

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 CO	Y **
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Form		
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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	ending		
в	Check if	C Name of organization	D Employer identifie	cation number	
	applicab	AMERICAN BOARD OF MEDICAL SPECIALTIES			
	Addre	RESEARCH AND EDUCATION FOUNDATION			
	Name			23-7304902	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final		1400	(312) 436-26	00
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	484,417.
	Amen	CHICAGO, IL 60054	5	H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: KTCHARD E. HAWKINS, MD		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
-		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	lf "No," attach a	list. See instructions
-	Websi	Day Dr and		H(c) Group exemption	n number
-		forganization: Corporation Trust Association X Other	L Year	of formation: 1973	State of legal domicile: IL
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: ABMS RI		ND EDUCATION	
anc		FOUNDATION (ABMS REF) SUPPORTS THE SCIENTIFIC, (CONTINUED IN			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more		
NOE	3			3	8
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
les	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		0	
tivit	6	Total number of volunteers (estimate if necessary)	6		
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
-	d	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		62,500.	480,000.
Ine	9			0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,335.	4,417.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,835.	484,417.
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		125,000.	195,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		152,214.	630,955.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b.	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,059.	270,305.
	18	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,096,260.
	19	Revenue less expenses. Subtract line 18 from line 12		-374,438.	-611,843.
10				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		238,595.	508,457.
Net Assets or	21	Total liabilities (Part X, line 26)		2,397,912.	3,265,111.
_		Net assets or fund balances. Subtract line 21 from line 20		-2,159,317.	-2,756,654.
Pa	art II	Signature Block			

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

	RICI	nard 2.	Har				8/24/	114	
Sign	Signature of off	icer	r_{c}			Date			
Here	RICHARD E.	HAWKINS, MD,	PRESIDENT &	CEO					
	Type or print na	ime and title							
	Print/Type prepa	arer's name		Preparer's signature		Date	Check	PTIN	
Paid	ERIN COUTUR	E		Erin (out	ture	8/20/2024	self-employed	P01390592	
Preparer	Firm's name	GRANT THORNY	TON ADVISORS	LTC CLOO COO		Firm'	sEIN 99-	-1856619	
Use Only	Firm's address	75 STATE ST	13TH FLOOR						
		BOSTON, MA (02109			Phon	e no.617-84	48-5039	
May the IF	RS discuss this	return with the p	reparer shown at	pove? See instruction	IS			X Yes	No

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.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.			
<u>Part I - Id</u>	entification			-		
Type or Print	Name of exempt organization, employer, or other filer, see instructions. Ta AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION			Taxpayer	number (TIN)	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 353 NORTH CLARK STREET, 1400	ee instruct	ions.	1		
instructions.	City, town or post office, state, and ZIP code. For a for CHICAGO, IL 60654	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1
Application	on Is For	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990	-PF	04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
Plai Plai <u>Plai</u> Plai	oplication is for an extension of time to file Form 5330, ye n Name					
Teleph	one No. 312-436-2694 organization does not have an office or place of business		Fax No.			
box[s for a Group Return, enter the organization's four-digit C	and atta	ch a list with the names and TINs of	f all membe	ers the extensi	on is for.
	quest an automatic 6-month extension of time until <u>NO</u> organization named above. The extension is for the orga calendar year 20 <u>23</u> or			e the exem	npt organization	n return for
	tax year beginning	, 20	, and ending			, 20
2 If th	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	neck reaso	on: Initial return	Final retur	n	
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
	nonrefundable credits. See instructions.	,		3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069					
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
USII	IY LETT O (LIEUTUHIU FEUERALTAN FAYIHEHI OYSTEHI). SEE	instructio	110.	1 30	Ψ	۰.

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

	990 (2023) RESEARCH AND EDUCATION FOUNDATION rt III Statement of Program Service Accomplishments	23-7304902	Page
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THROUGH ITS ACTIVITIES, ABMS REF SUPPORTS THE SCIENTIFIC, SCHOLARLY		
	AND PUBLIC EDUCATION PURPOSES OF ABMS BY ENCOURAGING AND CONDUCTING		
	RESEARCH TO (I) IMPROVE MEASUREMENT, ASSESSMENT, AND EVALUATION OF THE		
	EDUCATIONAL, SCIENTIFIC, CLINICAL, AND (CONTINUED IN SCH 0)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 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? \dots	Y	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue ABMS REF OVERSEES THE IMPLEMENTATION AND COORDINATION OF THE ABMS	:\$	
	VISITING SCHOLARS PROGRAM (VSP). VSP IS FOR EARLY-CAREER PHYSICIANS,		
	MEDICAL AND SURGICAL SPECIALISTS, AND RESEARCH PROFESSIONALS, JUNIOR		
	FACULTY, FELLOWS, AND RESIDENTS, AS WELL AS INDIVIDUALS HOLDING MASTER		
	OR DOCTORATE DEGREES IN PUBLIC HEALTH, HEALTH SERVICES RESEARCH,		
	EDUCATIONAL EVALUATION AND STATISTICS, PUBLIC HEALTH POLICY AND		
	ADMINISTRATION, OR OTHER RELEVANT DISCIPLINES.		
	· · · · ·		
	VSP SCHOLARS ARE EXPOSED TO THE FIELDS OF PHYSICIAN PROFESSIONAL		
	ASSESSMENT AND CONTINUING PROFESSIONAL DEVELOPMENT, QUALITY		
	IMPROVEMENT, HEALTH CARE POLICY AND REGULATION, AND HEALTH SERVICES		
	RESEARCH. VSP SCHOLARS CONDUCT RESEARCH IN (CONTINUED IN SCH O)		
4b	(Code:) (Expenses \$ 227,360. including grants of \$) (Revenue	\$	
	ABMS REF SYNERGIZES, GUIDES, CONVENES, FACILITATES CONDUCTS, AND		
	COLLABORATES IN RELATION TO ALL ASPECTS OF RESEARCH REGARDING ABMS		
	INITIAL AND CONTINUING CERTIFICATION ACROSS 24 MEMBER BOARDS. ABMS REF		
	ALSO PARTNERS WITH OTHER RESEARCHERS TO DEVELOP RESEARCH IN THE AREAS		
	OF QUALITY AND PERFORMANCE IMPROVEMENT, PATIENT SAFETY, ADULT LEARNING		
	AND EDUCATION, RESEARCH AND EDUCATION FOUNDATION AND OTHER DISCIPLINES.		
	THE ABMS REF CONDUCTS PROGRAM EVALUATION AND RESEARCH ON THE ABMS		
	LONGITUDINAL ASSESSMENT PROGRAMS TO ANALYZE PHYSICIAN KNOWLEDGE,		
	JUDGEMENT, AND SKILLS.		
4c	(Code:) (Expenses \$:\$	
	REPOSITORY OF PUBLISHED LITERATURE AND OTHER PRESENTATIONS ON INITIAL		
	PHYSICIAN SPECIALTY CERTIFICATION, CONTINUING PHYSICIAN SPECIALTY		
	CERTIFICATION, OR COMPONENTS OF CONTINUOUS CERTIFICATION SUCH AS		
	KNOWLEDGE ASSESSMENT, ADULT LEARNING AND EDUCATION, AND QUALITY		
	IMPROVEMENT. THIS CURATED REPOSITORY INFORMS RESEARCHERS, KEY		
	STAKEHOLDERS AND ABMS MEMBER BOARDS REGARDING FINDINGS THAT CAN BE USED		
	TO IMPROVE THE CERTIFICATION PROCESS.		
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 478,171.		
4e			
<u>4e</u>		For	n 990 (2023

	990 (2023) RESEARCH AND EDUCATION FOUNDATION 23-730490)2	Р	age 3
Pa	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
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		x
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		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
10	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, VII, IX, or X,			
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a		x
h	Part VI			
b		11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C		11c		x
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			<u> </u>
u		11d		x
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> 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>		х	
		11e	- 21	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	21	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	А	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	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,"	1		-
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	
332003	3 12-21-23	Form	990	(2023)

332003 12-21-23

Form	990 (2023) RESEARCH AND EDUCATION FOUNDATION 23-73049	02	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in 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			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		
54	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
b		0		
С				
	(gambling) winnings to prize winners?	1c	990	(2023)
33200	4 12-21-23 4	Form	550	(2023)

2	3-7304902	Page 5

	990 (2023) RESEARCH AND EDUCATION FOUNDATION	23-730490	2	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
3a			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ac	. ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	vices provided to the payor?	7a		X
	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				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	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	13b	-		
с	Enter the amount of reserves on hand	13c			
14a			<u>14a</u>		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	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 act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	1 990	(2023)

