efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Return of Organization Exempt From Income Tax

2015

DLN: 93493308013936 OMB No 1545-0047

		roundations)				-		
epart reasu	ment of	he Do not enter social security numbers on this form as it ma Information about Form 990 and its instructions is at www.				en to Public		
		e Service			ď	nspection		
A Fo	or the 2	015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016						
C he	ck if app	licable C Name of organization THE AMERICAN BOARD OF RADIOLOGY		D Employer	identific	ation number		
	dress ch			41-0773	787			
_	me char	Doing business as						
In F⊪	tıal retur		ŀ	F Tolonbono	num bor			
	terminat	Number and street (or P O box if mail is not delivered to street address) Room/suite 5441 E WILLIAMS CIRCLE	•	E Telephone	number	umber		
Am	ended re	turn		(520) 79	0-2900			
Ap	olication	pending City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85711		•		07.504		
				G Gross rece	pts \$ 18,3	U7,584 ————————————————————————————————————		
		F Name and address of principal officer DR VALERIE P JACKSON	H(a) Is this	s a group ret	urn for			
		5441 E WILLIAMS CIRCLE	subor No	dinates?		Yes 🗸		
		TUCSON,AZ 85711	H(b) Are al	l subordinat	es	□Yes □ No		
Ta	c-exemp	status 501(c)(3)	includ	ed?				
w	ebsite:	▶ WWW THEABR ORG		•	•	instructions)		
			H(c) Group					
(Forr	n of orga	nization 🗸 Corporation Trust Association Other 🕨	L Year of for	mation 1934	M State	of legal domicile De		
Рa	rt I	Summary						
		offly describe the organization's mission or most significant activities						
		PAGE 2 PART III LINE 1						
3								
Ē	_							
governance	2 CH	eck this box ▶ ☐ if the organization discontinued its operations or disposed of	more than 2	5% of its ne	tassets			
Ž Č			more and r	o , o o , , , o , , , ,				
	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		. з	.	27		
ACHAINES &	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		. 4		27		
=	5 To	tal number of individuals employed in calendar year 2015 (Part V, line 2a) .		5		122		
	6 To	tal number of volunteers (estimate if necessary)		. 6		671		
•	7a To	tal unrelated business revenue from Part VIII, column (C), line 12		. 7	9	0		
	b Net	unrelated business taxable income from Form 990-T, line 34		. 7	b	(
			Prior	Year	C	urrent Year		
	8	Contributions and grants (Part VIII, line 1h)		196,686	5	(
e i	9	Program service revenue (Part VIII, line 2g)		15,175,589)	15,761,020		
Rəvenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		405,385	5	488,010		
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		()	11,700		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		15,777,660)	16,260,730		
	40	12)						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		(+			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			,			
æ	15	5–10)		6,709,110)	6,932,139		
₹)S	16a	Professional fundraising fees (Part IX, column (A), line 11e)		(0			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,172,882	2	6,826,160		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		13,881,992	2	13,758,299		
	19	Revenue less expenses Subtract line 18 from line 12		1,895,668	3	2,502,431		
8 9			Beginning of	f Current Yea		End of Year		
anc anc			beginning of	- Current rea	'	Lind of real		
Bal	20	Total assets (Part X, line 16)		43,619,075	<u> </u>	45,751,555		
Net Assets of Fund Balances	21	Total liabilities (Part X, line 26)		9,641,878		10,086,048		
	22	Net assets or fund balances Subtract line 21 from line 20		33,977,197	'	35,665,507		
	t III	Signature Block les of perjury, I declare that I have examined this return,						
		e and belief, it is true, correct, and complete. Declaration						
repa	rer has	any knowledge						

Sia-		Signature of officer						
Sign Here		DR VALERIE P JACKSON EXECUTIVE DIRECTOR						
		Type or print name and title						

