND THE POLICES ADOPTED BY THE BOARD OF DIRECTORS.

- UPDATES CLASSES OF MEMBERSHIP FROM THREE TO TWO - MEMBER BOARDS AND ASSOCIATE MEMBERS. PUBLIC MEMBERS ARE ALSO NO LONGER CONSIDERED MEMBERS AND ARE ONLY DIRECTORS.

- STATES NEW MEMBER BOARDS WILL BE APPROVED FOR MEMBERSHIP IN ACCORDANCE WITH THE POLICIES AND PROCEDURES DEVELOPED BY THE BOARD OF DIRECTORS.

- EXPANDS ON THE QUALIFICATIONS FOR BECOMING AN ASSOCIATE MEMBER FROM AN ORGANIZATION.

- AFFIRMS ALL DIRECTORS HAVE THE RIGHT TO VOTE.

- DESCRIBES NEW PROCESS WHEREBY MEMBER BOARDS APPOINT MBERS TO THE BOARD OF DIRECTORS, PROVIDED THE MBERS SATISFY THE QUALIFICATIONS ESTABLISHED BY THE GOVERNANCE COMMITTEE.

- EXPANDS ON THE DIRECTOR'S FIDUCIARY DUTIES AND RESPONSIBILITIES OF LOYALTY AND CARE, DISCLOSURE OF CONFLICTS OF INTEREST AND MAINTAINING CONFIDENTIALITY OF MATTERS DISCUSSED DURING BOARD OF DIRECTOR MEETINGS.

- DEFINES TYPES OF VOTES USED BY THE BOARD OF DIRECTORS.

- HIGHLIGHTS RESPONSIBILITIES AND DUTIES OF THE CHAIR, CHAIR-ELECT, PAST CHAIR, SECRETARY-TREASURER, PRESIDENT AND CHIEF EXECUTIVE OFFICER, AND ASSISTANT TREASURERS AND SECRETARIES.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

THERE ARE THREE CLASSES OF MEMBERS: REGULAR MEMBERS, ASSOCIATE MEMBERS AND

PUBLIC MEMBERS. EACH CLASS HAS ONLY THE RIGHTS AND POWERS SET FORTH BELOW.

REGULAR MEMBERS ARE ALL 24 PRIMARY AND CONJOINT MEDICAL SPECIALTY BOARDS

THAT HAVE BEEN APPROVED BY ABMS FOR MEMBERSHIP.

ASSOCIATE MEMBERS ARE LIMITED TO SUCH ORGANIZATIONS INTERESTED IN MEDICAL

EDUCATION OR THE STANDARDS OF MEDICAL PRACTICE AS, IN THE SOLE OPINION OF

ABMS, MAY ASSIST IT SIGNIFICANTLY IN THE ATTAINMENT OF ITS PURPOSES.

PUBLIC MEMBERS ARE PERSONS ELECTED BY THE ABMS BOARD OF DIRECTORS TO BRING

VIEWPOINTS FROM THE PUBLIC TO THE DELIBERATIONS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS WHO MAY ELECT

PER THE BYLAWS, CANDIDATES FOR OPEN MEMBER POSITIONS ARE RECOMMENDED BY THE

RESPECTIVE MEMBER BOARD TO THE ABMS BOARD OF DIRECTORS GOVERNANCE

COMMITTEE. CANDIDATES FOR PUBLIC MEMBER POSITIONS MAY BE RECOMMENDED TO THE

GOVERNANCE COMMITTEE BY ANY MEMBER OF THE ABMS BOARD OF DIRECTORS, ANY

MEMBER OR ASSOCIATE MEMBERS. THE GOVERNANCE COMMITTEE REVIEWS THE CRITERIA

AND QUALIFICATIONS OF PROSPECTIVE CANDIDATES BEFORE NOMINATING THEM TO THE

ABMS BOARD OF DIRECTORS. NEW MEMBERS OF THE ABMS BOARD OF DIRECTORS ARE

ELECTED BY A REPRESENTATIONAL SUPERMAJORITY VOTE OF THE EXISTING MEMBERS OF

THE ABMS BOARD OF DIRECTORS.