5

AMERICAN BOARD OF ME	DICAL S	SPECIALTIES
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	AMERICAN BOARD OF MEDICAL SPECIALITES						•
	990 (2023) RESEARCH AND EDUCATION FOUNDATION			-730490			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr				"No" ı	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See ii	nstructions				
	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	1a		8			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	with a	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the o	direct	supervisio	on			
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990) was	s filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?			5		Х
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app						
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stor						
	persons other than the governing body?				7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year l						
а	The governing body?		•		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve						
		mac	0000./			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 char						
			,,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b				11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		g				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye,				12.0		
Ū	on Schedule O how this was done	s, u	SCHDE		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	x	
15	Did the process for determining compensation of the following persons include a review and approval to				<u> </u>		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>y</i>	lopondone				
а	The organization's CEO, Executive Director, or top management official				15a		х
					15b		x
U	Other officers or key employees of the organization				130		-
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ant w	th a				
104					16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				104		
D			-	1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements?				16b		
Sec	exempt status with respect to such arrangements?						
17	List the states with which a copy of this Form 990 is required to be filed IL	000	T (a a ati a ra	F01/a)/0)a		e ve ile k	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public imposition. Indicate how you made these qualitable. Check all that apply	1 990	I (Section	501(C)(3)S	oniy)	availat	ле
	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 classes)	~					
40			,		fires		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cont	nict C	n interest p	olicy, and	innan	JIAI	
00	statements available to the public during the tax year.		1 x0 c =				
20	State the name, address, and telephone number of the person who possesses the organization's book JULIE HUBBARD - 312-436-2694	s and	records				
	353 N CLARK ST, SUITE 1400, CHICAGO, IL 60654						
000					Form	990	(2022)
332006	12-21-23 6				LOLU	1000	(2023)
	0						

Form 990 (202		23 - 7304902	Page 7							
Part VII C	ompensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated								
E	mployees, and Independent Contractors									
C	heck if Schedule O contains a response or note to any line in this Part VII		Χ							
Section A. O	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
	 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 									

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

AMERICAN BOARD OF MEDICAL SPECIALTIES

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pei	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yolqr	t con /ee	_	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD E. HAWKINS, MD	2.00		_		-					
PRESIDENT & CEO	48.00	х		х				33,403.	801,672.	81,193.
(2) GREGORY OGRINC, MD	5.00									
SVP, CERT STANDARD & PRGM	45.00				х			47,068.	423,617.	97,603.
(3) CARRIE RADABAUGH	2.00									
SVP, GOVERNANCE AND BOARD RELATIONS	48.00				Х			10,234.	245,619.	74,129.
(4) STEPHANIE DONOVAN	1.00									
CHIEF LEGAL OFFICER (AS OF 3/23)	49.00				Х			4,755.	232,968.	62,704.
(5) JULIE HUBBARD	1.00									
CFO	49.00			Х				4,969.	243,486.	33,266.
(6) LARRY A. GREEN, MD	1.00									
IMMEDIATE PAST CHAIR	10.00	Х		Х				2,500.	22,500.	0.
(7) SUSAN RAMIN, MD	1.00									
SECRETARY-TREASURER	3.00	Х		Х				2,500.	22,500.	0.
(8) REBECCA L. JOHNSON, MD	1.00									
CHAIR (AS OF 6/23)	10.00	Х		X				2,500.	22,500.	0.
(9) MICHAEL L. CARIUS, MD	1.00									
CHAIR (THRU 2/23)	10.00	Х		X				1,250.	11,250.	0.
(10) KEITH BRANDT, MD	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) TARA MONTGOMERY, MS	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) MICHAEL R. NELSON, MD, PHD	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(13) J. BRANTLEY THRASHER, MD, FACS	1.00									
CHAIR-ELECT (AS OF 10/23)	1.00	Х						0.	0.	0.
	1							1		Form 990 (2022)

7

332007 12-21-23

Form 990 (2023)

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	990 (2023) RESEARCH AND									23-7304	902	Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck i ss per	rson i) than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other
		(list any hours for related ordination pelow lighest compensated employee			the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/ 1 or: ar	npensation from the ganization nd related ganizations				
с	Subtotal Total from continuation sheets to Part VII	, Section A							109,179. 0. 109,179.	2,026,11	0.	348,895. 0. 348,895.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization										2 •	0
3	Did the organization list any former officer,	,	,			-	,		, , ,	,		Yes No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	dual for services		x
	tion B. Independent Contractors											
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y			
	(A) Name and business	address							(B) Description of s	ervices		C) ensation
	ON CHILDRENS HOSPITAL LONGWOOD AVENUE, BOSTON, MA 02115	5							OVERSIGHT AND MANA	GEMENT		134,954.
2	Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization							ed	above) who received m	ore than		
	\$100,000 of compensation from the organiz											

Form	1 990		DUCATION FOUNDATIO	N		23-730490	2 Page 9
Ра	rt VI	II Statement of Revenue					
		Check if Schedule O contains a resp	oonse or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c c f	Image: Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g	480,000.				
a C	ŀ	Total. Add lines 1a-1f		480,000.			
Program Service Revenue		All other program service revenue					
	ç						
	3 4 5	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt b Royalties	ond proceeds	4,417.			4,417.
	6 a b c	(i) Re Gross rents Less: rental expenses Rental income or (loss) 6 6 6 6 6 6 6 6	al (ii) Personal				
Revenue	7 a	 Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 					
Sev		Net gain or (loss)					
Other I	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses					
		Net income or (loss) from fundraising eve					
	9 a	Gross income from gaming activities. Se Part IV, line 19	9a				
		Less: direct expenses					
		 Net income or (loss) from gaming activiti Gross sales of inventory, less returns and allowances 					
		Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of invente	OryBusiness Code				
sn	11 -						
neo	11 a k						
Miscellaneous Revenue	с С	·					
Be		All other revenue					
Σ		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		484,417.	0.	0.	4,417.
33200	9 12-2		•				Form 990 (2023

9

2023.04010 AMERICAN BOARD OF MEDICAL 01951641

9

RESEARCH AND EDUCATION FOUNDATION

Do not incl	Check if Schedule O contains a respons ude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b,	and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	and other assistance to domestic organizations	105 000	105 000		
	omestic governments. See Part IV, line 21	195,000.	195,000.		
	s and other assistance to domestic				
	duals. See Part IV, line 22				
	s and other assistance to foreign				
	izations, foreign governments, and foreign				
	duals. See Part IV, lines 15 and 16				
	fits paid to or for members				
	bensation of current officers, directors,	107 070		107 070	
	es, and key employees	127,072.		127,072.	
	ensation not included above to disqualified				
	ns (as defined under section 4958(f)(1)) and				
	ns described in section 4958(c)(3)(B)	405 700	00 077	217 711	
	salaries and wages	405,788.	88,077.	317,711.	
	on plan accruals and contributions (include	2/ 170		10 473	
	n 401(k) and 403(b) employer contributions)	24,178.	5,705.	18,473.	
	employee benefits	42,410.	26,583.	15,827.	
		31,507.	6,952.	24,555.	
	for services (nonemployees):	124 054	124 054		
	gement	134,954.	134,954.		
	·····	4 970		4 970	
	unting	4,870.		4,870.	
	ying				
	sional fundraising services. See Part IV, line 17	800			
	tment management fees	796.		796.	
	. (If line 11g amount exceeds 10% of line 25,	4.465	4 4 9 9		
	n (A), amount, list line 11g expenses on Sch O.)	4,165.	1,183.	2,982.	
	tising and promotion	5,024.	5,024.	1 244	
	expenses	1,344.	6 605	1,344.	
	nation technology	29,777.	6,625.	23,152.	
	ties	55.404		FF 404	
	pancy	57,131.	4 202	57,131.	
	۱ -	4,393.	4,393.		
	ents of travel or entertainment expenses				
	y federal, state, or local public officials				
	erences, conventions, and meetings	3,675.	3,675.		
0 Intere					
	ents to affiliates	0.465		0.175	
	eciation, depletion, and amortization	8,465.		8,465.	
		15,711.		15,711.	
above. line 24	expenses. Itemize expenses not covered (List miscellaneous expenses on line 24e. If le amount exceeds 10% of line 25, column (A), It, list line 24e expenses on Schedule 0.)				
a	-				
b					
с	-				
d	-				
	ner expenses				
	functional expenses. Add lines 1 through 24e	1,096,260.	478,171.	618,089.	
	costs. Complete this line only if the organization				
-	ed in column (B) joint costs from a combined				
	tional campaign and fundraising solicitation.				
Check	here if following SOP 98-2 (ASC 958-720)				Form 990 (20)