Preparer Firm's address ► 5255 EAST WILLIAMS CIRCLE STE 5000 **Use Only** TUCSON, AZ 85711 May the IRS discuss this return with the preparer shown above? (see $\ensuremath{\text{I}}$ For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name CLIFTONLARSONALLEN LLP

Preparer's signature SCOTT SEBREE

Print/Type preparer's name SCOTT SEBREE

Paid

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

17

1 0111	1990 (2019)			rage ᢖ
Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😼

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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Form 990 (2015)

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11c

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11e

12a

12b

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14b

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20a

Yes

Yes

Yes

Yes

21		No
22		No
23	Yes	

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Yes

Yes

Yes

Yes

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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 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," 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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

orm	990 (2015)			Page
Par	t 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			
		\longrightarrow	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 53			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	C		
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		

13b

13c

b Enter the amount of reserves the organization is required to maintain by the states

 ${f c}$ Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

 ${f b}$ If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule ${f O}$.

Νo

14a

14b

year by the following

Section C. Disclosure

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_	(2015)			
8	Governance,	Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Chack if Schodula O contains a recognic or note to any line in this Bart VI

	check if Schedule of contains a response of note to any fine in this Fait VI	•		•	•	•	•	•	•	•	•		•
Se	ction A. Governing Body and Management												
												Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1	a						2	7			
	If there are material differences in voting rights among members of the governing												

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	
	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 in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	sıness	relationsh

Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

List the States with which a copy of this Form 990 is required to be filed▶

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

▶VALERIE P JACKSON MD EXECUTIVE DIRECTOR 5441 E WILLIAMS CIRCLE TUCSON, AZ 85711 (520) 790-2900

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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e							
	1b						2
us	siness	rel	atıc	nsh	при	vith	any



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15b

16a

16b

Yes

Νo

Form 990 (2015)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ullet List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (F) (A) (C) (D) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations from the 2/1099-MISC) (W-2/1099for related organization and Highest compensati employee Officer Individual trustee or director MISC) organizations Institutional related helow organizations employee dotted line) Trustee £ See Additional Data Table

Form 990 (2	2015)			
Part VII	Section A. Officers, Directors,	Trustees, Key Employees,	and Highest Compensated Empl	oyees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	:han o on is	one l both	oox, an d	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
See Additional Data Table											
1b Sub-Total		٠	٠.		<u> </u>	<u> </u>	<u> </u>				
c Total from continuation shee d Total (add lines 1b and 1c) .	ts to Part VII, S	ection A	١.			. •		2,008,830	0		411,489
2 Total number of individuals (ii \$100,000 of reportable comp						d abov	e) wl	ho received more th	nan		
										Yes	No
									_		$\overline{}$

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

_	bla the organization has any former of meet, affector of trastee, key employee, or highest
	on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other con
	organization and related organizations greater than \$150,0002 If "Ves." complete Schedu

For any individual	listed	l on lir	ne 1 a	, IS 1	the s	um	of re	porta	ble d	om	pensa	atior	n and	othe	erco	mpe	r
organization and i	elated	d orga	nızatı	ions	grea	iter	than	\$150	00,0	0 2 1	f "Ye	s," c	ompl	ete S	chea	ule .	7
ındıvıdual			•														
Did any person lis	ted o	n line	1a re	ceiv	e or	acc	rue c	ompe	ensa	tıon	from	any	unre	elate	d or	anız	zá

	Yes
3	Yes

services	rendered	to	the	organization? If

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eive	orac	cru	e cc	mpe	ensa	ation	n fro	m a	ny u	nrel	ated	org	janı	zatı	on o	rind	l
n? <i>If</i>	"Yes	," co	omp.	lete	Sch	edul	e J f	or s	uch i	oers	on						

Yes	No
Yes	

rs

Section	В.	Inde	pendent	Contractor

\$100,000 of compensation from the organization \blacktriangleright 0

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Yes	

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Compensation

Form 990 (2015)

organiza	tion (or in	dıvı	dual	fo
	•	•	•	•	•

Description of services

5	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A)

