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.

Department of the Treasury Internal Revenue Service

A F	or the	2021 calendar year, or tax year beginning and	ending		
B C	heck if oplicable:	C Name of organization		D Employer identific	cation number
	Address	AMERICAN BOARD OF OPHTHALMOLOGY			
	Name change	Doing business as		23-16931	76
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/	PO Box 1887		(610) 66	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,622,865.	
	Amende return			H(a) Is this a group re	
	Applica tion	F Name and address of principal officer: GEORGE B. BARTLEY,	MD	for subordinates	? Yes X No
	pending	same as C above		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	ax-exe	mpt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) (0	or 527	If "No," attach a	list. See instructions
		e:▶ WWW.ABOP.ORG		H(c) Group exemptio	n number 🕨
K F	orm of o	organization: X Corporation Trust Association Other	L Year	of formation: 1916 N	State of legal domicile: MN
Pa		Summary			
9	1 E	Briefly describe the organization's mission or most significant activities:	Schedu	<u>le O</u>	
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ver				3	16
ß		Number of independent voting members of the governing body (Part VI, line 1b)			16
م س		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			13
Ė		otal number of volunteers (estimate if necessary)			0
흕		otal unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
_	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		5,176,139.	5,338,002.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		914,000.	259,357.
Ě		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,090,139.	5,597,359.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
g	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,801,123.	2,902,815.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	bΤ	otal fundraising expenses (Part IX, column (D), line 25)	0.		
ώ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,255,431.	1,227,614.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,056,554.	4,130,429.
\Box	19 F	Revenue less expenses. Subtract line 18 from line 12		2,033,585.	1,466,930.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)		10,218,036.	11,729,185.
d As	21 T	otal liabilities (Part X, line 26)		1,547,332.	1,128,356.
趋	22 1	Net assets or fund balances. Subtract line 21 from line 20		8,670,704.	10,600,829.
	rt II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules		· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		l Date	
Sigr		,			
Here	9	GEORGE B. BARTLEY, MD, CHIEF EXECUTIVE Type or print name and title	OFFIC	LIK	
	$\overline{}$		Tr	Date Check	PTIN
Do:4		Print/Type preparer's name DANELLE STEWART, CPA DANELLE STEWART,	I	: -	
Paid		Firm's name S. R. SNODGRASS, P.C.	, CFA		25-1616561
Prep Use		Firm's address 2009 MACKENZIE WAY, SUITE 340		FIIIII S EIN	72 TOTO20T
USE	Ulliy	CRANBERRY TOWNSHIP, PA 16066		Dhone no 17	24) 934-0344
May	the ID	S discuss this return with the preparer shown above? See instructions		Pilone no. (7	X Yes No

Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: Founded in 1916, the American Board of Ophthalmology (ABO) is an independent, not-for-profit organization and the nation's first medical specialty certifying board. Its mission is to serve the public by certifying ophthalmologists through the verification of Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ______ Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ including grants of \$) (Revenue \$ _ Board Certification: Since 1916, 32,708 ophthalmologists have voluntarily elected to meet the rigorous certification standards established by the American Board of Ophthalmology. The first medical specialty board founded in the United States, the American Board of Ophthalmology awards the only medical specialty certificate in ophthalmology recognized by both the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA). Certification is granted to ophthalmologists who meet a series of accredited medical training requirements in ophthalmology; sign a practice pledge indicating their intent to practice with compassion, integrity, and respect for human dignity; and complete an intensive) (Expenses \$ including grants of \$ Continuing Certification embodies the principles of career-long learning and continuous improvement for the benefit of the public and the profession and aims to: 1) establish and maintain high standards for patient care; 2) provide physicians with the means to continually assess and improve their ability to meet these standards; 3) ensure that physicians are being assessed by reliable and valid measures to continually improve patient care. Standards for high-quality ophthalmic care are based on six general competencies: patient care, medical knowledge, practice-based learning including grants of \$ Certification of board certification status: The ABO provides primary source verification of board certification to the public, credentialing organizations, and other interested entities. Other program services (Describe on Schedule O.)) (Revenue \$ including grants of \$ Total program service expenses