10

Form 990 (2023)

Part IX Statement of Functional Expenses

2023.04010 AMERICAN BOARD OF MEDICAL 01951641

23 - 7304902Page 10

RESEARCH AND EDUCATION FOUNDATION

orm 990 Part X	2023) RESEARCH AND EDUCATION FOUNDATION		23-730	4902 Page 11
IUITX	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	60,033.	1	324,975
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	0.	4	15,000
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	
ω 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
B Asi	Prepaid expenses and deferred charges	30,000.	9	1,000
	Land, buildings, and equipment: cost or other	, -	Ŭ	,
100	basis. Complete Part VI of Schedule D 10a			
b			10c	
11	Investments - publicly traded securities	148,562.	11	167,482
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Intangible assets		15	
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	238,595.	16	508,457
17	Accounts payable and accrued expenses	26,556.	17	57,571
18			18	
19	Grants payable		19	
20	Deferred revenue		20	
20	Tax-exempt bond liabilities		20	
00	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 jes	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
jiit			00	
Liabilities	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	2,371,356.	05	3 207 540
00	of Schedule D	2,371,330.	25	3,207,540 3,265,111
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	2,397,912.	26	5,205,111
٥				
2	and complete lines 27, 28, 32, and 33.	2 222 070		2 264 127
	Net assets without donor restrictions	-2,332,879. 173,562.	27	-3,264,137 507,483
8 28	Net assets with donor restrictions	173,302.	28	507,405
, n	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29 St	Capital stock or trust principal, or current funds		29	
e 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances 87 88 87 88 87 88 87 88 87 88 87 88 86 86 86 86 86 86 86 86 86 86 86 86	Retained earnings, endowment, accumulated income, or other funds	0 450 045	31	0 850 654
	Total net assets or fund balances	-2,159,317.	32	-2,756,654
33	Total liabilities and net assets/fund balances	238,595.	33	508,457

Form **990** (2023)

	AMERICAN BOARD OF MEDICAL SPECIALTIES							
Form	990 (2023) RESEARCH AND EDUCATION FOUNDATION	23-7304902	2	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		484,	417.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,096,	260.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-611,	843.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2	,159,	317.			
5	Net unrealized gains (losses) on investments	5		14,	506.			
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))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
		r		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	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	X				
	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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	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							
	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 required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2023)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Co	omplete if the organ 494 At	ublic Charity Status and Public Support olete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organizat	ion AMERIC	AN BOARD OF MED	ICAL SPECIALTIES				Employer	r identification number			
		CH AND EDUCATIO						23-7304902			
Part I Reason	for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	IS.				
The organization is not	a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1 🗌 A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2 A school des	scribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	า 990).)							
3 A hospital or	a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).					
4 A medical re	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
city, and stat	te:										
5 📃 An organizat	ion operated fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
			nental unit described in	section 17	70(b)(1)(A)	(v).					
7 An organizat	ion that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in			
		omplete Part II.)									
			1)(A)(vi). (Complete Parl	t II.)							
			in section 170(b)(1)(A)(i	-	ed in conju	inction with a	land-grant	college			
			ulture (see instructions).								
university:			. , ,				· · ·				
10 An organizat	ion that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
activities rela	ated to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment			
income and	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.			
See section	509(a)(2). (Co	mplete Part III.)									
11 An organizat	ion organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).					
12 X An organizat	ion organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
more public	y supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on			
lines 12a thr	ough 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.				
a 🛛 Type I. A s	supporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving			
the support	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting			
organizatio	on. You must c	complete Part IV, Se	ections A and B.								
b 🗌 Type II. A	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing			
control or	management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
organizatio	on(s). You mus	t complete Part IV,	Sections A and C.								
c 📃 Type III fu	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,			
its support	ed organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d 📃 Type III no	on-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)			
that is not	functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	veness			
	nt (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e X Check this	box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
functionall	y integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.						
f Enter the number		• • • • • • • • • • • • • • • • • • • •						1			
g Provide the follow			d organization(s). (iii) Type of organization	(iv) Is the ora:	anization listed	(v) Amount of	fmonoton	(vi) Amount of other			
(i) Name of supp organizatio		(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)			
			above (see instructions))	Yes	No						
ADMC		41 0047710	10	v			20 000	1 065 464			
ABMS		41-0847713	10	X			30,000.	1,065,464.			
Total							30,000.	1,065,464.			

AMERICAN	BOARD	OF	MEDICAL	SPECIALTIES
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Sch		ESEARCH AND ED				23-7304	T age Z
Pa	art II Support Schedule for	-					
	(Complete only if you checke			-	on failed to qualify u	under Part III. If th	e organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	III.)			
Se	ction A. Public Support	1	1	1	1		1
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	1	1		-		-
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and stop						
Se	ction C. Computation of Publi					<u> </u>	
14	Public support percentage for 2023 (I					14	%
15	Public support percentage from 2022						%
16a	a 33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies						
ł	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organ	ization
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	organization		
k	o 10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or 1	17a, and line 15 is	s 10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	stop here. Explain i	n Part VI how the	_
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	y supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructior	ns

Schedule A (Form 990) 2023

AMERICAN BOARD OF ME	DICAL S	SPECIAL	TIES
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RESEARCH AND EDUCATION FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disgualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

15

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

23-7304902

Page 3

12240729 153424 0195164-00002

23-7304902 Page 4

Yes No

Schedule A (Form 990) 2023 RESEA

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes." complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	1	Х	
	2	Х	
	3a	Х	
	3b	Х	
ł	3c	X	
	4a		x
h	4a		
	4b		
	4c		
	5a		X
ŀ	5b		
	<u>5c</u>		
	6		Х
	7		х
	8		Х
ļ	9a		X
	9b		X
	9c		Х
ļ	10a		X
	10b		
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RESEARCH AND EDUCATION FOUNDATION

Yes No

Х

Х

No

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Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sor	tion B. Type I Supporting Organizations			

ection B. Type I Supporting Organizations

Schedule A (Form 990) 2023

Dout IV Supportin

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that t	he organization used to satis	fv the Integral Part Test duri	ng the year (see instructions)

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
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17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2023

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RESEARCH AND EDUCATION FOUNDATION

23-7304902 Page 6

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

	edule A (Form 990) 2023 RESEARCH AND EDUCAT: rt V Type III Non-Functionally Integrated 509		nizations (continu		23-7304902	Page 7
Sect	ion D - Distributions		joontine	<u></u>	Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	0		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2019					
b	Excess from 2020					
c	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION 23-7304902 Schedule A (Form 990) 2023 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART IV, SECTION A, LINE 2: THE ABMS REF CONFIRMED THAT THE SUPPORTED ORGANIZATION, ABMS, IS A SECTION 501(C)(6) TAX EXEMPT ORGANIZATION BY REVIEWING ITS INTERNAL REVENUE SERVICE DETERMINATION LETTER AND BY ANNUALLY COMPLETING A PRO FORMA SCHEDULE A, PART III TEST TO CONFIRM THAT ABMS SATISFIES THE PUBLIC SUPPORT TESTS UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. PART IV, SECTION A, LINE 3B: SAME AS LINE 2 ABOVE. PART IV, SECTION A, LINE 3C: THE ABMS REF OPERATES EXCLUSIVELY FOR THE BENEFIT OF ABMS WITH ITS FOCUS SOLELY ON ACTIVITIES WHICH SUPPORT ABMS AND OTHER NONPROFIT SCIENTIFIC RESEARCH AND DEVELOPMENT ORGANIZATIONS. THE ABMS REF DOES NOT ENGAGE IN ANY ACTIVITIES OUTSIDE THE SCOPE OF ABMS' ORGANIZATIONAL PURPOSE.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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



Employer identification number

AMERICAN	BOAL	RD OI	F MEDIO	CAL	SPECIALTIES	
RESEARCH	AND	EDU	CATION	FOU	NDATION	

23-7304902

- · ··		
Organization	type (check)	one):

Filers of:	Sect	ion:
Form 990 or 990-EZ	X	501(c)(³) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of or AMERICAN	ganization BOARD OF MEDICAL SPECIALTIES		Employer identification number
	AND EDUCATION FOUNDATION		23-7304902
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$345	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$45,	,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$30	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$15,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$15,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		_	,000. Person X Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

323452 12-26-23

Schedule B (Form 990) (2023)

