

# TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). 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.
Application for Recognition of Exemption	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. 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.
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.

# \*\* PUBLIC DISCLOSURE COPY \*\*

# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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



Α	For th	e 2023 calendar year, or tax year beginning and e	ending		
в	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre	Je AMERICAN BOARD OF MEDICAL SPECIALTIES			
	Name	Doing business as		41-0847713	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final returr		400	(312) 436-26	00
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,808,011.
	Amer	CHICAGO, IL 80854		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: RICHARD E. HAWKINS, MD		for subordinates	? Yes X No
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-ex	empt status: 501(c)(3) 🗴 501(c) ( 6 ) (insert no.) 4947(a)(1) o	or 527	lf "No," attach a	list. See instructions
J	Websi	te: WWW.ABMS.ORG		H(c) Group exemptio	n number
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 1935	A State of legal domicile: IL
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE MIS	SSION OF	THE AMERICAN	
nce		BOARD OF MEDICAL SPECIALTIES (ABMST IS TO SERVE (CONTINUED IN	N SCH O)		
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.
Governance	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
Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			70
vitie	6	Total number of volunteers (estimate if necessary)		6	138
Activities &	7 a	7 a Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,700.	0.
nua	9	Program service revenue (Part VIII, line 2g)		20,690,018.	20,895,772.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		529,747.	846,791.
<u>a</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		174,646.	65,448.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,397,111.	21,808,011.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
SO	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\_$		11,863,460.	12,428,626.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
adx	b.	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,758,933.	6,039,420.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,622,393.	18,468,046.
	19	Revenue less expenses. Subtract line 18 from line 12		3,774,718.	3,339,965.
OC OC			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		34,498,682.	41,229,992.
Net Assets	21	Total liabilities (Part X, line 26)		10,364,121.	11,414,332.
DNE	22 art II	Net assets or fund balances. Subtract line 21 from line 20		24,134,561.	29,815,660.

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 offi RICHARD E. Type or print na	HAWKINS, MD, PRESIDENT & (		0	8/2Y Date	24	
Paid	Print/Type prepa ERIN COUTUR		Preparer's signature Eris Couture	Date 8/20/20	024 Check if self-employed	PTIN P01390592	
Preparer	Firm's name	GRANT THORNTON ADVISORS I	LLC CINC (CONTON C		Firm's EIN 99	-1856619	
Use Only	Firm's address	75 STATE ST. 13TH FLOOR					
		BOSTON, MA 02109			Phone no.617-8	348-5039	
May the II	RS discuss this	return with the preparer shown ab	ove? See instructions			X Yes	No

wn above' May See instruc

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2023)

(Rev. January 2024)

# 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.

<u>Part I - Id</u>	entification			
Type or	e or Name of exempt organization, employer, or other		uctions.	Taxpayer identification number (TIN
Print				
File by the	AMERICAN BOARD OF MEDICAL SPECIALTIES 41-0847			
due date for	Number, street, and room or suite no. If a P.O.	box, see instruct	ions.	
filing your return. See	353 NORTH CLARK STREET, 1400			
instructions.	City, town or post office, state, and ZIP code. F CHICAGO, IL 60654	or a foreign add	ress, see instructions.	
Enter the	Return Code for the return that this application is	for (fi <b>l</b> e a separa	te application for each return)	0
Applicatio	on Is For	Return	Application Is For	Ret
		Code		Co
Form 990	or Form 990-EZ	01	Form 4720 (other than individ	ual) 01
Form 472	0 (individua <b>l</b> )	03	Form 5227	1
Form 990	-PF	04	Form 6069	1
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870	1:
Form 990-T (trust other than above)		06	Form 5330 (individual)	1:
Form 990	-T (corporation)	07	Form 5330 (other than individ	ual) 14
Form 104	1-A	08		
<ul> <li>After yo</li> </ul>	u enter your Return Code, complete either Part II	or Part III. Part II	l, including signature, is applica	ble only for an extension of
time to file	e Form 5330.			
-	oplication is for an extension of time to file Form 5	-	nter the following information.	
	n Name			
	n Number			
	n Year Ending (MM/DD/YYYY)			
	Itomatic Extension of Time To File for Exempt (	Organizations (s	ee instructions)	
The bo	oks are in the care of JULIE HUBBARD	1.100		
		ET, STE 1400	- CHICAGO, IL 60654	
	one No. 312-436-2694	_		
	rganization does not have an office or place of bu			
	s for a Group Return, enter the organization's four			
	If it is for part of the group, check this box			
	quest an automatic 6-month extension of time unt			to file the exempt organization return for
	organization named above. The extension is for th	ne organization's	return for:	
x	calendar year 20 <u>23</u> or			
	tay year beginning	20	and anding	20

	tax year beginning , 20 _	, and ending		, 20
2	If the tax year entered in line 1 is for less than 12 months, check reaso	on: Initial return	Final return	
	Change in accounting period			

	change in accounting poned		
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.
с	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.

Form	990 (2023) AMERICAN BOARD OF MEDICAL SPECIALTIES	41-0847713	Page <b>2</b>
Pa	t 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? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$) (Revenue	ue \$	)
	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 (Code:)) (Reve	ue\$	)
	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.		
4.			)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue to the ABMS CONVENES LEADERS AND STAKEHOLDERS FROM ACROSS THE ABMS AND GREATER	ue \$	)
	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.		
<b>4</b> d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	Total program service expenses		
		Form <b>S</b>	90 (2023)
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	3		

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Pa	t IV Checklist of Required Schedules			age e
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
<b>L</b>	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
ь b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u></u> a		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
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Form 990 (	2023)	AMERICAN				
Part IV	Checklist of	f Required So	chedu	es	(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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а				
	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33		33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
U		35b	х	
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	300		
30		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	**	
	Check if Schedule O contains a reasonance or note to any line in this Dart V			
		<u></u>	Vcc	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable [1b ] Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C		1c	х	
32000				l (2023)
JJZ002	<sup>1</sup> 12-21-23 5	i onn		(2023)

2023.04010 AMERICAN BOARD OF MEDICAL 01951641

	990 (2023) AMERICAN BOARD OF MEDICAL SPECIALTIES 41-084771	3	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
~			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 70			
h	filed for the calendar year ending with or within the year covered by this return 2a 70 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b 3a		20 3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
a				
b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		┝──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
220005	If "Yes," complete Form 6069. 12-21-23	Form	990	(2023)
002005				(LULU)

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<sup>6</sup> 2023.04010 AMERICAN BOARD OF MEDICAL 01951641

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 34			
	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 0.			
b		-		
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?	0		x
2		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	x	
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
5 6		6	x	
6 70				
7a	more members of the governing body?	7a	x	
h		10		
b	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
o a	The governing body?	8a	x	
a b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis Section & requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b				
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с				
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	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	s on <b>l</b> y)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Upon request       Other (explain on Schedule O)			
18	for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
17 18 19	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)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	l finan	cial	
18	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)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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	l finan	cial	
18 19	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)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	l finan	cial	

Form 990 (2023)	AMERICAN BOARD OF MEDICAL SPECIALTIES	41-084/713	Page <i>I</i>
Part VII Comp	ensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
Emplo	oyees, and Independent Contractors		
Check i	f Schedule O contains a response or note to any line in this Part VII		
Section A. Office	rs, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this ta	ble for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the organization	's tax year.

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.