Name and business address

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form 99								Page
Part V	/111	Statement o						_
		Check If Sched	ule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ ည	1a	Federated cam	paigns 1a					
tributions, Gifts, Grants Other Similar Amounts	b	Membership du	es 1b					
	С	Fundraising ev	ents 1 c					
ifts. ar A	d	Related organiz	zations 1d					
S, G	е	Government grant	s (contributions) 1e					
io Si Si	f		ons, gifts, grants, and 1f					
but	_	Similar amounts no	ot included above ons included in lines					
Contributions, and Other Sim	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f					
<u>=</u>				Business Code				
Program Service Revenue	2a	CERTIFICATION FE	EES	900099	15,761,020	15,761,020		
Ω <u>∓</u>	b c							
Ž.	d	·						
፠	e							
gran	f	All other progra	am service revenue					
ď	g	Total. Add lines	s 2a-2f	•	15,761,020			
	3		ome (including dividen					502.45
	4		ar amounts)	-	503,453			503,45
	5			proceeds .				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	11,700					
	ь	Less rental	0					
	С	expenses Rental income	11,700					
	d	or (loss) Net rental inco	L me or (loss)		11,700			11,70
		(i) Securities (ii) Other						
	7a	Gross amount from sales of assets other than inventory	2,031,411					
	ь	Less cost or other basis and	2,012,674	34,180				
		sales expenses Gain or (loss)	18,737	-34,180				
	c d	Net gain or (los	·	34,100	-15,443	-34,180		18,73
venue	8a	Gross income f events (not inc	rom fundraising					
Other Revenue		See Part IV, Iir	ne 18 a					
ŏ	C		penses b (loss) from fundraising	events •				
	9a		rom gaming activities ne 19 a					
			penses b (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inv	entory ▶				
		Miscellaneou	s Revenue	Business Code				
	11a							
	Ь							
	c d	All other reven	ue					
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions .		46.260.700	45 700 040		522.22
	1			,	16,260,730	15,726,840		533,89

Part IX Statement of Functional Expenses

Section 5	501(c)(3) ar	nd 501(c)(4)	organizations	must complete	all columns	Allothero	organizations r	must complete c	olumn (

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and		expenses	general expenses	expenses
2	domestic governments See Part IV, line 21				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,965,789			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,427,598			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	609,366			
9	Other employee benefits	560,274			
10	Payroll taxes				
		369,112			
11	Fees for services (non-employees)				
а	Management				
b	Legal	44,776			
С	Accounting	75,466			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	581,359			
14	Information technology				
15	Royalties				
16	Occupancy	383,165			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,292,044			
20	Interest	2,572			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,233,235			
23	Insurance	137,630			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EXAMINATION SERVICES	2,075,638			
b	CREDIT CARD FEES	402,206			
c	BAD DEBT	374,602			
d	OUTSIDE SERVICES	223,467			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,758,299			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Net Assets or Fund Balances

II of Schedule L

Notes and loans receivable, net ...

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here >

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . .

Grants payable .

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Less accumulated depreciation .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

1 01111 9 90 (2	2013)	Pe						
Part X	Balance Sheet							
	Check if Schedule O contains a response or note to any line in this Part V							

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		
1	Cash-non-interest-bearing	11,691,834	1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,396,765	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part End of year

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10c

11

12 13

14 15

16

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32

33

645.812

8.613.364

21 271 300

43.619.075

1,174,511

8,124,690

342 677

9,641,878

33,977,197

33.977.197

43.619.075

14,691,360

6,276,853

10a 10b

	 -

12 059 447

1.359.762

566,209

8,414,507

23 351 630

45,751,555

996 101

8,900,487

189 460

10,086,048

35,665,507

35,665,507

45,751,555 Form 990 (2015)

(B)

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Page **12**

16,260,730

13,758,299

2,502,431

33.977.197

35,665,507

Yes

Yes

Yes

2a

2b

2c

3a

3b

V

No

Νo

Νo

Form 990 (2015)

-814,121

Part XI	Reconcilliation of Net Assets
	01 1 50 1 1 1 0 1

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

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net unrealized gains (losses) on investments . Donated services and use of facilities .