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

FORM 990 REVIEW PROCESS

ABMS RETAINED THE SERVICES OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

FIRM TO REVIEW FORM 990 AND ACCOMPANYING SCHEDULES. THE INDEPENDENT FIRM PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE OF THE ABMS BOARD OF DIRECTORS THAT THEN APPROVES IT FOR PRESENTATION TO AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE ABMS BOARD OF DIRECTORS. AFTER APPROVAL BY THE EXECUTIVE COMMITTEE, A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE ABMS BOARD OF DIRECTORS FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:
WRITTEN CONFLICT OF INTEREST POLICY
THE ABMS CONFLICT OF INTEREST AND DUALITIES OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, COUNCIL MEMBERS, COMMITTEE MEMBERS, IDENTIFIED KEY AGENTS AND EMPLOYEES. ON AN ANNUAL BASIS, ALL COVERED INDIVIDUALS ARE REQUIRED TO DISCLOSE CONFLICTS AND DUALITIES OF INTEREST IN WRITING TO THE ABMS BOARD OF DIRECTORS.

AT THE BEGINNING OF ALL ABMS BOARD OF DIRECTORS AND COMMITTEE MEETINGS, PARTICIPANTS ARE REQUIRED TO DISCLOSE ANY NEW OR ADDITIONAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST. THE MINUTES OF ALL ABMS BOARD OF DIRECTORS AND COMMITTEE MEETINGS CONTAIN THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR POTENTIAL CONFLICT OR DUALITY OF INTEREST, THE NATURE OF THE CONFLICT OR DUALITY OF INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OR DUALITY OF INTEREST WAS PRESENT, AND THE ABMS BOARD OF DIRECTORS' OR COMMITTEE'S DETERMINATION AS TO WHETHER A CONFLICT OR DUALITY OR INTEREST IN FACT EXISTED.

FORM 990, PART VI, SECTION B, LINE 15:
PROCESS OF DETERMINING COMPENSATION FOR THE ABMS PRESIDENT AND CHIEF EXECUTIVE OFFICER'S COMPENSATION

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

1. COMPARABILITY DATA FROM SIMILAR NOT FOR PROFIT HEALTH CARE ORGANIZATIONS

AND INSTITUTIONS IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE ABMS BOARD OF DIRECTORS.

2. MEMBERS OF THE EXECUTIVE COMMITTEE OF THE ABMS BOARD OF DIRECTORS, WHO

ARE INDEPENDENT, SET THE COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER.

FOR KEY EMPLOYEES

COMPENSATION FOR KEY EMPLOYEES (AS DEFINED IN PART VII) OF ABMS IS SET BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. WHEN SETTING COMPENSATION, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TAKES INTO ACCOUNT COMPARABILITY DATA REGARDING COMPENSATION.

THE COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES WAS LAST REVIEWED IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS MADE AVAILABLE TO THE PUBLIC

THE ARTICLES OF INCORPORATION ARE AVAILABLE THROUGH THE ILLINOIS SECRETARY OF STATE; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

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

Employer identification number
41-0847713

OMB No. 1545-0047
2023
Open to Public Inspection

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 |
|--|------------------------------------|---|---------------------|---------------------------|-------------------------------------|
| ABMS HOLDING, LLC - 27-4201101 | | | | | |
| 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 | CERTIFICATION AND DATA SERVICES | ILLINOIS | 10,921,427. | 61,492,626. | ABMS |
| ABMS ASSESSMENT SERVICES, LLC - 27-4201326 | | | | | |
| 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 | CERTIFICATION | ILLINOIS | | | ABMS HOLDING, LLC |
| ABMS SOLUTIONS LLC - 45-3952583 | | | | | |
| 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 | DATA SERVICES | ILLINOIS | | | ABMS HOLDING, LLC |
| ABMS STRATEGIES, LLC - 93-2235674 | | | | | |
| 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 | CERTIFICATION | ILLINOIS | | | ABMS HOLDING, LLC |

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 | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ABMS RESEARCH AND EDUCATION FOUNDATION - 23-7304902, 353 N CLARK ST, SUITE 1400, CHICAGO, IL 60654 | SUPPORTING | ILLINOIS | 501(C)(3) | LINE 12A, I ABMS | | X | |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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 thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------|--|-------------------------------|------------------------|--|
| (1) | ABMS RESEARCH AND EDUCATION FOUNDATION | D | 3,207,540. FMV | |
| (2) | ABMS RESEARCH AND EDUCATION FOUNDATION | N | 2,530,131. FMV | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