Name and title         Average bortspace (strate)         Description (strate)         Descripti	(A)	(B)			((	C)			(D)	(E)	(F)
hours per veek         box. integration & beak integration & beak integration & beak integration & beak integration & compensation in the organization (W-2/1099-MISC/ 1099-NEC)         compensation integration & compensation in the organization is an oral related organization in the organization is an organization is	Name and title	Average	(do	not o	Pos	itior		200	Reportable	Reportable	Estimated
Week (stary) hours for organizations below line)         week (stary) hours for set set set set set set set set set set		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
(1)         RICHARD E. HAWKINS, MD         48.00         x         801,672.         33,403.         81,193.           (2)         GREGORY OGRINC, MD         45.00         x         801,672.         33,403.         81,193.           (3)         GREGORY OGRINC, MD         50.00         x         423,617.         47,068.         97,603.           (3)         JENNIFER MICHARL         50.00         x         352,655.         0.         80,802.           (4)         THOMAS GRANATIR         50.00         x         287,822.         0.         87,540.           (5)         DATIC COURSEY         50.00         x         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         223,968.         4,755.         62,704.           (9)         KRISTA ALLEER         50.00         x         232,968.         4,755.         62,704.           (10)         JULE HUBBARD         49.00         x         243,486.         4,969.         33,266.           (11)         DORTA LESS         50.00         x         231,542.         0.		week		cer ar I	ndad I	irecto	or/trus	tee)	from	from related	
(1)         RICHARD E. HAWKINS, MD         48.00         x         801,672.         33,403.         81,193.           (2)         GREGORY OGRINC, MD         45.00         x         801,672.         33,403.         81,193.           (3)         GREGORY OGRINC, MD         50.00         x         423,617.         47,068.         97,603.           (3)         JENNIFER MICHARL         50.00         x         352,655.         0.         80,802.           (4)         THOMAS GRANATIR         50.00         x         287,822.         0.         87,540.           (5)         DATIC COURSEY         50.00         x         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         223,968.         4,755.         62,704.           (9)         KRISTA ALLEER         50.00         x         232,968.         4,755.         62,704.           (10)         JULE HUBBARD         49.00         x         243,486.         4,969.         33,266.           (11)         DORTA LESS         50.00         x         231,542.         0.			rector							U U	
(1)         RICHARD E. HAWKINS, MD         48.00         x         801,672.         33,403.         81,193.           (2)         GREORY OGRINC, MD         45.00         x         801,672.         33,403.         81,193.           (3)         GREORY OGRINC, MD         50.00         x         423,617.         47,068.         97,603.           (3)         JENNIFER MICHARL         50.00         x         352,655.         0.         80,802.           (4)         THOMAS GRANATIR         50.00         x         287,822.         0.         87,540.           (5)         DATIC OURSEY         50.00         x         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         2232,968.         4,755.         62,704.           (9)         KRISTA ALLEEE         50.00         x         233,266.         0.         97,623.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         243,486.         4,959.         33,266.           (11)         DORTA LESS         50.00         x			or di	ee			ated		, , , , , , , , , , , , , , , , , , ,	•	
(1)         RICHARD E. HAWKINS, MD         48.00         x         801,672.         33,403.         81,193.           (2)         GREORY OGRINC, MD         45.00         x         801,672.         33,403.         81,193.           (3)         GREORY OGRINC, MD         50.00         x         423,617.         47,068.         97,603.           (3)         JENNIFER MICHARL         50.00         x         352,655.         0.         80,802.           (4)         THOMAS GRANATIR         50.00         x         287,822.         0.         87,540.           (5)         DATIC OURSEY         50.00         x         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         2232,968.         4,755.         62,704.           (9)         KRISTA ALLEEE         50.00         x         233,266.         0.         97,623.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         243,486.         4,959.         33,266.           (11)         DORTA LESS         50.00         x			ustee	trust		ee	bens		-	1099-NEC)	U U
(1)         RICHARD E. HAWKINS, MD         48.00         x         801,672.         33,403.         81,193.           (2)         GREORY OGRINC, MD         45.00         x         801,672.         33,403.         81,193.           (3)         GREORY OGRINC, MD         50.00         x         423,617.         47,068.         97,603.           (3)         JENNIFER MICHARL         50.00         x         352,655.         0.         80,802.           (4)         THOMAS GRANATIR         50.00         x         287,822.         0.         87,540.           (5)         DATIC OURSEY         50.00         x         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         2232,968.         4,755.         62,704.           (9)         KRISTA ALLEEE         50.00         x         233,266.         0.         97,623.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         243,486.         4,959.         33,266.           (11)         DORTA LESS         50.00         x		l °	lual tr	tiona		nploy	st con	_	1099-1120)		
(1)         RICHARD E. HAWKINS, MD         48.00         x         801,672.         33,403.         81,193.           (2)         GREORY OGRINC, MD         45.00         x         801,672.         33,403.         81,193.           (3)         GREORY OGRINC, MD         50.00         x         423,617.         47,068.         97,603.           (3)         JENNIFER MICHARL         50.00         x         352,655.         0.         80,802.           (4)         THOMAS GRANATIR         50.00         x         287,822.         0.         87,540.           (5)         DATIC OURSEY         50.00         x         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         2232,968.         4,755.         62,704.           (9)         KRISTA ALLEEE         50.00         x         233,266.         0.         97,623.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         243,486.         4,959.         33,266.           (11)         DORTA LESS         50.00         x			ndivic	nstitu	Officer	key er	Highes	orme			organizationo
(2)         GREGORY OGRINC, MD         45.00         x         423,617.         47,068.         97,603.           SVP, CRRT STANDARD & FROM         50.00         x         352,655.         0.         80,802.           CHIEF OPERATING OFFICER         0.00         x         352,655.         0.         80,802.           C41 FF OPERATING OFFICER         0.00         x         352,655.         0.         80,802.           C41 FF OPERATING OFFICER         0.00         x         287,822.         0.         87,540.           C5)         DAVID COURSEY         50.00         x         330,094.         0.         37,229.           C6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           C7)         CARNE RADABAUCH         48.00         x         232,968.         4,755.         62,704.           SVP, GOVERNANCE AND BOARD RELATIONS         2.00         x         243,486.         4,969.         33,266.           C110         JULIE HUBBARD         49,00         x         243,486.         4,969.         33,266.           C100         TALLEEE         50.00         x         243,486.         4,969.         33,266.           C10 ONTA LESS <td>(1) RICHARD E. HAWKINS, MD</td> <td>48.00</td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>	(1) RICHARD E. HAWKINS, MD	48.00		-		-		-			
(2)         GREGORY OGNINC, MD         (45,00)         X         (423,617.)         (47,068.)         (97,063.)           SVP, CERT STANDARD & PRGM         50,00         X         352,655.         0.         80,802.           CHIEF OPERATING OFFICER         0.00         X         352,655.         0.         80,802.           (4)         TROMAS GRAMATIR         50,00         X         287,822.         0.         87,540.           (5)         DAVID COURSEY         50,00         X         287,822.         0.         87,229.           (6)         RCHARD WATERS         50,00         X         279,622.         0.         60,992.           (7)         CARLE RADBABAUGH         48,00         X         232,968.         4,755.         62,704.           (8)         STEPHANIE DONOVAN         49,00         X         263,200.         0.         19,623.           (9)         KRISTA ALLBEE         50,00         X         263,200.         0.         19,623.           (11)         DORIA LESS         50,00         X         243,486.         4,969.         33,266.           (11)         OLIA LESS         50,00         X         243,486.         4,969.         33,266. <tr< td=""><td>PRESIDENT &amp; CEO</td><td>2.00</td><td>х</td><td></td><td>x</td><td></td><td></td><td></td><td>801,672.</td><td>33,403.</td><td>81,193.</td></tr<>	PRESIDENT & CEO	2.00	х		x				801,672.	33,403.	81,193.
(3)         JENNIFER MICHAEL         50.00         x         352,655.         0.         80,802.           CHIEP OPERATINO OFFICER         0.00         x         352,655.         0.         80,802.           SVP POLICY & EXT. RELATIONS         0.00         x         287,822.         0.         87,540.           SVP POLICY & EXT. RELATIONS         0.00         x         287,822.         0.         87,540.           C10         CHIEP MARKETINO OFFICER         0.00         x         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         232,968.         4,755.         62,704.           (8)         STEPHANIE DONOVAN         49.00         x         232,968.         4,755.         62,704.           (9)         KISTA ALLEE         50.00         x         263,200.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         243,486.         4,969.         33,266.           (11)         DORIA LESS         50.00         x         243,486.         4,969.         33,266.	(2) GREGORY OGRINC, MD	45.00									
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(4) THOMAS GRANATIR         50.00         x         287 POLICY & ERT. RELATIONS         0.00         x         287,822.         0.87,540.           (5) DAVID COURSEY         50.00         x         287,822.         0.87,540.         87,540.           (5) DAVID COURSEY         50.00         x         330,094.         0.37,229.         0.60,992.           (6) RICHARD WATERS         50.00         x         279,622.         0.60,992.         60,992.           (7) CARRIE RADABAUGH         48.00         x         2232,968.         4,755.         62,704.           (8) STEPHANIE DONOVAN         49.00         x         232,968.         4,755.         62,704.           (9) KRISTA ALLBEE         50.00         x         263,200.         0.19,623.         10,01           (10) JULIE HUBBARD         49.00         x         231,542.         0.41,080.         41,080.           (11) DURIA LESS         50.00         x         231,542.         0.41,080.         10,00.         14,080.         11,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         14,080.         16,00.         14,080.	(3) JENNIFER MICHAEL	50.00									