Investment expenses

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

Part XII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? a separate basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on Separate basis Consolidated basis Both consolidated and separate basis

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Separate basis ✓ Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Software ID: Software Version:

EIN: 41-0773787

Name: THE AMERICAN BOARD OF RADIOLOGY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	m unles	ore t ss pe offi direct	han erso cer tor/t	not one n is and rust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	e employee	Highest compensated employee	Former			and related organizations
DUANE MEZWA MD TRUSTEE	3 00	x						3,582	0	0
DONALD FRUSH MD TRUSTEE	3 00	×						0	0	0
LANE DONNELLY MD TRUSTEE	3 00	×						2,977	0	0
LISA KACHNIC MD PRESIDENT ELECT	3 00	х		x				1,628	0	0
JEANNE LABERGE MD TRUSTEE	3 00	х						0	0	0
ROBERT ZIMMERMAN MD TRUSTEE	3 00	×						1,028	0	0
ELLA A KAZEROONI MD TRUSTEE	3 00	×						2,356	0	0
JOHN KAUFMAN MD TRUSTEE	3 00	×						0	0	0
DENNIS SHRIEVE MD PHD TRUSTEE	3 00	×						1,727	0	0
LYNN WILSON MD TRUSTEE	3 00	×						2,589	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

M ELIZABETH OATES MD

MILTON J GUIBERTEAUMD

TRUSTEE

TRUSTEE

PRESIDENT

......

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
DENNIS M BALFE MD TRUSTEE	3 00	×						2,491	0	
KALED ALEKTIAR MD TRUSTEE	3 00	×						0	0	•
DONALD FLEMMING MD TRUSTEE	3 00	x						1,757	0	
VINCENT MATHEWS MD TRUSTEE	3 00	×						3,692	0	
MATTHEW A MAURO MD TRUSTEE	3 00	×						2,221	0	
MARY MAHONEY MD TRUSTEE	3 00	×						0	0	
GEOFFREY S IBBOTT PHD SECRETARY-TREASURER	3 00 0 25	×		x				3,200	0	
ANTHONY L ZIETMAN MD	3 00									

Х

Х

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3 00

10 00

0 25

3,371

1,486

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (C) (D) (E)
Position (do not check Reportable Reportable

Average

Name and Title

ASSOC EXECUTIVE DIRECTOR

	hours per week (list any hours for related	unless person is both an officer and a director/trustee)						organization (W- 2/1099-	from related organizations (W- 2/1099-	amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
J ANTHONY SEIBERT PHD TRUSTEE	3 00	x						3,422	0		
BRENT JWAGNER MD TRUSTEE	3 00	x						0	0		
JERRY D ALLISON PHD TRUSTEE	3 00	×						3,947	0		
STEPHEN M HAHN MD TRUSTEE	3 00	×						1,567	0		
MARY NEWELL MD TRUSTEE	3 00	×						0	0		
MICHAEL HERMAN PHD TRUSTEE	3 00	×						0	0		
JAMES SPIES MD MPH TRUSTEE	3 00	×						0	0		
VALERIE JACKSON MD EXECUTIVE DIRECTOR	50 00 1 00			×				719,161	0	32,14	
VICTORIA FRANZ CFO	50 00 1 00					х		155,114	0	29,30	
DALII WALINER MD	20 00										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B)