Form **990** (2021)

Form 990 (2021) AMERICAN BOARD OF OPHTHALMOLOGY Part 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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 valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
				_

Form 990 (2021) AMERICAN BOARD OF OPHTHALMOLOGY

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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			l
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		——
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?		77	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute O contains a response of note to any line in this Fart v		Voc	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32		Yes	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c	Х	
132004	\$ 12-09-21	Form	990	(2021)

Form 990 (2021) AMERICAN BOARD OF OPHTHALMOLOGY

Part 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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ILU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

AMERICAN BOARD OF OPHTHALMOLOGY Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management				-		
		ı	ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			
	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		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		<u>X</u>
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						37
_	more members of the governing body?				7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•				37
_	persons other than the governing body?				7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	· ·			v	
a	The governing body?				8a_	X	
ь	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 read				•		v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		<u> </u>
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			V	
100	Did the organization have local chapters, branches, or affiliates?			1	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				IUa		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, aiiiiates,		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, hefor	e filing the form		11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	DCIO	e ming the form	''	11a		
12a					12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				120		
·	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?			[13	X	
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 approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-,	1				
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ None						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	nd 990	T (section 501	(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy	y, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records >				
	BETH ANN COMBER, ADMINISTRATOR - (610) 664-1175						
	PO Box 1887, Doylestown, PA 18901						

132006 12-09-21

Form **990** (2021)

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 competed (A) (B) (C) Name and title Average Position								(D)	(E)	(F)
Name and title	Average	(do				l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the organization	organizations	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		1099-NEC)	1000 NEO)	and related
	below	idual t	Institutional t	75	Key employee	st co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) GEORGE B. BARTLEY, MD	40.00									
CHIEF EXECUTIVE OFFICER		Х		Х				822,681.	0.	0.
(2) BETH ANN COMBER	40.00									
ADMINISTRATOR					Х			232,573.	0.	52,495
(3) SARAH SCHNABEL, PHD	40.00									
DIRECTOR OF ASSESSMENTS/PS						Х		154,500.	0.	29,915
(4) MEGHAN MCGOWAN, MS	40.00									-
DIRECTOR OF COMMUNICATIONS						X		147,000.	0.	33,814
(5) BRIAN MARTIN	40.00							,		·
DIRECTOR OF IT						X		145,000.	0.	35,121
(6) MICK ENG, MS	40.00							,		,
IT MANAGER						Х		143,500.	0.	27,625
(7) DANIEL PASTORIUS	40.00									-
EXAM DEVELOPMENT MANAGER						Х		106,350.	0.	28,710
(8) JANE A. BAILEY, MD	4.00									
VICE CHAIR		Х		Х				13,140.	0.	0
(9) K. DAVID EPLEY, MD	4.00									
BOARD DIRECTOR		Х						13,000.	0.	0
(10) LORRAYNE WARD	4.00									
BOARD PUBLIC DIRECTOR		Х						10,000.	0.	0
(11) CHRIS ALBANIS, MD	4.00									
BOARD DIRECTOR		Х						9,000.	0.	0
(12) STEVEN J. GEDDE, MD	4.00									
BOARD DIRECTOR		Х						9,000.	0.	0
(13) DAVID C. HERMAN, MD	4.00									
BOARD CHAIR		Х		Х				9,000.	0.	0
(14) DON O. KIKKAWA, MD	4.00									
BOARD DIRECTOR		Х						9,000.	0.	0
(15) ESTHER M. BOWIE, MD	4.00									
BOARD DIRECTOR		Х			L	L	L	9,000.	0.	0.
(16) ANDREAS K. LAUER, MD	4.00									
BOARD DIRECTOR		Х						9,000.	0.	0
(17) HANS E. GROSSNIKLAUS, MD	4.00							-		
BOARD DIRECTOR		Х			l		l	9,000.	0.	0.