SVP POLICY & EKT. RELATIONS         0.00         X         287,822.         0.         87,540.           (5)         DAVID COURSEY         50.00         X         330,094.         0.         37,229.           DIRECTOR OF SALES         0.00         X         330,094.         0.         37,229.           (6)         RICHARD WATERS         50.00         X         279,622.         0.         60,992.           (7)         CARLE RADABABUGH         48.00         X         245,619.         10,234.         74,129.           (8)         STEPHNIE DONOVAN         49.00         X         232,968.         4,755.         62,704.           (9)         KRISTA ALLEEE         50.00         X         263,200.         0.         19,623.           (10)         JULE HUBBARD         49.00         X         243,486.         4,969.         33,266.           (11)         DORIA LESS         50.00         X         231,542.         0.         41,080.           (12)         KATHLEEN HOLTZMAN         50.00         X         21,31,542.         0.         41,080.           (12)         KATHLEEN HOLTZMAN         50.00         X         22,500.         2,500.         0.           <	CHIEF OPERATING OFFICER	0.00				х			352,655.	0.	80,802.
(5) DAVID COURSEY       50.00       x       330,094.       0.       37,229.         (6) RICHARD WATERS       50.00       x       279,622.       0.       60,992.         (7) CARRIE RADABAUGH       48.00       x       245,619.       10,234.       74,129.         (8) STEPHANIE DONOVAN       49.00       x       232,968.       4,755.       62,704.         (9) KRISTA ALLBEE       50.00       x       263,200.       0.       19,623.         (10) JULIE HUBBARD       49.00       x       243,486.       4,969.       33,266.         (11) DORIA LESS       50.00       x       243,486.       4,969.       33,266.         (11) DORIA LESS       50.00       x       211,542.       0.       41,080.         (12) KATHLEEN HOLTZMAN       50.00       x       221,542.       0.       41,080.         (12) KATHLEEN HOLTZMAN       50.00       x       221,542.       0.       41,080.         (13) REBECA L, JOHNSON, MD       10.00       x       22,500.       2,500.       0.         (14) MICHAEL L, CARIUS, MD       10.00       x       22,500.       2,500.       0.         (14) MICHAEL L, CARIUS, MD       10.00       x       11,250.       1,250.											
DIRECTOR OF SALES         0.00         x         330,094.         0.         37,229.           (6) RICHARD WATERS         50.00         x         279,622.         0.         60,992.           (7) CARRIE RADABAUGH         48.00         x         279,622.         0.         60,992.           (7) CARRIE RADABAUGH         48.00         x         245,619.         10,234.         74,129.           (8) STEPHANIE DONOVAN         49.00         x         232,968.         4,755.         62,704.           (9) KRISTA ALLEEE         50.00         x         263,200.         0.         19,623.           (10) JULH HUBBARD         49.00         x         243,486.         4,969.         33,266.           (11) DORTA LESS         50.00         x         243,486.         4,969.         33,266.           (11) DORTA LESS         50.00         x         214,313.         0.         58,221.           (13) REBECCA L. JOHNSON, MD         10.00         x         22,500.         2,500.         0.           (14) MICHAEL L. CARIUS, MD         10.00         x         22,500.         2,500.         0.           (15) LARY A. GREEN, MD         10.00         x         22,500.         2,500.         0.		0.00				х			287,822.	0.	87,540.
(6)       RICHARD WATERS       50.00       x       279,622.       0.       60,992.         (7)       CARRIE RADABAUGH       48.00       x       245,619.       10,234.       74,129.         SVP, GOVERNANCE AND BOARD RELATIONS       2.00       x       245,619.       10,234.       74,129.         (8)       STEPHANIE DONOVAN       49,00       x       232,968.       4,755.       62,704.         (9)       KRISTA ALLEBE       50,00       x       263,200.       0.       19,623.         (10)       JULE HUBBARD       49,00       x       243,486.       4,969.       33,266.         (11)       DORTA LESS       50.00       x       214,313.       0.       58,221.         (12)       KATHLEEN HOLTZMAN       50.00       x       22,500.       2,500.       0.         (13)       REBECCA L. JOHNSON, MD       10.00       x       x       22,500.       2,500.       0.         (14)       MICHAEL L. CARIUS, MD       10.00       x       x       22,500.       2,500.       0.         (14)       MICHAEL L. CARIUS, MD       10.00       x       x       22,500.       2,500.       0.         (15)       JURAY A. GREEN, MD											
CHIEF MARKETING OFFICER         0.00         x         279,622.         0.         60,992.           (7)         CARRIE RADABAUGH         48.00         x         245,619.         10,234.         74,129.           (8)         STEPHANIE DONOVAN         49.00         x         232,968.         4,755.         62,704.           (9)         KISTA ALBEE         50.00         x         263,200.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         263,200.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         243,486.         4,969.         33,266.           (11)         JORIA LESS         50.00         x         231,542.         0.         41,080.           (12)         KATHLEEN HOLTZMAN         50.00         x         214,313.         0.         58,221.           (13)         REBECCA L, JOHNSON, MD         10.00         x         22,500.         2,500.         0.           CHAIR (AS OF 06/2023)         1.00         x         x         22,500.         2,500.         0.           (14)         MICHAEL L. CARIUS, MD         10.00         x         22,500.         2,500.         0.							x		330,094.	0.	37,229.
(7)       CARRIE RADABAUGH       48.00       x       245,619.       10,234.       74,129.         SVP, GOVERNANCE AND BOARD RELATIONS       2.00       x       245,619.       10,234.       74,129.         (8)       STEPHANIE DONOVAN       49.00       x       232,968.       4,755.       62,704.         (9)       KRISTA ALLEEE       50.00       x       263,200.       0.       19,623.         (10)       JULIE HUBBARD       49.00       x       243,486.       4,969.       33,266.         (11)       JULIE HUBBARD       50.00       x       231,542.       0.       41,080.         (12)       KATHLEEN HOLTZMAN       50.00       x       214,313.       0.       58,221.         (13)       REBECCA L. JOHNSON, MD       10.00       x       x       22,500.       2,500.       0.         (14)       MICHAEL L. CARIUS, MD       10.00       x       x       22,500.       2,500.       0.         (15)       LARRY A. GREEN, MD       10.00       x       x       22,500.       2,500.       0.         (16)       SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         (15)       LAR	(6) RICHARD WATERS										
SVP, GOVERNANCE AND BOARD RELATIONS         2.00         X         245,619.         10,234.         74,129.           (8) STEPHANIE DONOVAN         49.00         X         232,968.         4,755.         62,704.           (9) KRISTA ALLEE         50.00         X         263,200.         0.         19,623.           (10) JULIE HUBBARD         49.00         X         263,200.         0.         19,623.           (11) DORIA LESS         50.00         X         243,486.         4,969.         33,266.           (11) DORIA LESS         50.00         X         231,542.         0.         41,080.           (12) KATHLEEN HOLTZMAN         50.00         X         214,313.         0.         58,221.           (13) REBECCA L. JOHNSON, MD         10.00         X         X         22,500.         2,500.         0.           (14) MICHAEL L. CARIUS, MD         10.00         X         X         11,250.         1,250.         0.           (15) LARRY A. GREEN, MD         10.00         X         X         22,500.         2,500.         0.           (16) SUSAN RAMIN, MD         10.00         X         X         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.		0.00					X		279,622.	0.	60,992.
(8)         STEPHANIE DONOVAN         49.00         x         232,968.         4,755.         62,704.           (9)         KRISTA ALLBEE         50.00         x         263,200.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         263,200.         0.         19,623.           (10)         JULIE HUBBARD         49.00         x         243,486.         4,969.         33,266.           (11)         DORIA LESS         50.00         x         231,542.         0.         41,080.           ACCOUNT EXECUTIVE         0.00         x         214,313.         0.         58,221.           (13)         REBECCA L. JOHNSON, MD         10.00         x         x         22,500.         2,500.         0.           (14)         MICHAEL L. CARIUS, MD         10.00         x         x         22,500.         0.         0.           (15)         LARRY A. GREEN, MD         10.00         x         x         22,500.         2,500.         0.           (16)         SUSA RAMIN, MD         10.00         x         x         22,500.         2,500.         0.           (17)         J. BRANTLEY THRASHER, MD, FACS         1.00         x		48.00									
CHIEF LEGAL OFFICER (AS OF 03/23)       1.00       X       232,968.       4,755.       62,704.         (9) KRISTA ALLBEE       50.00       X       263,200.       0.       19,623.         (10) JULIE HUBBARD       49.00       X       263,200.       0.       19,623.         (10) JULIE HUBBARD       49.00       X       243,486.       4,969.       33,266.         (11) DORIA LESS       50.00       X       231,542.       0.       41,080.         ACCOUNT EXECUTIVE       0.00       X       214,313.       0.       58,221.         (13) REBECCA L. JOHNSON, MD       10.00       X       22,500.       2,500.       0.         (14) MICHAEL L. CARIUS, MD       10.00       X       X       11,250.       1,250.       0.         (15) LARRY A. GREEN, MD       10.00       X       X       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       X       X       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       X       X       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       X       X       22,500.       2,500.       0.	,	2.00				х			245,619.	10,234.	74,129.
(9)       KRISTA ALLBEE       50.00       x       263,200.       0.       19,623.         (10)       JULIE HUBBARD       49.00       x       243,486.       4,969.       33,266.         (11)       DORIA LESS       50.00       x       243,486.       4,969.       33,266.         (11)       DORIA LESS       50.00       x       231,542.       0.       41,080.         ACCOUNT EXECUTIVE       0.00       x       214,313.       0.       58,221.         (12)       KATHLEEN HOLTZMAN       50.00       x       22,500.       2,500.       0.         AVP, ASSESS PROGRAMS       0.00       x       x       214,313.       0.       58,221.         (13)       REBECCA L. JOHNSON, MD       10.00       x       x       22,500.       2,500.       0.         (14)       MICHAEL L. CARIUS, MD       10.00       x       x       11,250.       1,250.       0.         (15)       LARRY A. GREEN, MD       10.00       x       x       22,500.       2,500.       0.         (16)       SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         (17)       J. BANTLEY THRASHER, MD, FACS	(8) STEPHANIE DONOVAN	49.00									