Part I	Contributors (and instructions) the durity of the second		
	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$15,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

23 2023.04010 AMERICAN BOARD OF MEDICAL 01951641

Schedule B (Form 990) (2023) Name of organization

Employer identification number

	3 (Form 990) (2023)		Page 3
	rganization		Employer identification number
	BOARD OF MEDICAL SPECIALTIES		23-7304902
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) (d)
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Liste received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

323453 12-26-23

Schedule B (Form 990) (2023)

12240729 153424 0195164-00002

Schedule E	3 (Form 990) (2023)			Page ²			
Name of or	ganization			Employer identification number			
AMERICAN	BOARD OF MEDICAL SPECIALTIES						
	AND EDUCATION FOUNDATION			23-7304902			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
ŀ		(e) Transfer of git	t				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee			
(a) No.			1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
-		(e) Transfer of gif	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
ŀ	(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
ŀ		(e) Transfer of gif	 t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee			
				Cat-stute D (F 000) (2000)			
323454 12-26-	-20			Schedule B (Form 990) (2023)			

12240729 153424 0195164-00002

SC	SCHEDULE D Supplemental Financial Statements				OMB No. 1545-0047	
(Forn	n 990)		nization answered "Yes" on Forn , 11a, 11b, 11c, 11d, 11e, 11f, 12a			2023
	ment of the Treasury	A	ttach to Form 990.			Open to Public
	Revenue Service		O for instructions and the latest in	nformation.	Envelopment	
Nam	e of the organizati	RESEARCH AND EDUCATION FOUN				identification number 23-7304902
Par	t I Organiza	ations Maintaining Donor Advise		unds or Ac		
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	()	b) Funds an	d other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	vriting that the assets held in dono	or advised fund	s	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds o	can be used or	nly	
		oses and not for the benefit of the donor o	, , ,		0	
Der		ate benefit?				Yes No
Par		ation Easements. Complete if the org		n 990, Part IV,	line 7.	
1		servation easements held by the organization				tent level even
		of land for public use (for example, recrea	·	ation of a histor	· ·	
		f natural habitat		ation of a certif	ied historic	structure
2		of open space through 2d if the organization held a qualif	ind concentration contribution in th	o form of a con	oon otion o	accoment on the last
2	day of the tax year	o o .				at the End of the Tax Year
а		onservation easements			2a	
b					2b	
c	0	vation easements on a certified historic stru			2c	
		vation easements included on line 2c acqui				
		ture listed in the National Register			2d	
3		vation easements modified, transferred, rel			ation during	g the tax
	year					
4	Number of states	where property subject to conservation eas	ement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handl	ing of		
	violations, and enf	orcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcir	ng conservatior	n easements	s during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing co	nservation eas	ements duri	ing the year
•			action the requirements of eaction	170/b)//)/D)/i)		
8		vation easement reported on line 2d above				Yes No
9		(4)(B)(ii)? be how the organization reports conservation				
5		d include, if applicable, the text of the footn		•		the
		ounting for conservation easements.	oto to the organization o manolar			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures,	or Other Si	milar Ass	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue state	ment and bala	nce sheet w	orks
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or resear	ch in furtheran	ce of public	
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes the	se items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statemer	nt and balance	sheet works	s of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research	in furtherance	of public se	rvice,
	-	ng amounts relating to these items.				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				
	.,					
2		received or held works of art, historical trea		inancial gain, p	rovide	
	-	unts required to be reported under FASB A	-			
		on Form 990, Part VIII, line 1				
		Form 990, Part X				
		eduction Act Notice, see the Instructions	s tor Form 990.		Sche	dule D (Form 990) 2023
332051	09-28-23		26			
			40			