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	d Hig	ghes	t C	compensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)				
Name and title	Average	(do	not c	Pos		ነ than e	nne	Reportable	Reportable	e	Es	stimate	ed
	hours per	box	, unle	ess person is both an and a director/trustee)			n an	compensation	compensation	on	ar	nount	of
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from relate	d		other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	g.			ated		organization	(W-2/1099-MI			om th	
	related organizations	stee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)	_	anizat	
	below	ual tri	ional		ploye	t com		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	0115
(18) JULIA L. STEVENS, MD	4.00	=	=	0	~	Τ 60	-						
BOARD DIRECTOR		x						9,000.		0.			0.
(19) ANN A. ACERS-WARN	4.00	1						2,0001					
BOARD DIRECTOR		Х						9,000.		0.			0.
(20) BENNIE JENG, MD	4.00							,					
BOARD DIRECTOR		Х						9,000.		0.			0.
(21) KEITH WARREN	4.00							,					
BOARD DIRECTOR		Х						9,000.		0.			0.
(22) MARTHA WRIGHT	4.00												
BOARD DIRECTOR		Х						9,000.		0.			0.
(23) SARAH M. NEHLS, MD	4.00												
BOARD DIRECTOR		Х						9,000.		0.			0.
]											
		1											
								1 224 544					
1b Subtotal								1,904,744.		0.	20	7,6	
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,904,744.		0.	20	7,6	80.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	е			-
compensation from the organization												V	7
										1		Yes	No
3 Did the organization list any former officer,										ŀ			Х
line 1a? If "Yes," complete Schedule J for s										·····	3		
4 For any individual listed on line 1a, is the su	•		-					•	-	ŀ	_	X	
and related organizations greater than \$150											4	Λ	
5 Did any person listed on line 1a receive or a					-						_	v	
rendered to the organization? If "Yes," com Section B. Independent Contractors	<u>iplete Schedul</u>	e J f	or st	ıch i	oers	on					5	X	
·	managed inc	lono	ndo	nt oc	ntr	ooto	ro +l	hat raceived more than [©]	100 000 of som	noncot	tion fr		
1 Complete this table for your five highest co the organization. Report compensation for										pensal	LIOIT II	וווכ	
(A)	ano oalondar y	oui C	, idil	.g w		۱ ۷۷۱	(11	(B)	our.		((<u></u>	
Name and business	address							Description of s	services	C		nsatio	n
NCS Pearson, Inc., 5601 G	REEN VA	LL	ΕY	D	R.	,							
DI 001/T110F011 101 FF40F						•		L	_ ~ _ ~	1			^ ^

	Name a	(A) and busine	ss address			Desci	(B) ription of services	(C) Compensation
NCS Pearson, BLOOMINGTON,	-		GREEN	VALLEY	=	TESTING	SERVICES	111,393.
2 Total number of in	idependent c	ontractors	s (including	but not limited	to those listed	d above) who re	eceived more than	

Form **990** (2021)

Form 990 (2021) AMERICA
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	ne in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b		-			
S S			Fundraising events	1c		-			
fts,			Related organizations	1d		-			
ig ig				1e		-			
Sir			Government grants (contributions) All other contributions, gifts, grants, and			-			
utic le ri		٠		1f					
ë Đ			similar amounts not included above			-			
no Dd		_	Noncash contributions included in lines 1a-1f	1g \$					
OB		<u> </u>	Total. Add lines 1a-1f		Business Code				
_	_	_	EXAMINATION FEES			5,263,825.	5 263 825		
ice			EXAM DEVELOPMENT		541900	64,590.			
er ue			VERIFICATION CHARG	FC	541900	4,915.	4,915.		
m S			CERTIFICATION DIPL		541900	2,672.			
gra Re			INT'L TRAINED OPHT		541900	2,000.	2,000.		
Program Service Revenue				-	341900	2,000.	2,000.		
-			All other program service revenue			5,338,002.			
-		g	Total. Add lines 2a-2f			5,330,002.			
	3		Investment income (including divider			259,440.			259,440.
			other similar amounts)			239,440.			233,440.
	4		Income from investment of tax-exem	-					
	5		Royalties) Real	(ii) Personal				
	_	_	. <u> </u>) i icai	(ii) i ersoriai	_			
			Gross rents 6a			-			
			Less: rental expenses 6b			-			
			Rental income or (loss) 6c						
			` /	ecurities	(ii) Other				
	′	а		,423.	(ii) Other	-			
		L	Less: cost or other basis	, = 45.		-			
a)		D	and sales expenses	506					
her Revenue		_	Goin or (loss)	-83 .		-			
eve			Gain or (loss) 7c			-83.			-83.
<u>بر</u> ۳			Gross income from fundraising events (r			03.			03.
	0	а	including \$						
Ò			contributions reported on line 1c). Se	-					
			Part IV, line 18						
		h	Less: direct expenses			-			
			Net income or (loss) from fundraising						
			Gross income from gaming activities						
	9	а	Part IV, line 19						
		h	Less: direct expenses			-			
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less returns						
	10	а	and allowances						
		h	Less: cost of goods sold			-			
			Net income or (loss) from sales of inv						
\dashv			moome or pood, nom bales of the	. 5, 1. Or y	Business Code				
sno	11	а							
Miscellaneous Revenue		b							
ella vei		c							
lsc Be			All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			5,597,359.	5,338,002.	0.	259,357.