VP, ASSESSMENT PROGRAMS         0.00         X         263,200.         0.         19,623.           (10) JULIE HUBBARD         49.00         X         243,486.         4,969.         33,266.           (11) DORIA LESS         50.00         X         243,486.         4,969.         33,266.           (11) DORIA LESS         50.00         X         231,542.         0.         41,080.           (12) KATHLEEN HOLTZMAN         50.00         X         214,313.         0.         58,221.           (13) REBECCA L. JOHNSON, MD         10.00         X         X         22,500.         2,500.         0.           (14) MICHAEL L. CARIUS, MD         10.00         X         X         11,250.         1,250.         0.           (15) LARRY A. GREEN, MD         10.00         X         X         22,500.         2,500.         0.           (16) SUSAN RAMIN, MD         10.00         X         X         22,500.         2,500.         0.           SECRETARY-TREASURER         1.00         X         X         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.00         X         X         22,500.         2,500.         0.		1.00				х			232,968.	4,755.	62,704.
(10) JULIE HUBBARD       49.00       x       243,486.       4,969.       33,266.         (11) DORIA LESS       50.00       x       231,542.       0.       41,080.         ACCOUNT EXECUTIVE       0.00       x       231,542.       0.       41,080.         (12) KATHLEEN HOLTZMAN       50.00       x       214,313.       0.       58,221.         (13) REBECCA L. JOHNSON, MD       10.00       x       x       22,500.       2,500.       0.         (14) MICHAEL L. CARIUS, MD       10.00       x       x       11,250.       1,250.       0.         (15) LARRY A. GREEN, MD       10.00       x       x       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       x       x       22,500.       2,500.       0.         (HAIR-ELECT (AS OF 10/23)       1.00       x       x       0.       0.       0.       0.       0.											
CFO         1.00         X         243,486.         4,969.         33,266.           (11) DORIA LESS         50.00         X         231,542.         0.         41,080.           ACCOUNT EXECUTIVE         0.00         X         231,542.         0.         41,080.           (12) KATHLEEN HOLTZMAN         50.00         X         214,313.         0.         58,221.           (13) REBECCA L. JOHNSON, MD         10.00         X         X         22,500.         2,500.         0.           (14) MICHAEL L. CARIUS, MD         10.00         X         X         11,250.         1,250.         0.           (15) LARRY A. GREEN, MD         10.00         X         X         22,500.         2,500.         0.           (16) SUSAN RAMIN, MD         10.00         X         X         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.00         X         X         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.00         X         X         0.         0.         0.         0.	VP, ASSESSMENT PROGRAMS	0.00					x		263,200.	0.	19,623.
(11) DORIA LESS       50.00       x       231,542.       0.       41,080.         ACCOUNT EXECUTIVE       0.00       x       231,542.       0.       41,080.         (12) KATHLEEN HOLTZMAN       50.00       x       214,313.       0.       58,221.         (13) REBECCA L. JOHNSON, MD       10.00       x       x       22,500.       2,500.       0.         (14) MICHAEL L. CARIUS, MD       10.00       x       x       22,500.       2,500.       0.         (15) LARRY A. GREEN, MD       10.00       x       x       11,250.       1,250.       0.         (16) SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       0.       0.       0.       0.       0.       0.											
ACCOUNT EXECUTIVE         0.00         x         231,542.         0.         41,080.           (12) KATHLEEN HOLTZMAN         50.00         x         214,313.         0.         58,221.           AVP, ASSESS PROGRAMS         0.00         10.00         x         214,313.         0.         58,221.           (13) REBECCA L. JOHNSON, MD         10.00         x         x         22,500.         2,500.         0.           CHAIR (AS OF 06/2023)         1.00         x         x         22,500.         2,500.         0.           (14) MICHAEL L. CARIUS, MD         10.00         x         x         11,250.         1,250.         0.           (15) LARRY A. GREEN, MD         10.00         x         x         22,500.         2,500.         0.           (16) SUSAN RAMIN, MD         10.00         x         x         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.00         x         x         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.00         x         x         0.         0.         0.         0.						х			243,486.	4,969.	33,266.
(12) KATHLEEN HOLTZMAN       50.00       X       214,313.       0.58,221.         AVP, ASSESS PROGRAMS       0.00       X       214,313.       0.58,221.         (13) REBECCA L. JOHNSON, MD       10.00       X       X       22,500.       2,500.         CHAIR (AS OF 06/2023)       1.00       X       X       22,500.       2,500.       0.         (14) MICHAEL L. CARIUS, MD       10.00       X       X       11,250.       1,250.       0.         CHAIR (THRU 02/23)       1.00       X       X       11,250.       1,250.       0.         (15) LARRY A. GREEN, MD       10.00       X       X       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       X       X       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       X       X       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       X       X       22,500.       0.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       X       0.       0.       0.       0.											
AVP, ASSESS PROGRAMS       0.00       X       214,313.       0.       58,221.         (13) REBECCA L. JOHNSON, MD       10.00       10.00       X       X       22,500.       2,500.       0.         CHAIR (AS OF 06/2023)       1.00       X       X       22,500.       2,500.       0.         (14) MICHAEL L. CARIUS, MD       10.00       X       X       11,250.       1,250.       0.         CHAIR (THRU 02/23)       1.00       X       X       11,250.       1,250.       0.         (15) LARRY A. GREEN, MD       10.00       X       X       22,500.       2,500.       0.         IMMEDIATE PAST CHAIR       1.00       X       X       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       X       X       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       X       X       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       X       X       0.       0.       0.         CHAIR-ELECT (AS OF 10/23)       1.00       X       X       0.       0.       0.       0.	ACCOUNT EXECUTIVE	0.00					x		231,542.	0.	41,080.
(13) REBECCA L. JOHNSON, MD       10.00       x       x       22,500.       2,500.       0.         CHAIR (AS OF 06/2023)       1.00       x       x       22,500.       2,500.       0.         (14) MICHAEL L. CARIUS, MD       10.00       x       x       11,250.       0.         CHAIR (THRU 02/23)       1.00       x       x       11,250.       0.         (15) LARRY A. GREEN, MD       10.00       x       x       22,500.       2,500.       0.         IMMEDIATE PAST CHAIR       1.00       x       x       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       x       x       22,500.       2,500.       0.         CHAIR-ELECT (AS OF 10/23)       1.00       x       x       0.       0.       0.       0.											
CHAIR (AS OF 06/2023)       1.00       X       X       22,500.       2,500.       0.         (14) MICHAEL L. CARIUS, MD       10.00       10.00       X       X       11,250.       1,250.       0.         CHAIR (THRU 02/23)       1.00       X       X       11,250.       1,250.       0.         (15) LARRY A. GREEN, MD       10.00       X       X       22,500.       2,500.       0.         IMMEDIATE PAST CHAIR       1.00       X       X       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       X       X       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       X       X       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       X       X       0.       0.       0.         CHAIR-ELECT (AS OF 10/23)       1.00       X       X       0.       0.       0.       0.	,						X		214,313.	0.	58,221.
(14) MICHAEL L. CARIUS, MD       10.00       x       x       11,250.       1,250.       0.         CHAIR (THRU 02/23)       1.00       x       x       11,250.       1,250.       0.         (15) LARRY A. GREEN, MD       10.00       10.00       x       x       22,500.       2,500.       0.         IMMEDIATE PAST CHAIR       1.00       x       x       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       x       x       0.       0.       0.         CHAIR-ELECT (AS OF 10/23)       1.00       x       0.       0.       0.       0.       0.	,	10.00									
CHAIR (THRU 02/23)       1.00       X       X       11,250.       1,250.       0.         (15) LARRY A. GREEN, MD       10.00       X       X       22,500.       2,500.       0.         IMMEDIATE PAST CHAIR       1.00       X       X       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       X       X       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       X       X       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       X       X       0.       0.       0.         CHAIR-ELECT (AS OF 10/23)       1.00       X       X       0.       0.       0.       0.		1.00	х		х				22,500.	2,500.	0.
(15) LARRY A. GREEN, MD       10.00       x       x       22,500.       2,500.       0.         IMMEDIATE PAST CHAIR       1.00       x       x       22,500.       2,500.       0.         (16) SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       x       x       0.       0.       0.         CHAIR-ELECT (AS OF 10/23)       1.00       x       0.       0.       0.       0.       0.	(14) MICHAEL L. CARIUS, MD	10.00									
IMMEDIATE PAST CHAIR         1.00         x         x         22,500.         2,500.         0.           (16) SUSAN RAMIN, MD         10.00         x         x         22,500.         2,500.         0.           SECRETARY-TREASURER         1.00         x         x         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.00         x         x         0.         0.           CHAIR-ELECT (AS OF 10/23)         1.00         x         0.         0.         0.         0.			Х		х				11,250.	1,250.	0.
(16) SUSAN RAMIN, MD       10.00       x       x       22,500.       2,500.       0.         SECRETARY-TREASURER       1.00       x       x       22,500.       2,500.       0.         (17) J. BRANTLEY THRASHER, MD, FACS       1.00       x       x       0.       0.       0.         CHAIR-ELECT (AS OF 10/23)       1.00       x       0.       0.       0.       0.											
SECRETARY-TREASURER         1.00         X         X         22,500.         2,500.         0.           (17) J. BRANTLEY THRASHER, MD, FACS         1.00         X         X         0         0.         0.           CHAIR-ELECT (AS OF 10/23)         1.00         X         V         0.         0.         0.			х		х				22,500.	2,500.	0.
(17) J. BRANTLEY THRASHER, MD, FACS     1.00     x     0.     0.       CHAIR-ELECT (AS OF 10/23)     1.00     x     0.     0.     0.											
CHAIR-ELECT (AS OF 10/23)         1.00 X         0.			х		x				22,500.	2,500.	0.
	CHAIR-ELECT (AS OF 10/23)	1.00	Х						0.	0.	0. Form <b>990</b> (2023)