DIRECTOR - DIGITAL IMAGING

FORMER EXECUTIVE DIRECTOR

FORMER ASSOC EXECUTIVE DIR

GARY J BECKER MD

JENNIFER BOSMA PHD

(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	MISC)	organization and related organizations	
KAY VYDARENY MD ASSOC EXECUTIVE DIRECTOR	20 00					х		236,289	0	35,000
G DONALD FREY PHD ASSOC EXECUTIVE DIRECTOR	20 00					х		129,127	0	12,66
MICHAEL EVANOFF PHD	50 00									

0 00

0 00

131,973

154,328

202,766

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30,99

224,49

11,32

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

DLN: 93493308013936 OMB No 1545-0047

2015

Supplemental Financial Statements

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

ераі	rtment of the	Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a Attach to Form 990.	, or 12b.	Op	en to Public
reas Item	al Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>ww</u>	w.irs.gov/f	orm990.	Inspection
Na	me of the organi: E AMERICAN BOARD				oyer identificatio	on number
Pa			r Advised Funds or Other Simila	r Funds o		
	Comple	ete if the organization answer	ed "Yes" on Form 990, Part IV, line			
L	Total numbe	r at end of year	(a) Donor advised funds	(b)	Funds and other	accounts
2		alue of contributions to (during				
3	year) Aggregate va	alue of grants from (during year)				
1	Aggregate v	alue at end of year				
5			advisors in writing that the assets held in the organization's exclusive legal contro		sed r	Yes No
5	Did the organiz used only for ch conferring impe	ation inform all grantees, donors, naritable purposes and not for the rmissible private benefit?	and donor advisors in writing that grant f benefit of the donor or donor advisor, or	unds can be for any othe	r purpose [Yes
Pai	rt III Consei	rvation Easements. Compl	ete if the organization answered "Ye	es" on Forn	n 990, Part IV,	line 7.
L		•	ne organization (check all that apply)			
	Preservation)	on of land for public use (e g , recr		of an histor	ically important l	land area
	Protection	of natural habitat	Preservation	of a certifie	d historic structi	ıre
	Preservation	on of open space				
2		2a through 2d if the organization he last day of the tax year	held a qualified conservation contributio	n in the form	of a conservatio	n
					Held at the E	nd of the Year
а		f conservation easements		2a		
b	_	estricted by conservation easeme		2b		
C			I historic structure included in (a) c) acquired after 8/17/06, and not on a	2c		
d		ire listed in the National Register	c) acquired after 6/17/00, and not on a	2d		
3	Number of cons tax year ▶	servation easements modified, tra 	nsferred, released, extinguished, or term	inated by th	e organızatıon du	iring the
1	Number of state	es where property subject to cons	ervation easement is located ▶			
5	-	ization have a written policy regai enforcement of the conservation (rding the periodic monitoring, inspection, easements it holds?	handling of	☐ Yes	. □ No
5	Staff and voluni	teer hours devoted to monitoring,	inspecting, handling of violations, and er	nforcing cons	servation easeme	ents during the
	>					
7		enses incurred in monitoring, insp	ecting, handling of violations, and enforce	ıng conserva	ation easements	during the year
3		servation easement reported on li on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements o	of section 17	· · · · · —	_ N ₂
9	In Part XIII, de	escribe how the organization repor	ts conservation easements in its revenu to of the footnote to the organization's fina	•		id
		n's accounting for conservation ea				
ar			c tions of Art, Historical Treasur ed "Yes" on Form 990, Part IV, line		ner Similar As	ssets.
La	If the organizat works of art, his	ion elected, as permitted under S storical treasures, or other similai	FAS 116 (ASC 958), not to report in its assets held for public exhibition, education its financial statements that described to its financial statements.	revenue stat tion, or resea	arch in furtherand	
b	works of art, his		FAS 116 (ASC 958), to report in its rever assets held for public exhibition, educat o these items			
((i) _{Revenue inclu}	ded on Form 990, Part VIII, line	1	> \$		
		ed in Form 990, Part X				
2	If the organizat	ion received or held works of art,	historical treasures, or other similar assi	ets for financ		