DTANN DOADD OF MEDIANI CDEATAIMIEC

Schedule D Form 900 (2022) REFERENCE NADE EDUCATION Call Control Call Contro Call Control Call Contrestrol </th <th></th> <th></th> <th>DARD OF MEDICAL</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>			DARD OF MEDICAL						
3 Using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other									Page 2
collection items (sheek all that apply). d Loan or exchange program a Public exhibition d Loan or exchange program b Scholarly research e Other								(contin	ued)
a Public exhibition d Learn or exchange program b Scholarly research e Other	3		on, and other records	s, check any of the f	ollowing that make s	significant	use of its		
b Scholary research e Other			_						
C Preservation for future generations Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solute of receive donations of art, historical answered "Yes" on Form 990, Part X, Line 21. Is the organization and extrements complete if the organization answered "Yes" on Form 990, Part X, Line 21. Is the organization and extrements complete if the organization answered "Yes" on Form 990, Part X, Line 21. Is the organization and extrement in Part XIII and complete the following table: C Beginning balance C defining balance C definition during the year C definition during the year C definition during the year C defin									
Provide a description of the "ganization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection? Part V Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. In the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization include an anount on Form 990, Part X, line 21. If a segmining of year balance Id Current year Id Id Id Intervents back. Id Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization include an amount on Form 990, Part X, line 21. If yes, "schlam there explanes and yoog and yes balance Id Id Id Intervented an Id Id Id Intervented and Id Id Id Intervented and Id Id Id Id Intervented and Id	b		e	Other					
5 During the year, did the organization solicit, or receive donations of art, historical treasures, or other similar assets to be solid to raise funder raiter than to be maintained as part of the organization is collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XP, line 21. Is the organization angement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: It al. Armount 10 c Beginning balance 11 11 It organization angement in Part XIII. Check here if the explanation has been provided in Part XIII No D If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No No Part V Endong balance 10 10 10 10 20 did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No No Beginning of year balance 10.01/Prov year (b(0) Prov year (b(0) Prov year 10, line 10. 11 22, 000. 1, 23, 188, 000. 4 Additions or scholarships 144, 552, 173, 735, 161, 467, 143, 912, 123, 188, 000. 123, 188, 000. 1, 000, 000. 148, 552, 173, 735, 161, 467, 143, 912, 123, 123, 128,	с	•							
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete in Part XIII Amount Image: Complete in Part XIII Amount Image: Complete in Part XIII Image: Complete in Part XIIII Image: Complete in Part XIII Image: Complete in Part XIIII Image: Com	4								
Part IV Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part XP No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part XP Amount c Beginning balance Image: Complete intermediary for escrow or custodial account fability? Ves No D If 'Yes, 'explain the arrangement in Part XIII Image: Complete intermediary for escrow or custodial account fability? Ves No Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete intermediary for contributions 1a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete intermediary for contributions or scholarships Image: Complete intermediary for contributions or scholarships Image: Complete intermediary for contributions or scholarships Image: Complete intermediary for contributions </th <th>5</th> <th></th> <th></th> <th></th> <th></th> <th>r assets</th> <th></th> <th>-</th> <th></th>	5					r assets		-	
reported an amount on Form 990, Part X, line 21. Image: Control of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Control of the included on Form 990, Part X, line 21. 1a Is the organization an agent, trastee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Control other include and control other included on Form 990, Part X, line 21. b If 'Yes,'' explain the arrangement in Part XIII control other included an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Control other include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Control other include an amount on Form 990, Part X, line 21. for years to (1) for years back [0] Four years ba								_	No
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Intermediate Amount c Beginning balance Intermediate Amount Intermediate Amount 1a Complete the arrangement in Part XIII and complete the following table: Amount Intermediate Amount 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Pert V Fedowment Funds Complete the organization answered "Yes" on Form 390, Part IV, line 10. Part V Endowment Funds Complete the organization answered "Yes" on Form 390, Part IV, line 10. Intermediate and the arrangement in Part XIII. 1a Beginning of year balance 10, 2, 200, 1,	Pai			te if the organization	answered "Yes" on	Form 990	, Part IV, li	ne 9, or	
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 2 Did the organization include an amount on Form 980, Part X, line 21, for escriv or rounded in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 980, Part IX, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 980, Part IX, line 10. 1a Beginning of year balance 148, 562, 173, 735, 161, 467, 143, 912, 123, 188, 100, 000, 100, 0		· · · ·							
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1 a			-				7	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance Id a Did the expinzation include an amount on Form '90, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Check here if the explanation answered 'Yes' on Form '90, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form '90, Part X, line 10. Image: Check here if the explanation the yes' on Form '90, Part X, line 10. Ia Beginning of year balance 148, 552, 173, 735, 161, 467, 143, 912, 123, 188, 100, 120, 123, 188, 100, 120, 123, 188, 100, 123, 123, 123, 123, 123, 124, 123, 123, 123, 123, 124, 123, 124, 123, 124, 123, 124, 123, 124, 124, 124, 124, 124, 124, 124, 124							L	Yes	No
c Beginning balance 1c d Additions during the year 1d d Additions during the year 1d d Ending balance 1f d Distributions during the year 1f e Distributions during the year 1f e Distributions and the year parameterin para Mill (e) Four years back (e) Four years back f Beginning of year balance 148, 562, 173, 735, 161, 467, 143, 912, 122, 188, 19, 200, 1, 000, 1,	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A	
d Additions during the year 1d e Distributions during the year 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Io Io Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Io Io Io Vest investment earnings, gains, and losses 18, 920, -25, 173, 12, 268, 15, 555, 19, 724, 10, 200, 1, 000								Amount	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance [a) Current year [b) Prior year [c) Torver stack (d) Three years back (e) Four years back (d) Three									
f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Ves No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 148,562. 173,735. 161,467. 143,912. 123,188. 1a Contributions 2,000. 1,000. <th>е</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	е								
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prory year (c) Two years back. (d) Three years back. (e) Four years back. 1a Beginning of year balance (a) Current year. (b) Prory year (c) Two years back. (e) Four years back. c Contributions 148,562. 173,735. 161,467. 143,912. 123,188. b Contributions 18,920. -25,173. 12,268. 15,555. 19,724. d Grants or scholarships 167,482. 148,562. 173,735. 161,467. 143,912. g End of year balance 167,482. 148,562. 173,735. 161,467. 143,912. g End of year balance 167,482. 148,562. 173,735. 161,467. 143,912. g End of year balance % 167,482. 148,562. 173,735. 161,467. 143,912. g End of year balance % % % % % % % </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>7</th> <th></th>								7	
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Three years back fa four three years ba		-				lity?	L	Yes	
Image:									
1a Beginning of year balance 148,562. 173,735. 161,467. 143,912. 123,188. b Contributions 2,000. 1,000. 1,000. c Net investment earnings, gains, and losses 18,920. -25,173. 12,268. 15,555. 19,724. d Grants or scholarships	Fai	Elidowillent Funds Complete if					vooro book	(a) Four	vooro book
b Contributions 1,000. 1,000. c Net investment earnings, gains, and losses 18,920. -25,173. 12,268. 15,555. 19,724. d Grants or scholarships			., ,	., ,	., ,		-		
c Net investment earnings, gains, and losses 18,92025,173. 12,268. 15,555. 19,724. d Grants or scholarships 0 e Other expenditures for facilities and programs 1 f Administrative expenses 167,482. 148,562. 173,735. 161,467. 143,912. g End of year balance			148,362.	1/3,/35.	101,407.				,
Grants or scholarships			10.000	05 152	10.000				-
e Other expenditures for facilities and programs			18,920.	-25,173.	12,268.		15,555.		19,724.
and programs	d	Grants or scholarships							
f Administrative expenses 167,482. 148,562. 173,735. 161,467. 143,912. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % % c Term endowment % % d Term endowment % % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations? Yes No (i) Unrelated organizations? 3a(ii) X 3a(ii) X d Describe in Part XIII the intended uses of the organization's endowment funds. Yes' on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Merciation (d) Book value b Buildings Image: Solution of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value c Leasehold improvements Image: Solution of properts Image: Solution of properts Image: Solution of properts Imag	е	Other expenditures for facilities							
g End of year balance 167,482. 148,562. 173,735. 161,467. 143,912. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% % c Term endowment% % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:									
2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (onvestment) basis (investment) basis (other) basis (other) depreciation c Leasehold improvements. d Leasehold improvements. d Equipment e Other	f								
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings	g	End of year balance	167,482.	148,562.	173,735.	1	61,467.		143,912.
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Nelated organizations? (iii) Related organizations? (ii) Cost or other (c) Accumulated (depreciation d	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organization as the related organization's endowment funds. Part VI Land, Buildings, and Equipment (b) Cost or other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings <	а	Board designated or quasi-endowment		_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Part XIII the intended uses of the organization's endowment funds. Yes No 3a(i) x 3a(i) x 3a(ii) x 3a(ii) x 3a(iii) x 3a(iii) x 3a(iii) x 3a(iii) x 3b i 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation Buildings Caesehold improvements Caes	b	Permanent endowment	%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other	с	Term endowment	%						
organization by: Yes No (i) Unrelated organizations? 3a(i) x (ii) Related organizations? 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 0 Description of property (a) Cost or other basis (other) depreciation 4 1 Land 1 Land 1 1 1 1 4 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1 Land 1 Land 1		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
(i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he		-	
(i) Output Description of property 3a(ii) X (ii) Related organizations? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 1a Land 1a 1a c Leasehold improvements 1a 1a 1a 1a 1a d Equipment 1a		organization by:							Yes No
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c		(i) Unrelated organizations?						3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(ii) Related organizations?						3a(ii)	X
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4			wment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par								
Image: Second system Image: Second system Image: Second system 1a Land Image: Second system Image: Second system b Buildings Image: Second system Image: Second system c Leasehold improvements Image: Second system Image: Second system d Equipment Image: Second system Image: Second system e Other Image: Second system Image: Second system		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
b Buildings		Description of property		• • •				(d) Bool	k value
b Buildings	1a	Land							
c Leasehold improvements d Equipment e Other									
d Equipment									
e Other									
				X. line 10c. column	<i>(</i> B))				0.

Schedule D (Form 990) 2023

332052 09-28-23

AMERICAN BOARD OF MEDICAL SPECIALTIES

RESEARCH AND EDUCATION FOUNDATION

Schedule	<i>B</i> (Feineed) 2020	CATION FOUNDATION		23-7304902	Page 3
Part V					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Finar	ncial derivatives				
(2) Close	ely held equity interests				
(3) Othe					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	I. (b) must equal Form 990, Part X, line 12, col. (B))				
Part V	III 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)					
	(b) must agual Farm 000 Dart V line 10 agl (D))				
Part I)	I. (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets				
i arciz	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15		
	-	Description		(b) Book	value
(1)	(*)			(2) 2001	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (0					
Part X	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities	ы. (В))			
Turtx	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25	
4	(a) Description of liability			(b) Book	
<u>1.</u>					value
	ederal income taxes			3	207,540.
	JOE 10 ADMS			<u>,</u>	207,540.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					207 540
	olumn (b) must equal Form 990, Part X, line 25, co				207,540.
2. Liabi	lity for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statemen	its 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

332053 09-28-23

Schedule D (Form 990) 2023

AMERICAN	BOARD	OF	MEDICAL	SPECIALTIES

	AMERICAN BOARD OF MEDICAL SPECIALTI	ES		
Sche	dule D (Form 990) 2023 RESEARCH AND EDUCATION FOUNDATION		23-7304902 Pag	e 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information			

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

PART X, LINE 2:
FIN 48 FOOTNOTE
THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED GUIDANCE THAT
REQUIRES THE TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN
THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO
BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.
OTHER THAN WHAT IS DISCLOSED IN NOTE M, MANAGEMENT HAS DETERMINED THAT
THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE
CONSOLIDATED FINANCIAL STATEMENTS.
NOTE M OF THE AUDITED FINANCIAL STATEMENTS OUTLINES TAX EXPENSE
RECEIVABLES AND PAYABLES FOR INCOME TAX PURPOSES.