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332007 12-21-23

17210802 153424 0195164-00001

Form **990** (2023)

Form 990 (2023) AMERICAN BOAR	RD OF MEDIC	AL	SPE	CIAI	LTI	ES			41-08	4771	3	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(11-		Posi				Reportable	Reportable		Es	stimate	ed
	hours per	box	, unles	ss per	son is	than c s both	an	compensation	compensatio	n	an	nount	of
	week	offi	cer an	d a dii	irecto	r/trust	ee)	from	from related			other	
	(list any	ector						the	organizations	S	com	pensa	tion
	hours for	or dir	يو			ated		organization	(W-2/1099-MIS	C/		om the	
	related organizations	istee	truste		a	pens		(W-2/1099-MISC/	1099-NEC)		-	anizati	
	below	Jal tru	ional		ploye	t com ee		1099-NEC)				d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(18) RICHARD J. BARON, MD	1.00	<u> </u>		0	Ϋ́	Ξ	ű						
DIRECTOR ,	0.00	x						0.		Ο.			Ο.
(19) GEORGE B. BARTLEY, MD	1.00												
, DIRECTOR	0.00	x						0.		Ο.			Ο.
(20) PRIYA J. BATHIJA, JD	1.00												
DIRECTOR ,	0.00	x						0.		٥.			Ο.
(21) MIRIAM G. BLITZER, PHD, FACMG	1.00												
DIRECTOR	0.00	x						0.		٥.			Ο.
(22) KEITH BRANDT, MD	1.00									-			
, DIRECTOR	1.00	x						0.		Ο.			Ο.
(23) JO BUYSKE, MD	1.00												
DIRECTOR	0.00	x						0.		Ο.			0.
(24) DANIEL J. COLE, MD	1.00												
DIRECTOR (THRU 06/23)	0.00	x						0.		Ο.			Ο.
(25) LARRY R. FAULKNER, MD	1.00												
DIRECTOR (THRU 06/23)	0.00	x						0.		Ο.			Ο.
(26) ROBERT R. GAISER, MD, MSED	1.00												
DIRECTOR (AS OF 06/23)	0.00	x						0.		Ο.			Ο.
1b Subtotal	•							3,985,360.	109,1	179.		734,	382.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								3,985,360.	109,1	179.		734,	382.
2 Total number of individuals (including but no									000 of reportable				
compensation from the organization					,	,		. ,	•				44
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mplo	oyee	ə, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If "Yes." com</i>											5		х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	he ca <b>l</b> endar ye	ear e	ndin	ıg wi	ith o	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
INTERNET TESTING SYSTEMS, LLC, 300													
CHESTNUT AVE STE 401, BALTIMORE, MD 2	21211						_	TEST ADMINISTRATIO	N			413,	588.
DATA RECOGNITION CORPORATION, 13036													
COLLECTION CENTER DRIVE, CHICAGO, IL	60693						_	TEST ADMINISTRATIO	N			142,	000.
GRANT THORNTON LLP													
171 N CLARK ST SUITE 200, CHICAGO, II							-	AUDIT AND TAX SERV	ICE			129,	168.
INNOVATIONLABS CONSULTING AND TRAININ													
159 PINE HILL ROAD, CHESTER, NY 10918								CONSULTANTS				121,	543.
ARENTFOX SCHIFF HARDIN, 233 SOUTH WAG	KER							FONT SEDUTORS				11 <i>6</i>	194
DRIVE, SUITE 7100, CHICAGO, IL 60606		ot lize	aitad		hee	o lici		LEGAL SERVICES	are then			116,	104.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	JUN	meo	101	inos 6		eu	above, who received mo	ne mali				
SEE PART VII, SECTION A CONTINU		TS									Form	990 (ž	2023)
												(-	• • •

332008 12-21-23

Part VII Section A. Officers, Directors, Tru		npic I	yee			ligno	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours		heck	Pos			LA.	Reportable compensation	Reportable compensation	Estimated amount of
	per		lecr		linat	app I	y)	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				loldu		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted ei		(W-2/1099-MISC)		organization
	related	stee o	ruste		a	pensa				and related
	organizations	ial tru	onalt		ploye	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) THOMAS W. HESS, JD	1.00	-	=	6	ž	Ξ	F			
DIRECTOR	0.00	x						0.	0.	
28) JOHN L. KENDALL, MD, FACEP	1.00								••	
)IRECTOR	0.00	x						0.	0.	
29) CAROLYN L. KINNEY, MD	1.00									
DIRECTOR	0.00	x						Ο.	Ο.	
30) JEFFREY M. LYNESS, MD	1.00									
DIRECTOR (AS OF 03/23)	0.00	х						0.	0.	
(31) DAVID F. MARTIN, MD	1.00									
DIRECTOR	0.00	х						0.	0.	
32) WALTER H. MERRILL, MD	1.00									
DIRECTOR	0.00	х						0.	٥.	
33) TARA MONTGOMERY, MS	1.00									
DIRECTOR	1.00	х	<u> </u>					0.	0.	
34) MICHAEL R. NELSON, MD, PHD	1.00	l							<u>,</u>	
DIRECTOR	1.00	X						0.	0.	
35) MARY S. NEWELL, MD, FACR, FSBI	1.00							0	0	
DIRECTOR (AS OF 10/23) (36) WARREN P. NEWTON, MD, MPH	1.00	х	-		-			0.	0.	
DIRECTOR	0.00	x						0.	0.	
(37) BRIAN NUSSENBAUM, MD	1.00		-					••	••	
DIRECTOR	0.00	x						0.	0.	
38) CHRISTOPHER J. ONDRULA, JD	1.00								••	
DIRECTOR	0.00	x						Ο.	0.	
39) KATIE O. ORRICO, JD	1.00							- •	- •	
DIRECTOR (THRU 06/23)	0.00	x						0.	0.	
40) DONALD J. PALMISANO JR., JD	1.00									
JIRECTOR	0.00	x						Ο.	Ο.	
41) GARY W. PROCOP, MD	1.00									
DIRECTOR	0.00	x						Ο.	0.	
42) THOMAS E. READ, MD	1.00									
IRECTOR	0.00	x						Ο.	Ο.	
43) RANDALL K. ROENIGK, MD	1.00									
IRECTOR	0.00	х						0.	0.	
44) TARA B. ROUSE, MA, CPHQ, CPXP	1.00									
DIRECTOR (AS OF 06/23)	0.00	х	<u> </u>		L			0.	0.	
45) JUDY SCHAECHTER, MD, MBA	1.00									
DIRECTOR (THRU 06/23)	0.00	х	<u> </u>		<u> </u>			0.	0.	
46) GEORGE M. SEGALL, MAD	1.00									
IRECTOR	0.00	Х						0.	0.	

332201 04-01-23

Form 990 AMERICAN BOAR	RD OF MEDIC	AL	SPE	CIA	LTI.	ES			41-08477	'13
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	oyee	s, a	nd F	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	y)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-M <b>I</b> SC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(W-2/1099-10130)	organization
	related	e or	stee			Isate		(1000 10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idua	ution	5	Key employee	est co	er			0
	line)	Indiv	Insti	Officer	Key (	High	Former			
(47) BARBARA WACHSMAN, MPH	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(48) BRENT J. WAGNER, MD	1.00									
DIRECTOR (THRU 07/23)	0.00	Х						٥.	0.	0.
(49) GEORGE D. WENDEL JR., MD	1.00									
DIRECTOR (THRU 10/23)	0.00	х						٥.	0.	0.
(50) JOHN A. WILSON, MD, FAANS, FACS										
DIRECTOR	0.00	x						0.	0.	0.
(51) SUZANNE K. WOODS, MD	1.00									
DIRECTOR (AS OF 06/23)	0.00	х						٥.	0.	0.
(52) AMY E. YOUNG, MD	1.00									
DIRECTOR (AS OF 10/23)	0.00	х						٥.	0.	0.
		1								
		-	-	-						
		_	-		-					
		<u> </u>	<u> </u>	<u> </u>	-					
		-								
	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		[			
Total to Part VII, Section A, line 1c		<u></u>	<u></u>		<u></u> .					

332201 04-01-23

		Check if Schedule O d	JUIL	ans a respor	150 (		(A)	(B) Related or exempt	(C)	( <b>D)</b> Revenue exclu
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax unc sections 512 -
si	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
A		Fundraising events								
ar				<u>1d</u>						
<u>m</u>		Government grants (contr								
er v	f	All other contributions, gifts,								
Oth		similar amounts not included								
pq	g	Noncash contributions included in	lines 1	la-1f <b>1g</b> \$						
a	n	Total. Add lines 1a 1f				Business Code				
	0 -	SUBS AND DATA SERVI	ሪድሪ			730000	8,631,453.	8,631,453.	0.	
	2 a		CEB		_	862100	7,457,200.	7,457,200.	0.	
ne	~		SHT		_	860000	2,323,652.	2,323,652.	0.	
ven	с С	LICENSE FEES	~111		_	860000	1,248,247.	1,248,247.	0.	
Re	d	INTERNATIONAL PROGR	AMS		_	900099	1,235,220.	1,235,220.	<u> </u>	
Revenue	e f	All other program service		nue	_		_,200,220.	_,200,220.	<u>,</u>	
		Total. Add lines 2a-2f				•	20,895,772.			
╈	3	Investment income (includ					, , -•			
	-		-				846,791.			846,7
	4	Income from investment of				E E E E E E E E E E E E E E E E E E E	, -			, ,
	5	Royalties		-						
	-	,		(i) Real		(ii) Personal				
	6 a	Gross rents	6a	43,7	81.					
	b	Less: rental expenses	6b		Ο.					
	с	Rental income or (loss)	6c	43,7	81.					
	d	Net rental income or (loss)	)				43,781.			43,7
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
3		and sales expenses	7b							
	с	Gain or (loss)	7c							
2	d	Net gain or (loss)			<u></u>					
	8 a	Gross income from fundraisi		-						
5		including \$								
		contributions reported on		,						
		Part IV, line 18			<u>8a</u>					
					8b					
		Net income or (loss) from		-	ts					
	9 a	Gross income from gamin								
	h	Part IV, line 19			9a					
		Less: direct expenses Net income or (loss) from			9b					
		Gross sales of inventory, I	-	-						
	iu a	and allowances			10a					
	h	Less: cost of goods sold			10a					
		Net income or (loss) from								
					,	Business Code				
	11 a	PAYROLL SERVICES				541214	21,167.			21,1
nue					_	541990	500.			5
Revenue	c				_					
ď		All other revenue								
		Total. Add lines 11a-11d					21,667.			
	12	Total revenue. See instruction					21,808,011.	20,895,772.	0.	912,2