Revenue included on Form 990, Part VIII, line 1

art	Continued)	g Collections of	Art, His	toric	аі т	reasure	s, or (Other Sim	nilar As	ssets	1
	Using the organization's acquisition, accollection items (check all that apply)	cession, and other re	cords, ch	ieck a	n y of	the follow	ing that	are a signif	cant use	of its	
а	Public exhibition		d	Г	Loar	n or excha	nge prog	grams			
b	Scholarly research		e	Г	Othe	er					
c	Preservation for future generations										
	Provide a description of the organization		kplaın hov	v they	furth	er the org	anızatıor	n's exempt	purpose	ın	
	Part XIII										
i	During the year, did the organization so assets to be sold to raise funds rather t								Yes	Г	- No
ar	Escrow and Custodial Arr Complete if the organization Part X, line 21.		n Form	990, I	Part :	IV, line 9	, or re	ported an	amoun	t on F	orm 990
а	Is the organization an agent, trustee, cu included on Form 990, Part X?	ıstodıan or other ınte	rmediary	for co	ntribi	utions or o	other ass	sets not	┌ Yes	Γ	- No
b	If "Yes," explain the arrangement in	Part XIII and comple	te the fol	lowing	table	e			Amo	unt	
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f				
	If "Yes," explain the arrangement in Pairt V Endowment Funds. Compl	t XIII Check here ıf	the expla	anatio	n has	been prov	vided in	Part XIII		·	No
		(a)Current year		or year		b (c) Two ye		(d)Three ye		(e) Fou	ur years ba
а	Beginning of year balance										
b	Contributions										
c											
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
	Provide the estimated percentage of the	current year end ba	lance (lın	e 1g,	colum	nn (a)) hel	d as		<u> </u>		
а	Board designated or quasi-endowment i	•									
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%									
		ossession of the orga									

organization by

(i) unrelated organizations

(ii) related organizations .

If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

240,264

Describe in Part XIII the intended uses of the organization's endowment funds

Land, Buildings, and Equipment.

c Leasehold improvements

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

[Description of property	(a)	(b)	Accumulated	(d)Book value
		Cost or other basis	Cost or other basis	(c)depreciation	
		(investment)	(other)		

790,128

790,128 Land **b** Buildings 5,514,132 1,996,939 3,517,193

d Equipment 8,146,836 4,128,202 4,018,634

151,712

Yes

3a(i)

3a(ii)

3b

No

88,552

8,414,507

	(Form 990) 2015 Investments—Other Securities. Con	mplete if the or	ganızatıon	answered 'Y	es' on Form 99	Page 3 90, Part IV, line 11b.
	(a) Description of security or category		(b) Bo	ok value		hod of valuation
-	(including name of security) Il derivatives				Cost of end-	of-year market value
(2)Closely- (3)Other	-held equity interests					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	•				
Part VIII	Complete if the organization answered	'Yes' on Form	990, Part I	V, line 11c.و	See Form 990,	Part X, line 13.
	(a) Description of investment		(b) Bo	ook value	(c) Met	hod of valuation -of-year market value
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX	Other Assets. Complete if the organizatio (a) Descr		on Form 990	0, Part IV, line		990, Part X, line 15 (b) Book value
	mn (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. Complete if the orga					10 or 11f
Pail A	See Form 990, Part X, line 25.) FUI 99 0	, Part IV, iiile I	.1e 0/ 11/.
1.	(a) Description of liability	(b) Book v	alue			
Federal inc	ome taxes					
CAPITALL	EASE OBLIGATION		16,571			
DEFERRED	COMPENSATION	1	72,889			

189,460

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1 2

а

3

h

C

1

2

3

а b

Part XII

Page 4

h 2h 2с c 2d d e 2e

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on line 1 but not on Form 990. Part VIII. line 12 Net unrealized gains (losses) on investments

Add lines 4a and 4b . . .