332054 09-28-23

Schedule D (Form 990) 2023 RESEARCH AND E	EDUCATION FOUNDATION	23-7304902	Page 5
Schedule D (Form 990) 2023 RESEARCH AND E Part XIII Supplemental Information (continued))		
		<u></u>	000) 000-
332055 09-28-23		Schedule D (Form	1 990) 2023
002000 00-20-20			

SCHEDULE I (Form 990)		0 0 U	Governments, and Individuals in the United States	er Assistand d Individuals	s in the Unit	zations, ed States		OMB No. 1545-0047
Department of the Treasury		Comple	Complete if the organization answered ~ Tes° on Form 990, Part IV, line z1 of zz. Attach to Form 990.	answered "res" on Fo Attach to Form 990.	оп Form 990, Рап 990.	IV, IINE Z I OF ZZ.		Open to Public
Internal Revenue Service			Go to www.irs.	Go to www.irs.gov/Form990 for the latest information.	the latest informa	tion.		Inspection
Name of the organization	AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION	OF MEDICAL S JUCATION FOUN	PECIALTIES DATION					Employer identification number 23-7304902
Part I General Info	General Information on Grants and Assistance	d Assistance						
1 Does the organizat	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants of	or assistance, the g	Irantees' eligibility	or the grants or assis	tance, and the selectio	c
criteria used to aw	criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monite	oring the use of grant f	unds in the United	States.			
Part II Grants and recipient that	Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	omestic Organiz ,000. Part II can I	ations and Domestic be duplicated if additic	omestic Governments. Con if additional space is needed.	omplete if the orga d.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	V, line 21, for any
1 (a) Name and address of organization or government	ress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 600 NORTH WOLFE STREET - BALTIMORE, MD 21287	IS UNIVERSITY SCHOOL OF 600 NORTH WOLFE STREET , MD 21287	52-0595110	501(C)(3)	60,000.	0.			VISITING SCHOLAR PROGRAM
UNIV OF PITTSBURGH PO BOX 640458 PITTSURGH PA 1526	URGH 15264-0458	25-0965591	501(C)(3)	30 000	0			VISTTING SCHOLAR PROGRAM
Z OF	' NORTH CAROLINA - 104 AIRPORT DRIVE, CHAPEL HILL NC 27510		501(C)(3)	15 000	C			VISITING SCHOLAR PROGRAM
EVELAND ATION F LVD, 15 06	EDICAL RESEARCH TION - 10701) - CLEVELAND,		501(C)(3)	15,000.				
SAINT LOUIS UNIVERSITY 3545 LINDELL BLVD ST LOUIS, MO 63103	SITY	43-0654872	501(C)(3)	15,000.	0.			VISITING SCHOLAR PROGRAM
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	10 ک	41-6011702 501(C)(3)	501(C)(3)	15,000.	.0			VISITING SCHOLAR PROGRAM
2 Enter total number	Enter total number of section 501(c)(3) and government organizations list	d government org	anizations listed in the	ted in the line 1 table				•6
3 Enter total number	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					0.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice, see the	Instructions for	Form 990.					Schedule I (Form 990) 2023

LHA 332101 11-01-23

31

23-7304902 Page 1		(h) Purpose of grant or assistance	VISITING SCHOLAR PROGRAM	VISITING SCHOLAR PROGRAM	VISITING SCHOLAR PROGRAM				Schedule I (Form 990)
	т II.)	(g) Description of non-cash assistance							
	edule I (Form 990), Par	(f) Method of valuation (book, FMV, appraisal, other)							
	vernments (Sch	(e) Amount of noncash assistance	0.	0.	0.				
	and Domestic Gc	(d) Amount of cash grant	15,000.	15,000.	15,000.				
PECIALTIES DATION	mestic Organizations	(c) IRC section if applicable	501(C)(3)	501(C)(3)	501(C)(3)				
AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION	Assistance to Dor	(b) EIN	04-2704683	87-0721923	31-0833936 501(C)(3)				
AMERICAN BOARD Schedule I (Form 990) RESEARCH AND E	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	LAHEY CLINIC, INC 41 BURLINGTON MAIL ROAD BURLINGTON, MA 01805	HOUSTON METHODIST RESEARCH INSTITUTE - 6565 FANNIN STREET - HOUSTON, TX 77030	CINCINNATI CHILDRENS HOPSITAL MEDICAL CENTER - 3333 BURNET AVE, ML 7014 - CINCINNATI, OH 45229				

04-01-23

	CAL SPECIALT	LES			
<u> </u>	FOUNDATION	:	:		23-7304902 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
GRANTS					
ABMS REF MANAGEMENT ANALYZES REQUESTS FOR RESEARCH DISBURSEMENTS ON AN	DISBURSEMENT	IS ON AN			
ONGOING BASIS. GRANTS ARE AWARDED TO ORGANIZATIONS	ТНАТ	SUPPORT RESEARCH			
SCHOLARS. ABMS REF MONITORS AND CONFIRMS THAT GRANTS	ARE	BEING USED FOR			
THEIR INTENDED PURPOSES.					
332102 11-01-23					Schedule I (Form 990) 2023

33

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Compensated Employees Compensation SegarCH AND EDUCAL SPECIALTIES Employer identification number 23-7304902 Part I Questions Regarding Compensation Part VII, Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part vii, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part No provide and provide any of the following to or for a personal use Payments for business use of personal use Payments for business use of personal use Payments for business use of personal use Discretionary spending account Ib X Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2	SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. <u>Attach to Form 990.</u> <u>Go to www.irs.gov/Form990 for instructions and the latest information.</u> Open to Public Inspection Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION Employer identification number <u>23-7304902 Part I Questions Regarding Compensation Yes No 23-7304902 Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Travel for companions Housing allowance or residence for personal use Travie for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Z X </u>	(Fo	rm 990)	-		20	22)
Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Name of the organization AMERICAN BOARD OF MEDICAL SPECIALITIES RESEARCH AND EDUCATION FOUNDATION Employer identification number 23-7304902 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 2 First-class or charter travel Housing allowance or residence for personal use Part vII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 2 Discretionary spending account Payments for business use of personal residence Internation fees Internation fees 2 Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib X 3 Indicate which, if any, of the following the organization used to establish the compensation of the compensation to establish compensation consultant Written employment contract Viitten employment contract I 1 Independent compensation consultant X Compensation committee Viitten employme					20	20)
Internet Revenue Service Co to www.irs.gov/Form990 for instructions and the latest information. Important inspection Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES Employer identification number RESEARCH AND EDUCATION FOUNDATION 23-7304902 Part I Questions Regarding Compensation Yes Name of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Travel for companions Housing allowance or residence for personal use Part vii, Section and gross-up payments Health or social club dues or initiation fees Image: Company spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the crganization used to establish the compensation of the crganization to establish the compensation of the CEO/Executive Director, the kall th apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: X Image: X 3 Indicate which, if any, of the follow	Depa	tment of the Treasury					
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Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No X First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Image: Compensation of the expenses described above? If "No," complete Part III to explain Image: Compensation requires substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Compensation to explain the apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Write employment contract 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Write employment contract 1 Independent compensation consultant X Compensation survey or study Image: Compensation committee Image: Write employment contract 2 X Approval by the board or compensation committee Im	Nam	e of the organizatior				on nu	mber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No X First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Image: Companion of the personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract 2 X Independent compensation consultant X compensation survey or study X compensation committee Written employment contract Image: Compensation committee Image: Compensation committee				23-730	04902		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees X Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. X X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X	Ра	rt I Questions	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complex Comple						Yes	No
 X First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees X Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 	1a			990,			
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 Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 							
 b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		□ Discretionary s	pending account Personal services (such as maid, chauffeu	ir, chet)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 	b					v	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee <	•				. <u>1b</u>	Δ	<u> </u>
 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 	2	•				v	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X		trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2	Δ	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X	~	healte de califade d'an					
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Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee		·					
Image: Second and Second							
		► Form 990 of of	her organizations	ommittee			
	4	During the year did	any names listed on Form 000, Part VII, Section A, line to with respect to the filing				
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	4						
organization or a related organization:	•	•			40		x
							+
c Participate in or receive payment from an equity-based compensation arrangement? 4c A If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. If If	C			. 40			
		I Tes to any of in					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		Only section 501(c	1(3) 501(c)(4) and 501(c)(29) organizations must complete lines 5-9				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	5			n			
contingent on the revenues of:	5						
a The organization?	а	e e			59		x
							+
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	D.	, ,			55		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	6			n			
contingent on the net earnings of:	0	-					
	2	e e			63		x
							+
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	U.	, 0			00		<u> </u>
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 	7						
not described on lines 5 and 6? If "Yes," describe in Part III	'				7	x	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8				- <u>'</u>		<u> </u>
	0	-					x
	0						
	9				0		
Regulations section 53.4958-6(c)? 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2023	For					n 990) 2023