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AMERICAN BOARD OF MEDICAL SPECIALTIES

Form 990 (2023)

### 17210802 153424 0195164-00001

Page 9

41-0847713

2023.04010 AMERICAN BOARD OF MEDICAL 01951641

Part X Statement of Functional Expenses

AMERICAN BOARD OF MEDICAL SPECIALTIES

41-0847713 Page **10** 

#### 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 **(D)** Fundraising (B) (C) (A) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 3,165,933. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7,432,408. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 392,592 793,280, Other employee benefits 9 644,413. Payroll taxes 10 11 Fees for services (nonemployees): 220,738 Management а 233,132, b Legal 118,992. с Accounting 182,223 Lobbying d Professional fundraising services. See Part IV, line 17 е 110,138. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 567,475 column (A), amount, list line 11g expenses on Sch O.) 356,558 Advertising and promotion 12 234,686. Office expenses 13 1,114,271 Information technology 14 Royalties 15 936,812, 16 Occupancy \_\_\_\_\_ 332,962. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 1,186,550. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 138,244 22 Depreciation, depletion, and amortization 267,438. 23 Insurance Other expenses. Itemize expenses not covered 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 0.) SINGAPORE INCOME TAX 34.144. а RECRUITMENT 5,057 b С d All other expenses е Total functional expenses. Add lines 1 through 24e 18,468,046 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

332010 12-21-23

### 17210802 153424 0195164-00001

Form **990** (2023)

17210802 153424 0195164-00001

	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	
0	7	Notes and loans receivable, net		7	
ASSELS	8	Inventories for sale or use		8	
2	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	288,660.	10c	293,496
	11	Investments - publicly traded securities	20,422,187.	11	23,250,678
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	796,836.	14	796,836
	15	Other assets. See Part IV, line 11	4,539,616.	15	6,353,872
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,498,682.	16	41,229,992
	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	
2	22	Loans and other payables to any current or former officer, director,			
LIAUIIUES		trustee, key employee, creator or founder, substantial contributor, or 35%			
an		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
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	24,134,561.	27	29,815,660
Ě	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
		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	
Č	31	Retained earnings, endowment, accumulated income, or other funds		31	
S	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 Form <b>990</b> (2023

AMERICAN BOARD OF MEDICAL SPECIALTIES

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

41-0847713

**(B)** End of year

**(A)** Beginning of year

Form 990 (2023) Part X Balance Sheet

Form	990 (2023) AMERICAN BOARD OF MEDICAL SPECIALTIES	41-0847713	3	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				2
	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	З,	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.
Pa	rt XII Financial Statements and Reporting				
	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," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

ULE C	Political Campaign and Lobbying Activities
))	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				Employer identification number
AMERICAN BO	OARD OF MEDICAL SPECIAL	TIES		41-0847713
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 52	7 organization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures			
Part I-B Complete if the org	anization is exempt und	ler section 501(c)(	3).	
<ol> <li>Enter the amount of any excise tax</li> <li>Enter the amount of any excise tax</li> <li>If the organization incurred a section</li> <li>4a Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> </ol>	incurred by organization manag n 4955 tax, did it fi <b>le</b> Form 4720	ers under section 4955 for this year?		\$YesNo YesNo
Part I-C Complete if the org	anization is exempt und	er section 501(c),	except section 5	i01(c)(3).
<ol> <li>Enter the amount directly expended</li> <li>Enter the amount of the filing organ</li> </ol>	ization's funds contributed to of	ther organizations for se	ection 527	
<ul><li>exempt function activities</li><li>3 Total exempt function expenditures</li></ul>	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,	
line 17b 4 Did the filing organization file Form				
5 Enter the names, addresses, and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If a	nployer identification number (E tion listed, enter the amount pai omptly and directly delivered to	IN) of all section 527 pc d from the filing organiz a separate political orga	olitical organizations to zation's funds. Also en anization, such as a se	which the filing organization ter the amount of political
<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	n's contributions received and

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

OMB No. 1545-0047

23 Open to Public Inspection

SCHEDULE C	
(Form 990)	

Department of the Treasury Internal Revenue Service

Schedule C (Form 990) 2023	AMERICAN	BOARD O	F MEDICAL SPECIA	LTIES	41-0	847713 Page 2
Part II-A Complete if the orga	anizatio	n is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).						
A Check if the filing organizat	tion belong	s to an affi	liated group (and list in	n Part IV each affiliated	proup member's nam	e. address. EIN.
expenses, and share	-					,,,
			nd "limited control" pro	ovisions apply.		
					(a) Filing	(b) Affiliated group
	ts on Lobb				organization's	totals
(The term "expend	litures" me	eans amou	ints paid or incurred.	)	totals	
<b>1a</b> Total lobbying expenditures to influ	ience publi	c opinion (	prassroots lobbying)			0.
<b>b</b> Total lobbying expenditures to influ	•					0.
c Total lobbying expenditures (add lir	0		, , , , , , , , , , , , , , , , , , , ,			
d Other exempt purpose expenditure						0.
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or			bying nontaxable am			
not over \$500,000,			the amount on line 1e.			
over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
over \$1,000,000 but not over \$1,50 over \$1,500,000 but not over \$17,0			0 plus 10% of the exc			
over \$17,000,000,	,000,000,	\$225,00 \$1,000,	00 plus 5% of the exce	ss over \$1,500,000.		
	tor OE0/ of					
g Grassroots nontaxable amount (ent		,				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer		line 1h or	ine 1i, did the organiz	ation file Form 4/20		
reporting section 4911 tax for this						Yes No
(Some organizations th			eraging Period Under		f tha five columna h	alow
(Some organizations th			ate instructions for li			elow.
			nditures During 4-Yes	_		
	LODD					
Calendar year	<b>(a)</b> 2	020	(b) 2021	(c) 2022	(d) 2023	(e) Total
(or fiscal year beginning in)	(a) 2	020	(5) 2021	(0) 2022	( <b>d</b> ) 2020	(e) rotai
O habbaire e estavable ana est						
2a Lobbying nontaxable amount						
<b>b</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			1		<u> </u>	

Schedule C (Form 990) 2023

332042 11-06-23

# 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)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Ame	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?				X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X	
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	X		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1	7,	457,200.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a		227,451.	
b	Carryover from last year		2b		147.	
с	Total		2c		227,598.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		227,451.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?		4		147.	
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Prov	de 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, I	lines 1 a	nd 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

Schedule D (Form 990)       Supplemental Financial Statements         Department of the Treasury Internal Revenue Service       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.         Begartment of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.         Name of the organization       Employer internal formation.	OMB No. 1545-0047			
Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection identification number			
	identification number			
	41-0847713			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	Comp <b>l</b> ete if the			
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and	d 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 in donor advised funds				
are the organization's property, subject to the organization's exclusive legal control?	Yes No			
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only				
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring				
impermissible private benefit?         Part II       Conservation Easements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	Yes No			
1 Purpose(s) of conservation easements held by the organization (check all that apply).				
Preservation of land for public use (for example, recreation or education)	tant land area			
Protection of natural habitat Preservation of a certified historic s	structure			
Preservation of open space				
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation ease				
	at the End of the Tax Year			
a Total number of conservation easements				
b Total acreage restricted by conservation easements				
c Number of conservation easements on a certified historic structure included on line 2a       2c         d Number of conservation easements included on line 2c acquired after July 25, 2006, and not       2c				
on a historic structure listed in the National Register				
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	the tax			
year	, ,			
4 Number of states where property subject to conservation easement is located				
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
violations, and enforcement of the conservation easements it holds?				
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements	during the year			
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements durin	ng the year			
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)				
and section 170(h)(4)(B)(ii)?	Yes No			
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and				
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	the			
organization's accounting for conservation easements.           Part III         Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Association	oto			
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asso Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	iels.			
1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet work	orke			
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	UIKS			
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works	s of			
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser				
provide the following amounts relating to these items.				
(i) Revenue included on Form 990, Part VIII, line 1\$				
(ii) Assets included in Form 990, Part X\$				
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
the following amounts required to be reported under FASB ASC 958 relating to these items:				
a Revenue included on Form 990, Part VIII, line 1     b Assets included in Form 990, Part X     \$				
	dule D (Form 990) 2023			

LHA	For Paperwork Re	eduction Act Noti	ce, see the Ins	structions for I	Form
332051	09-28-23				

Schedule D	(Form	990) 2023
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17210802 153424 0195164-00001