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

Total expenses and losses per audited financial statements

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

4a

2a 2b

2c

2d

4b

BUSINESS INCOME, WHEN APPLICABLE, IS TAXED AT NORMAL CORPORATE RATES

MANAGEMENT EVALUATES ANNUALLY ITS TAX POSITIONS AND AS OF MARCH 31, 2016, NO UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED AND ACCORDINGLY, NO PROVISION HAS BEEN MADE AS OF MARCH 31, 2016, TAX YEARS 2013 THROUGH 2015 REMAIN SUBJECT

2a

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

2e 3

4c

1

4c

Schedule D (Form 990) 2015

lditional	

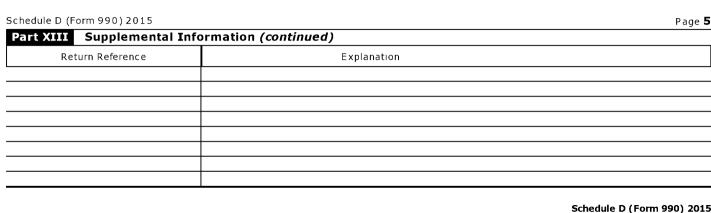
, , ,
ormation
Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional
Explanation
THE AMERICAN BOARD OF RADIOLOGY IS EXEMPT FROM PAYING FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE UNRELATED

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 ad information Return Reference Explanation PART X, LINE 2 THE AMERICAN BOARD OF RADIOLOGY IS EXEMPT FROM PAYING FEDERAL AND STA

TO EXAMINATION BY MAJOR TAX JURISDICTIONS

Add lines 4a and 4b . . c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII

b Prior vear adjustments d Other (Describe in Part XIII)



DLN: 93493308013936 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2015 **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE AMERICAN BOARD OF RADIOLOGY 41-0773787 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing 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 ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

6h

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Any related organization?

section 53 4958-6(c)?

ın Part III

If "Yes," on line 6a or 6b, describe in Part III

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

6 GARY J BECKER MD

FORMER EXECUTIVE DIRECTOR

(ii)

(i)

0

0

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

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 are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 VALERIE JACKSON MD EXECUTIVE DIRECTOR	(i)	711,577	0	7,584	26,500	5,646	751,307	0	
	(ii)	0	0	0	0	0	0	0	
2 VICTORIA FRANZCFO	(i)	150,110	0	5,004	23,267	6,039	184,420	0	
	(ii)	0	0	0	0	0	0	0	
3 PAUL WALLNER MD ASSOC EXECUTIVE DIRECTOR	(i)	232,925	0	4,106	35,555	0	272,586	0	
	(ii)	0	0	0	0	0	0	0	
4 KAY VYDARENY MD ASSOC EXECUTIVE DIRECTOR	(i)	232,924	0	3,365	35,000	0	271,289	0	
	(ii)	0	0	0	0	0	0	0	
5 MICHAEL EVANOFF PHD DIRECTOR - DIGITAL	(i)	127,599	0	4,374	20,068	10,922	162,963	0	
IMAGING	/::.\	0	0	0	0	0	0	0	

(ii) 7 JENNIFER BOSMA PHD 0 (i) 202,766 11,328 214,094 FORMER ASSOC EXECUTIVE DIR 0 0 (ii)