LHA 332111 11-06-23

		AMERICAN BOARD OF MEDICAL SFECTAN	SFECIALITES					1
Schedule J (Form 990) 2023 AppEarven and Education Foundation Day II Afficare Directore Tructore Key Employees and Highert Comparated Employees. I leadualizate conjectif additional snare is needed		D EDUCALION FOU	ompensated Empl		202202/2022 a coniae if additional si	are is peeded		Page z
	00			oyees. Use uuplika				
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 srm 9	orted on Schedule J 90, Part VII.	, report compensati	on from the organize	ttion on row (i) and from	ı related organizations	s, 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	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applica	tble column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	2 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	1	(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	29,088.	2,226.	2,089.	1,650.	1,598.	36,651.	0.
PRESIDENT & CEO		698,120.	53,421.	50,131.	39,600.	38,345.	879,617.	0.
(2) GREGORY OGRINC, MD	Ξ	34,504.	3,700.	8,864.	4,005.	5,755.	56,828.	•0
SVP, CERT STANDARD & PRGM	(ii)	310,539.	33,300.	79,778.	36,047.	51,796.	511,460.	•0
(3) CARRIE RADABAUGH	Ξ	9,295.	924.	15.	1,380.	1,586.	13,200.	•0
SVP, GOVERNANCE AND BOARD RELATIONS	(ii)	223,073.	22,176.	370.	33,109.	38,054.	316,782.	•0
(4) STEPHANIE DONOVAN	Ξ	4,581.	174.	•0	415.	839.	6,009.	•0
CHIEF LEGAL OFFICER (AS OF 3/23)		224,462.	8,506.	.0	20,327.	41,123.	294,418.	•0
(5) JULIE HUBBARD	Ξ	4,796.	173.	•0	372.	294.	5,635.	•0
CFO		234,989.	8,497.	.0	18,205.	14,395.	276,086.	•0
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AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION

332112 11-06-23

AMERICAN BOARD OF MEDICAL SPECIALTIES		
Schedule J (Form 990) 2023 RESEARCH AND EDUCATION FOUNDATION	23-7304902	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	omplete this part for any additional information.	
PART I, LINE 1A:		
FIRST-CLASS OR CHARTER TRAVEL		
PER THE TERMS OF HIS EMPLOYMENT CONTRACT, THE ABMS 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.		
PART I, LINE 3:		
METHODS USED TO ESTABLISH COMPENSATION OF CEO/EXECUTIVE DIRECTOR		
TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR, THE		
RELATED ORGANIZATION UTILIZES THE FOLLOWING: EXECUTIVE COMMITTEE,		
COMPARABILITY DATA, AND APPROVAL BY THE ABMS BOARD OR EXECUTIVE COMMITTEE.		
PART I, LINE 7:		
NON-FIXED PAYMENTS		
FOR THOSE INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A, WHO		
ARE ELIGIBLE, BONUSES ARE PAID PURSUANT TO THEIR OFFER LETTERS. SUCH OFFER		
LETTERS GENERALY STIPULATE THAT ELIGIBILITY FOR A DISCRETIONARY ANNUAL		
BONUS IS BASED UPON ORGANIZATIONAL PERFORMANCE, MEETING BONUS ELIGIBILITY		
	Schedule J (Form 990) 2023	990) 2023

Schedule J (Form 990) 2023 RESEARCH AND EDUCATION FOUNDATION	23-7304902	Page 3
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.	for any additional information.	
REQUIREMENTS AND THE DISCRETION OF THE PRESIDENT AND CHIEF EXECUTIVE		
	Schedule J (Form 990) 2023	0) 2023

AMERICAN BOARD OF MEDICAL SPECIALTIES

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047				
(Form 990)	Complete to provide information for responses to specific questions on		2023				
Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Dopen to Public Inspection Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION Employer identification number 23-7304902							
Name of the organization		Employer	identification number				
	RESEARCH AND EDUCATION FOUNDATION	23-73	04902				
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
SCHOLARLY AND PUBL	IC EDUCATION PURPOSES OF THE AMERICAN BOARD OF						
MEDICAL SPECIALTIE	S (ABMS).						
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
PROFESSIONAL QUALI	FICATIONS AND PERFORMANCE OF PHYSICIANS WHO PRACTICE						
IN MEDICAL SPECIAL	TIES; (2) CONDUCT EDUCATIONAL PROGRAMS AND						
DISSEMINATE INFORM	ATION TO THE PUBLIC TO ASSIST IN THE RECOGNITION,						
EVALUATION, AND UN	DERSTANDING OF THE SIGNIFICANCE AND IMPORTANCE OF						
BOARD CERTIFICATIO	N OF PHYSICIAN SPECIALISTS; AND (3) FOSTER NATIONAL						
AND INTERNATIONAL	COOPERATION AND THE EXCHANGE OF INFORMATION RELATED						
TO INITIAL CERTIFI	CATION AND CONTINUING CERTIFICATION AND ONGOING						
PROFESSIONAL DEVEL	OPMENT.						
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:						
COLLABORATION WTH	MENTORS FROM THEIR INSITITUTIONS, ABMS, AND ABMS						
MEMBER BOARDS. THR	OUGH THEIR RESEARCH AND PROGRAM ENGAGEMENT, VSP						
SCHOLARS INFORM TH	E STUDY OF CONTINUING PROFESSIONAL DEVELOPMENT,						
PHYSICIAN ASSESSME	NT, SELF-REGULATION, AND QUALITY IMPROVEMENT.						
FORM 990, PART VI,	SECTION A, LINE 6:						
MEMBERS OR STOCKHO	LDERS						
THE SOLE MEMBER OF	ABMS REF IS ABMS.						

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

MEMBER OR STOCKHOLDERS WHO MAY ELECT

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION	Employer identification number 23-7304902
ABMS REF'S BOARD OF DIRECTORS ACTS AS ITS GOVERNING BODY. HOWEVER, CERTAIN	I
ASPECTS OF GOVERNANCE OF ABMS REF ARE RESERVED TO THE ORGANIZATION'S SOLE	
MEMBER, ABMS, AN ILLINOIS, NOT-FOR-PROFIT CORPORATION, EXEMPT FROM FEDERAL	
TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(6).	
FORM 990, PART VI, SECTION A, LINE 7B:	
INDEPENDENT VOTING MEMBERS	
ABMS REF'S BOARD OF DIRECTORS ACTS AS ITS GOVERNING BODY. HOWEVER, CERTAIN	
ASPECTS OF GOVERNANCE OF ABMS REF ARE RESERVED TO THE ORGANIZATION'S SOLE	
MEMBER, ABMS, AN ILLINOIS, NOT-FOR-PROFIT CORPORATION, EXEMPT FROM FEDERAL	
TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(6). THE SOLE MEMBER'S	
"RESERVED POWERS" ARE SET FORTH IN SECTION 2.01 TO 2.04 OF ABMS REF'S	
BYLAWS DATED JUNE 12, 2019 AND ARE AS FOLLOWS:	
SECTION 2.01 MEMBERSHIP.	
THE FOUNDATION (I.E., ABMS REF) SHALL HAVE ONE MEMBER, NAMELY, THE AMERICAN	
BOARD OF MEDICAL SPECIALTIES, AN ILLINOIS NOT-FOR-PROFIT CORPORATION. IN	
THESE BYLAWS, THE MEMBER SHALL BE REFERRED TO AS THE "SOLE MEMBER" OR	
"ABMS".	
SECTION 2.02 MEMBERS RESERVED POWERS.	
THE SOLE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS IN LIEU OF THOSE	
GRANTED BY STATUTE TO MEMBERS. IN AS MUCH AS THE SOLE MEMBER IS ANOTHER	
NOT-FOR-PROFIT CORPORATION, ALL OF THE ACTION REQUIRED TO BE TAKEN OR	
APPROVED BY THE SOLE MEMBER SHALL BE EXERCISED BY THE SOLE MEMBER'S BOARD	
OF DIRECTORS ("ABMS BOD") OR AS OTHERWISE SPECIFIED BY ITS BYLAWS:	
(A) APPOINTING THE PRESIDENT AND CEO OF THE FOUNDATION AND REMOVING HIM OR	
HER, WITH OR WITHOUT CAUSE, SUBJECT TO CONTRACT RIGHTS.	
332212 11-14-23	Schedule O (Form 990) 2023

Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES	Employer identification number
RESEARCH AND EDUCATION FOUNDATION	23-7304902
(B) AMENDING THE ARTICLES OF INCORPORATION AND CORPORATE BYLAWS OF THE	
FOUNDATION.	
C) APPROVING THE FOUNDATION'S ANNUAL OPERATING AND/OR CAPITAL BUDGETS AND	
AMENDMENTS THERETO IN EXCESS OF SUCH AMOUNT AS SHALL BE SPECIFIED FROM TIME	
TO TIME IN WRITING FROM THE SOLE MEMBER TO THE FOUNDATION.	
D) APPROVING ALL CREATIONS OR ACQUISITIONS OF SUBSIDIARIES OR CONTROLLED	
AFFILIATES, MERGERS, CONSOLIDATIONS, PERMANENT OR LONG-TERM AFFILIATIONS	
AND ALL JOINT VENTURES OF THE FOUNDATION INVOLVING CAPITAL INVESTMENTS IN	
EXCESS OF SUCH AMOUNT AS SHALL BE SPECIFIED FROM TIME TO TIME IN WRITING	
FROM THE SOLE MEMBER TO THE FOUNDATION.	
E) APPROVING THE SALE OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL THE	
ASSETS OF THE FOUNDATION AND ALL LONG-TERM DEBT IN EXCESS OF SUCH AMOUNT	
SHALL BE SPECIFIED FROM TIME TO TIME IN WRITING FROM THE SOLE MEMBER TO THE	
FOUNDATION.	
F) APPROVING THE DISSOLUTION OF AND ALL LIQUIDATIONS FROM THE FOUNDATION.	
SECTION 2.03 MANNER OF ACTING BY SOLE MEMBER.	