	2023.04010	AMERICAN	BOARD	OF	MEDICAL
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Sche		OARD OF MEDICAL						41-084		P	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, or	<sup>-</sup> Other	<sup>-</sup> Simila	r Assets	s (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	make sig	gnificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c		Loan or exc	change progra	ım					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further th	he organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	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, Pa			5			,	,	,		
1a	Is the organization an agent, trustee, custod	lian, or other intermed	diary for	contributior	ns or other as	sets not i	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		_
		·	0						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year								,		
е	Distributions during the year								,		
f	Ending balance								,		
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						·····				Ī
Par							).				
		(a) Current year	(b) F	Prior year	(c) Two year	s back	(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs								1		
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1a	n column (a	)) held as:				<u> </u>		
_ a	Board designated or quasi-endowment	-	%	g, colo (o	,,,						
b	Permanent endowment	%									
c c	Term endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	it are he <b>l</b> d a	nd administer	ed for the	e				
ou	organization by:						•			Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		), Part <b>I</b> ∖	/, <b>l</b> ine 11a. S	See Form 990,	, Part X, I	ine 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Boo	k va <b>l</b> u	e
		basis (investr			(other)		preciation		, = = •		
1a	Land										
b	Buildings										
с	Leasehold improvements				527,711.		411,	996.		115,	715.
d	Equipment			3	,671,572.		3,493,	791.		177,	781.
е	Other										
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		X. line 1	0c. column	<i>(B</i> ))					293,	496.
								ماريام ماريا	D (F	0001	

Schedule D (Form 990) 2023

### 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>(b)</b> Book va <b>l</b> ue	(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)		
otal. (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>(b)</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	

#### 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.

<u>1.</u>	(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 ... X

Schedule D (Form 990) 2023

Schedule	D (Form 990) 2023 AMERICAN BOARD OF MEDICAL SPECIALTIES		41-0847713 Page <b>4</b>
Part X		ents With Reven	3
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1 Tot	al revenue, gains, and other support per audited financial statements		
<b>2</b> Am	ounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net	unrealized gains (losses) on investments	. 2a	
	nated services and use of facilities		
	coveries of prior year grants		
	er (Describe in Part XIII.)		
e Ado	d lines 2a through 2d		2e
<b>3</b> Sul	otract line <b>2e</b> from line <b>1</b>		
	ounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Oth	er (Describe in Part XIII.)	4b	
	l lines 4a and 4b		4c
5 Tot	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part X	I Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
<b>1</b> Tot	al expenses and losses per audited financial statements		
<b>2</b> Am	ounts included on line 1 but not on Form 990, Part IX, line 25:		
a Doi	nated services and use of facilities	. 2a	
<b>b</b> Prio	or year adjustments	2b	
<b>c</b> Oth	er losses	2c	
	er (Describe in Part XIII.)		
e Ado	l lines 2a through 2d		
<b>3</b> Sul	otract line 2e from line 1		
	ounts included on Form 990, Part IX, line 25, but not on line 1:		
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Oth	er (Describe in Part XIII.)	. 4b	
<b>c</b> Add	lines 4a and 4b		
<b>5</b> Tot	al expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Part X	III Supplemental Information		
Provide t	ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part XI,
lines 2d a	nd 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information.	
PART X,	LINE 2:		
FIN 48	FOOTNOTE		
THE FIN	ANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED GUIDAN	ICE THAT	

22

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.

Part XIII   Supplemental Information (continued)	
	Schedule D (Form 990) 2023
332055 09-28-23	

<u>አ</u> ለኮ	RICAN BOARD OF MEDI		TES			41-0847713	
				side the United States. Compl	ete if the organ		'es" on
	Form 990, Part IV						
1	-	-		ds to substantiate the amount of its gra he selection criteria used to award the			Yes 🗌 No
2	United States.		-	procedures for monitoring the use of it	-	her assistance outsi	de the
3	Activities per Region. (Ti (a) Region	he following Part (b) Number of offices in the region	<ul> <li>I, line 3 table ca</li> <li>(c) Number of employees, agents, and independent contractors in the region</li> </ul>	<ul> <li>an be duplicated if additional space is r</li> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
	T ASIA AND THE						
PAC	IFIC	0	0	PROGRAM SERVICES	SPECIALTY (	CERTIFICATION	1,428,641.
	Subtatal	0	0				1,428,641.
	Subtotal Total from continuation sheets to Part I	0	0				0.

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

0

0

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and 3b)

sheets to Part I \_\_\_\_\_ c Totals (add lines 3a

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

1,428,641.

Schedule F (Form 990) 2023

Statement of Activities O	utside the	United States
Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 14b, 15, or 16.

the organization answered "Yes" on Form 990, Part IV, line 14 Attach to Form 990.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Employer	identification	number
Linployer	luentincation	number

Schedule F (Form 990) 2023 Part II Grants and Othe recipient who recr	<b>r Assista</b> l eived mor	(Form 990) 2023 AMERICAN BOARD OF MEDICAL SPECIALTIES Grants and Other Assistance to Organizations or Entities Outside the Unit recipient who received more than \$5,000. Part II can be duplicated if additions	SPECIALTIES 41-0847713 Dutside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any cated if additional space is needed.	Complete if the orç eded.	41-0847713 ganization answered "Ye	r713 "Yes" on Form 9	90, Part IV, line 15, for	Page 2 any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	f recipient organization anization by the IRS, or	is listed above that are r	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r tion 501(c)(3) equ	ecognized as a tax ivalency letter			
3 Enter total number of	Enter total number of other organizations or entities	r entities						

Schedule F (Form 990) 2023

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Page <b>3</b>		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
	IV, line 16.	(g) Description of noncash assistance					Sched
41-0847713	n Form 990, Part	(f) Amount of noncash assistance					
4.	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	<b>(e</b> ) Manner of cash disbursement					
<b>NLTIES</b>	<b>tes.</b> Comp <b>l</b> ete if	<b>(d)</b> Amount of cash grant					
EDICAL SPECI	e the United Sta <sup>1</sup> J.	<b>(c)</b> Number of recipients					
AMERICAN BOARD OF MEDICAL SPECIALTIES	e to Individuals Outsid	<b>(b)</b> Region					
Schedule F (Form 990) 2023 Al	Part III         Grants and Other Assistance to Individuals Outside           Part III         can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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Schedule F (Form 990) 2023	AMERICAN BOARI	) OF MEDICAL	SPECIALTIES	
Part IV Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No

Schedule F (Form 990) 2023

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### 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 F (Form 990) 2023

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SC	HEDULE J	<b>Compensation Information</b>	OM	B No. 1	545-004	.7
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	23	)
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Op	en to	Publi	c
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		nspe		
Nam	e of the organization		Employer identif	icatio	n nur	nber
		AMERICAN BOARD OF MEDICAL SPECIALTIES	41-084771	13		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ə90,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or c	harter travel Housing allowance or residence for persor	naluse			
	Travel for com	panions Payments for business use of personal res	sidence			
		ation and gross-up payments Health or social club dues or initiation fees	3			
	X Discretionary	spending account Personal services (such as maid, chauffeu	r, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			v	
-		rovision of all of the expenses described above? If "No," complete Part III to explain	·····	1b	x	
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
•						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Eventting Director, but eveloping in Dect III.	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	X Form 990 of o	ther organizations	Smmittee			
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 re					
а	•	e payment or change-of-control payment?		4a		Х
b		eive payment from a supplemental nonqualified retirement plan?		4b		Х
с	•	eive payment from an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of lin	les 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re	evenues of:				
а	The organization?			5a		
		ation?		5b		
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
а	The organization?		····· -	6a		
b	Any related organiz	ation?	L	6b		
	If "Yes" on line 6a c	r 6b, describe in Part III.				
7	•	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		ies 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	e			
				8		
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedule J	(Form	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 AMERICAN	N BC	AMERICAN BOARD OF MEDICAL SPECIALTIES	SPECIALTIES		41-0847713	Ĩ		Page 2
s, Trustee	oldu	yees, and Highest C	Compensated Empl		Use duplicate copies if additional space is needed	pace is needed.		5
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.	e rep orm 9	orted on Schedule J 90, Part VII.	l, report compensati	on from the organiza	ation on row (i) and fron	n related organizations	, described in the instr	uctions, on row (ii).
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	d ind	ividual must equal th	ne total amount of Fo	orm 990, Part VII, Se	ection A, line 1a, applic:	able column (D) and (E	) amounts for that indiv	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	'2 and/or 1099 MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RICHARD E. HAWKINS, MD	Ξ	698,120.	53,421.	50,131.	39,600.	38,345.	879,617.	0.
PRESIDENT & CEO	: E	29,088.	2,226.	2,089.	1,650.	1,598.	36,651.	.0
(2) GREGORY OGRINC, MD	Ξ	310,539.	33,300.	.778.	36,047.	51,796.	511,460.	.0
SVP, CERT STANDARD & PRGM	(ii)	34,504.	3,700.	8,864.	4,005.	5,755.	56,828.	.0
(3) JENNIFER MICHAEL	(i)	322,655.	30,000.	• 0	40,052.	40,750.	433,457.	.0
CHIEF OPERATING OFFICER	≣	• 0	• 0	•0	•0	•0	•0	•0
(4) THOMAS GRANATIR	Ξ	261,942.	25,000.	880.	39,633.	47,907.	375,362.	.0
SVP POLICY & EXT. RELATIONS	1	•0	.0	•0	.0	.0	•0	.0
(5) DAVID COURSEY	(i)	324,317.	4,370.	1,407.	22,961.	14,268.	367,323.	•0
DIRECTOR OF SALES	: E	.0	.0	.0	.0	.0	.0	.0
(6) RICHARD WATERS	(i)	265,112.	14,510.	•0	20,742.	40,250.	340,614.	•0
CHIEF MARKETING OFFICER	(ii)	• 0	0.	• 0	• 0	0.	• 0	0.
(7) CARRIE RADABAUGH	(i)	223,073.	22,176.	370.	33,109.	38,054.	316,782.	0.
SVP, GOVERNANCE AND BOARD RELATIONS	(ii)	9,295.	924.	15.	1,380.	1,586.	13,200.	.0
(8) STEPHANIE DONOVAN	(i)	224,462.	8,506.	•0	20,327.	41,123.	294,418.	•0
CHIEF LEGAL OFFICER (AS OF 03/23)	≣	4,581.	174.	•0	415.	•628	•600'9	•0
(9) KRISTA ALLBEE	(i)	251,716.	9,010.	2,474.	19,255.	368.	282,823.	.0
VP, ASSESSMENT PROGRAMS	≣	• 0	• 0	•0	•0	•0	•0	•0
(10) JULIE HUBBARD	(i)	234,989.	8,497.	0	18,205.	14,395.	276,086.	.0
CFO	(ii)	4,796.	173.	0	372.	294.	5,635.	0.
(11) DORIA LESS	(i)	229,646.	1,690.	206.	10,523.	30,557.	272,622.	.0
ACCOUNT EXECUTIVE	(ii)	• 0	0.	• 0	• 0	0.	• 0	0.
(12) KATHLEEN HOLTZMAN	(i)	205,612.	6,700.	2,001.	16,482.	41,739.	272,534.	0.
AVP, ASSESS PROGRAMS	(ii)	• 0	0.	• 0	• 0	0.	• 0	0.
	(i)							
	(ii)							
	Ξ							
	<u>(ii</u>							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023 AMERICAN BOARD OF MEDICAL SPECIALTIES	41-0847713	Page <b>3</b>
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.	art 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 J (Form 990) 2023	90) 2023