154,328

211,926

0

12,571

0

378,825

0

0

0

0

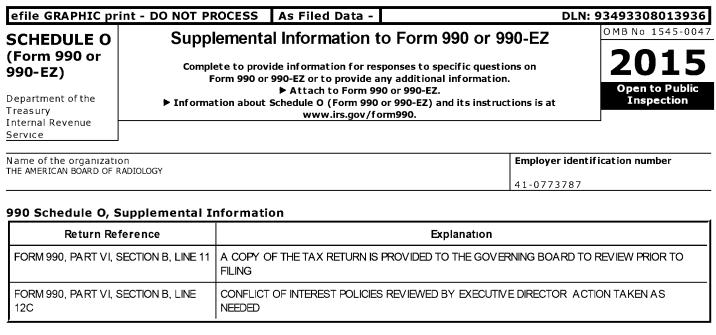
0

Schedule J (Form 990) 2015	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								
Return Reference	Explanation							
	BOARD POLICY IS TO REIMBURSE TRUSTEES FOR COMPANION'S TRAVEL THE AMOUNTS ARE REIMBURSEMENTS TO THE TRUSTEE THE BOARD GROSSES-UP THE REIMBURSEMENT PAYMENTS SO THE TRUSTEE HAS NO NET TAX EFFECT FOR THESE REIMBURSEMENTS							

Cahadula 1 (Form 000) 201 F

PART I, LINE 4B DR BECKER RECEIVED OTHER DEFERRED COMPENSATION FROM A 457F DISBURSEMENT

Schedule J (Form 990) 2015



Return Reference Explanation

FORM 990, PART VI, SPECIFIC SOURCES PROVIDING COMPARABILITY DATA FOR SALARY RANGES RELATED TO A POSITION ARE

LIGHT FOR DIRECTOR POSITIONS AND KEY DARD OVERS. THE EVECUTIVE COMMITTEE A PRODUCTS ALL EVECUTIVE

990 Schedule O, Supplemental Information

INANCIAL STATEMENTS

SECTION D. LINE 45

SECTION B, LINE 13	LEVEL COMPENSATION
FORM 990, PART VI, SECTION C. LINE 19	THE ORGANIZATION MAKES ALL REQUIRED INFORMATION AVAILABLE TO THE PUBLIC THE BYLAWS AND CO

990 Schedule O. Supplemental Information Return Reference Explanation FORM 990. PART XII. LINE 2C THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION.

PROCESS DURING THE TAX YEAR

OVERSIGHT PROCESS

As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93493308013936 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ➤ Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization THE AMERICAN BOARD OF RADIOLOGY

41-0773787 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state End-of-year assets Direct controlling Total income or foreign country) entity (1) AMERICAN BOARD OF RADIOLOGY INTERNATIONAL LLC PROVIDE GUIDANCE IN A ΑZ 178.750 407,438 THE AMERICAN BOARD OF 5441 E WILLIAMS CIRCLE RADIOLOGY CERTIFICATION RADIOLOGY TUCSON, AZ 85711 EXAM PROGRAM

Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th	e tax year.	e organization ansv	wered "Yes" on Fo	orm 990, Part IV	, line 34 because it h	ad one	3
(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))		Section (13) co	
(1)THE AMERICAN BOARD OF RADIOLOGY FOUNDATION 5441 EAST WILLIAMS CIRCLE TUCSON, AZ 85711 20-1354373	DEMONSTRATE, ENHANCE AND IMPROVE MEDICAL IMAGING AND RADIATION THERAPY	DC	501(C)(3)	LINE 11A, I	N/A	Yes Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	-	Cat No 5013	5Y		Schedule R (Form	1 990) 2	015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	alloca	ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	(k) Percentage ownership
					Yes	No		Yes	No	l

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

d	No			
Section 512 (b)(13) controlled entity?	Yes			
(h) Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of total income				
(e) Type of entity (C corp, S corp, or trust)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization	-			

Ρā	rt V Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or mor	re related organizations li	sted in Parts II-IV?				
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1 b		No
c	Gift, grant, or capital contribution from related organization(s)				1 c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
•							
	Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-	Yes	
0	Sharing of paid employees with related organization(s)				10	Yes	
					_		
p	Reimbursement paid to related organization(s) for expenses				1p		No
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount i	nvolved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

evenue) that was not a related organization. See instructions							1				T		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			01.,	Yes	No			Yes	No		Yes	No	
												1 1	
	1		I	I	l	l				Cabaa	lule P (For)0\ 204E