BY THE SOLE MEMBER'S BYLAWS.

SECTION 2.04 RIGHTS AND LIABILITIES OF SOLE MEMBER.

EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE SOLE MEMBER SHALL NOT BE

LIABLE FOR THE DEBTS OR OBLIGATIONS OF THE FOUNDATION.

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

FORM 990 REVIEW PROCESS

THE BOARD RETAINED THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

ABMS REF FORM 990. THE INDEPENDENT CPA FIRM PRESENTED THE FORM 990 TO THE

40

332212 11-14-23

Schedule O (Form 990) 2023

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2023.04010 AMERICAN BOARD OF MEDICAL 01951641

Schedule O (Form 990) 2023 Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES	Page 2 Employer identification number
Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION	23-7304902
AUDIT COMMITTEE WHICH APPROVED IT IN AUGUST 2024. THE AUDIT COMMITTEE THEN	· · · · · · · · · · · · · · · · · · ·
FORWARDED THE FORM 990 TO THE EXECUTIVE COMMITTEE OF THE ABMS REF BOARD OF	
DIRECTORS FOR ITS CONSIDERATION AND APPROVAL LATER THAT MONTH. AFTERWARDS,	
A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD OF	
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
WRITTEN CONFLICT OF INTEREST POLICY	
THE ABMS CONFLICT OF INTEREST AND DUALITIES OF INTEREST POLICY-WHICH	
APPLIES TO ALL OF ITS AFFILIATES AND SUBSIDIARIES-COVERS ALL DIRECTORS,	
OFFICERS, COUNCIL, COMMITTEE AND BOARD MEMBERS, IDENTIFIED KEY AGENTS AND	
EMPLOYEES. ON AN ANNUAL BASIS, BOARD AND COMMITTEE MEMBERS ARE REQUIRED TO	
DISCLOSE CONFLICTS AND DUALITIES OF INTEREST IN WRITING. AT THE BEGINNING	
OF ALL BOARD AND BOARD COMMITTEE MEETINGS, PARTICIPANTS ARE REQUIRED TO	
DISCLOSE CONFLICTS OF INTEREST AND DUALITIES OF INTEREST. THE MINUTES OF	
ALL BOARD AND ALL BOARD COMMITTEE MEETINGS CONTAIN THE NAMES OF THE PERSONS	
WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN	
CONNECTION WITH AN ACTUAL OR POTENTIAL CONFLICT OR DUALITY OF INTEREST, THE	
NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A	
CONFLICT OR DUALITY OF INTEREST WAS PRESENT AND THE BOARD'S OR COMMITTEE'S	
DETERMINATION AS TO WHETHER A CONFLICT OR DUALITY OF INTEREST IN FACT	
EXISTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS MADE AVAILABLE TO 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.	
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41 2023.04010 AMERICAN BOARD OF MEDICAL 01951641

Schedule O (Form 990) 2023

FORM 990, PART VII

RELATED ORGANIZATION COMPENSATION

THE COMPENSATION REPORTED IN PART VII IS THE COMPENSATION PAID BY ABMS

FOR A FULL-TIME POSITION. HOWEVER, A PORTION OF THE VARIOUS

INDIVIDUALS' TIME IS DEVOTED TO A RELATED ORGANIZATION, ABMS. ABMS REF

IS REQUIRED TO REIMBURSE ABMS FOR THESE COSTS.

332212 11-14-23

Schedule O (Form 990) 2023 42 2023.04010 AMERICAN BOARD OF MEDICAL 01951641

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	and Unrelated Par ss" on Form 990, Part IV, lir	tnerships e 33, 34, 35b, 36,	or 37.	<u> </u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attacn to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Attacn to Form 990. 90 for instructions and the latest	information.			Open to Public Inspection
ation	AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION				Employer identification number 23-7304902	fication number 2
Part I Identification of Disregarded Entities. Complete if the organization	Complete if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	inswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-ex	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
AMERICAN BOARD OF MEDICAL SPECIALTIES 41-0847713, 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654	- - - - CERTIFICATION	ILLLINOIS	501(C)(6)		N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.				Schedule F	Schedule R (Form 990) 2023

332161 09-28-23 LHA

AMERI <i>C</i> ^A Schedule R (Form 990) 2023 RESEARC	AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION	CAL SPEC	IALTIES ION						23-	23-7304902		Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Janizations Taxable attribution of the team of team	as a Partne IX year.		f the organiza	ation answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	, 990, Part IV	line 34, bec	ause it had one	or more re	elated	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor	(i) tinnate Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or Pet managing OW	(j) (k) General or Percentage managing ownership
Part IV Identification of Related Organizations Taxable as a Corporation or generation or trust during the tax year.	anizations Taxable a	as a Corpo	or Trust.	omplete if th	e organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	" on Form 99	0, Part IV, lin	e 34, because i	t had one	or more	related
(a) Name, address, and EIN of related organization		- Erica - Eric	activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ing 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
												<u> </u>
332162 09-28-23				44			-		Sci	Schedule R (Form 990) 2023	Form 9	90) 2023

44

RD OF MEDICAL SPECIALTIES	EDUCATION FOUNDATION
BOAI	AND 1
AMERICAN BOARD	RESEARCH
	Schedule R (Form 990) 2023

Page 3 23 - 7304902

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	٥ ۷
	is with one or more rel	ated organizations listed i	n Parts II-IV?		×
receipt of (i) interest, (ii) annunes, (iii) royannes, or (iv) tent from a conn	۲۹			19	
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				1c	X
				7	×
				+	•
e Loans or loan guarantees by related organization(s)				1e X	
f Dividends from related organization(s)				÷	X
				: -	×
				6	
h Purchase of assets from related organization(s)				4h	×
i Exchange of assets with related organization(s)				1	X
i Lease of facilities, equipment, or other assets to related organization(s)				1	X
				,	
k ease of facilities equipment or other assets from related organization(s)				¥	×
	ani-otion(o)			í ,	×
I renomiance of services of membership of fundralship solicitations for related of gamization (s)	anization(s)			=	*
	anization(s)			+	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X	
 Sharing of paid employees with related organization(s) 				10 X	
b Reimbursement baid to related organization(s) for expenses				q	X
Beimblirsement paid by related organization(s) for expenses				5	×
				2	
r Other transfer of cash or property to related organization(s)				4	~
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	who must complete thi	s line, including covered r	nation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) AMERICAN BOARD OF MEDICAL SPECIALTIES	ы	3,209,279.	FMV		
(2) AMERICAN BOARD OF MEDICAL SPECIALTIES	Ν	112,465.	FMV		
TKOTGEN HO	c	E06 160	1177.42		
(3) AMERICAN BOARD OF MEDICAL SFECTADITES	>	· COT' ONC	L IV V		
(4)					
(5)					
(6)					
332163 09-28-23			Schedule	Schedule R (Form 990) 2023	0) 2023

Page 4		/enue)	(k) r Percentage ownership					Schedule R (Form 990) 2023
		ss rev	(j) General or managing partner? Yes No	2				(Forr
4902		or gro	20 ge -1 be ⊀ F					Lle R
23-7304902		/ total assets c	(i) Code V-UBI amount in box 20 of Schedule K-1 E (Form 1065)					Schedt
		ured by	(h) Dispropor- tionate allocations? Yes No					
	37.	: of its activities (meas	(g) Share of end-of-year assets					
	n 990, Part IV, line	e than five percent	(f) Share of total income					
	on Forr	ed mor	Are all Are all 501(c)(3) orgs.?	8				
	e organization answered "Yes" on Form 990, Part IV, line 37	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
SPECIALTIES NDATION	mplete if the organi	iip through which th sion for certain inve	(c) Legal domicile (state or foreign country)					
AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION	o le as a Partnership. Co	ntity taxed as a partnersh tructions regarding exclu	(b) Primary activity					
AMERICAN Schedule R (Form 990) 2023 RESEARCH	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) Name, address, and EIN of entity					

Schedule R	(Form 990) 2023
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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

332165 09-28-23