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	2023 Open to Public
Internal Revenue Service Name of the organizatior	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
	AMERICAN BOARD OF MEDICAL SPECIALTIES	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 THROUG	H SETTING PROFESSIONAL STANDARDS FOR LIFELONG	
CERTIFICATION IN P	ARTNERSHIP WITH ITS MEMBER BOARDS.	
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:	
IN TERMS OF ADVOCA	CY, ABMS COMMUNICATES INFORMATION ABOUT AND	
EMPHASIZES THE IMP	ORTANCE OF BOARD CERTIFICATION TO DIPLOMATES, MEDICAL	
PROFESSIONALS, HEA	LTH CARE ORGANIZATIONS, INSURERS, LEGISLATORS AND THE	
GENERAL PUBLIC. TH	ESE COMMUNICATIONS PROVIDE THESE STAKEHOLDERS AND	
ADVOCATES WITH FAC	TUAL INFORMATION ABOUT THE IMPORTANCE OF BOARD	
CERTIFICATION AND	THE MARKER OF TRUST SIGNIFIED BY THE CREDENTIAL.	
CERTIFICATIONMATTE	RS.ORG, WHICH IS A FUBLIC ACCESS ABMS WEBSITE, ALSO	
PROVIDES INFORMATI	ON ABOUT BOARD CERTIFICATION. ANY INDIVIDUAL MAY	
ACCESS THIS SITE T	O DETERMINE IF A PHYSICIAN OR MEDICAL SPECIALIST IS	
BOARD CERTIFIED BY	AN ABMS MEMBER BOARD.	
IN TERMS OF RESEAR	CH AND PROFESSIONAL DEVELOPMENT, ABMS AND ITS MEMBER	
BOARDS ACTIVELY ST	UDY AND SUPPORT RESEARCH INTO THE IMPACT THAT	
CERTIFICATION PROG	RAMS HAVE ON BOTH THE PROFESSION OF MEDICINE AS WELL	
AS IMPROVING PATIE	NT SAFETY AND HEALTH CARE. ABMS IS ALSO COMMITTED TO	
PHYSICIAN PROFESSI	ONAL DEVELOPMENT AS PART OF ITS MEMBER BOARDS'	
CONTINUING CERTIFI	CATION PROGRAMS, INCLUDING CONTINUING MEDICAL	
EDUCATION AND QUAL	ITY AND PRACTICE IMPROVEMENT ACTIVITIES.	
FORM 990, PART VI,	SECTION A, LINE 1A:	
For Paperwork Reducti	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
AMERICAN BOARD OF MEDICAL SPECIALTIES	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,	

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Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Name of the organization	Page Employer identification number
AMERICAN BOARD OF MEDICAL SPECIALTIES	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 TVDES OF VOTES USED BY THE BOADD OF DIDECTORS	

- 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

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
AMERICAN BOARD OF MEDICAL SPECIALTIES	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

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES	Page 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:	

EXECUTIVE OFFICER'S COMPENSATION

332212 11-14-23

Name of the organization	Employer identification number
AMERICAN BOARD OF MEDICAL SPECIALTIES	41-0847713
. COMPARABILITY DATA FROM SIMILAR NOT FOR PROFIT HEALTH CARE ORGANIZATIONS	
AND INSTITUTIONS IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE ABMS BOARD	
DF 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	
DFFICER.	
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.	

332212 11-14-23

SCHEDULE R (Form 990) Comp Department of the Treasury	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.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, lin Attach to Form 990.	e 33, 34, 35b, 36, c	or 37.		OMB No. 1545-0047 2023 Open to Public
Internal revenue service	GO LO WWW.IIS.GOVITOTIISSO IOT IIISU UCUOIIS AITU URE LALEST IIITOTIIAUOII. EDICAL SPECTAL/TIES				Employer identifi	0
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes" o	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	SIONIT	10,921,427.	127. 61,492,626.	,626. ABMS	
ABMS ASSESSMENT SERVICES, LLC - 27-4201326 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654	CERTIFICATION	SIONITI			ABMS HOLDING	ие, цьс
ABMS SOLUTIONS LLC - 45-3952583 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654	DATA SERVICES	SIONITI			ABMS HOLDING	NG, LLC
	CERTIFICATION	ILLINOIS swered "Yes" on Form 990	Part IV, line 34, be	cause it had one c	ABMS HOLDING	NG, LLC empt
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> 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	SIONITI	501(C)(3) F	LINE 12A, I P	ABMS	X
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ins for Form 990.		-		Schedule I	Schedule R (Form 990) 2023

332161 09-28-23 LHA

Schedule R (Form 990) 2023 AMERIC	AMERICAN BOARD OF MEDICAL SPECIALTIES	ICAL SPEC	IALTIES						41-0847713	17713	Page 2
Part III         Identification of Related Organizations Taxable as a Partnership.           organizations treated as a partnership during the tax year.	ganizations Taxable Irtnership during the t	<b>as a Partne</b> ax year.		f the organiza	Complete if the organization answered "\	"Yes" on Form 9	90, Part IV, lir	ne 34, becau	on Form 990, Part IV, line 34, because it had one or more related	more relate	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	<b>(g)</b> 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 F managing le partner? 55) Yes No	(k) r Percentage ownership
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable	<b>as a Corpo</b> ng the tax y	or Trust.	complete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	swered "Yes" c	n Form 990,	Part IV, line	34, because it ha	ld one or n	iore related
(a) Name, address, and EIN of related organization	Zc	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
332162 09-28-23				0 0					Sched	lule R (For	Schedule R (Form 990) 2023

SPECIALTIES	
F MEDICAL	
MERICAN BOARD OF	
AMERICAN	
Schedule R (Form 990) 2023	

41-0847713 Page 3

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

					F	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes No	0
During the tax year, did the organization engage in any of the following	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	In Parts II-IV?	•	► 	
	۷			1a	4	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×	_
c Gift, grant, or capital contribution from related organization(s)				<del>ا</del> ر	X	
d I name or loan ourarantees to or for related organization(s)				_	X	
				+	┢	.
e Loans or loan guarantees by related organization(s)				e	4	
f Dividends from related organization(s)				Τf	×	J
g Sale of assets to related organization(s)				1g	X	
Purchase of assets from related organization(s)				ŧ	X	
<ul> <li>Evolution of seconds with valued organization(c)</li> </ul>				÷	×	.
<ul> <li>Excitating of assess with related of gammation(s)</li> <li>Excitation of familities continuonant or other second to related erromization(s)</li> </ul>				= ;;	×	
במספר טו ומכווונופס, פקטוטוופווג, טו טנוופו מספנט נט ופומופט טוטמוובמוטווט)				-		
k   ease of facilities equipment or other assets from related organization(s)				¥	×	
	ni-otion(o)			€ ₹	×	.
	nization(s)			₹.	∢ Þ	١.
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			+	4	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			۲ ۲	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				۲ ۲	x	
<b>b</b> Beimbursement paid to related organization(s) for expenses				ŧ	×	
				2 7	×	.
d helindusenent part of related organization(s) for expenses				2		
				÷	>	
r other transfer of cash of property to related organization(s)				+	+	
s Other transfer of cash or property from related organization(s)				1s _	×	
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	olved		
(1) ABMS RESEARCH AND EDUCATION FOUNDATION	Ω	3,207,540.	FMV			
(2) ABMS RESEARCH AND EDUCATION FOUNDATION	N	2,530,131.	FMV			
(3)						
(4)						
(5)						
(9)						
332163 09-28-23			Schedule R (Form 990) 2023	3 (Form 9	90) 202	23

Schedule R (Form 990) 2023       AMERICAN BOARD OF MEDICAL SPECIALTIES       41-0847713       H         Part W       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.
(c)     (d)       Legal domicile     Predominant income       Legal domicile     Predominant income       (state or foreign     excluded from fax under-       country)     sections 512-514)

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# Part VII Supplemental Information

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

Schedule R (Form 990) 2023