Form 990 (2021) AMERICAN BOARD OF OPHTHALMOLOGY Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp											
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
_	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	1,107,749.										
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	1,341,970.										
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	227,126.										
9	Other employee benefits	122,222.										
10	Payroll taxes	103,748.										
11	Fees for services (nonemployees):											
а	Management	60 545										
b	Legal	60,547.										
С	Accounting	24,025.										
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17	25 422										
f	Investment management fees	25,423.										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)											
12	Advertising and promotion	50.004										
13	Office expenses	52,384.										
14	Information technology	51,510.										
15	Royalties	12 115										
16	Occupancy	13,115.										
17	Travel	458.										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	24,858.										
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	60,402.										
23	Insurance	59,605.										
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),											
а	amount, list line 24e expenses on Schedule 0.) Exam & Certification	445,704.										
a b	Program Expenses	403,570.										
C	Administration	6,013.										
d		2,020										
e	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	4,130,429.										
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)											
_		·	·		Form 990 (2021)							

Form 990 (2021)
Part X | Balance Sheet

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			819,562.	1	618,044.
	2	Savings and temporary cash investments			513,180.	2	100,000
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			37,580.	4	83,164
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ns		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
ĕ	9	5			114,403.	9	150,837
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	533,810.			
	b	Less: accumulated depreciation	. 10b	443,380.	143,702.		90,430
	11	Investments - publicly traded securities	8,589,609.	11	10,686,710		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must ed			10,218,036.	16	11,729,185
	17	Accounts payable and accrued expenses			214,020.	17	104,519
	18	Grants payable	1 222 242	18	1 222 227		
	19	Deferred revenue	1,333,312.	19	1,023,837		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
#		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	-	·			
		of Schedule D		·····	1,547,332.	25	1,128,356.
	26			▶ ▼	1,347,334.	26	1,140,330
္အ		Organizations that follow FASB ASC 958, cl	neck ner				
ဗို ၂	07	and complete lines 27, 28, 32, and 33.			8,670,704.	27	10,600,829
ala	27	Net assets with donor restrictions			0,070,704.	28	10,000,025
B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC				20	
ᆵ		and complete lines 29 through 33.	956, 0116	ck fiere			
ō	20	Capital stock or trust principal, or current fund	lo.			29	
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
SSI	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				8,670,704.	32	10,600,829.
	32	Total net assets or fund balances Total liabilities and net assets/fund balances		·····	10,218,036.	33	11,729,185

Form **990** (2021)

Form 990 (2021)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form	1990 (2021) AMERICAN BOARD OF OPHTHALMOLOGY	<u> 23-</u>	-16931	<u>.76</u>	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					
		.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 597		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 13(</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	466	5,9	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8 ,	,670	7, (04.
5	Net unrealized gains (losses) on investments	5		463	3,1	95.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10,	,600	8:	29.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u></u>		
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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?		<u>[</u>	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			

132012 12-09-21

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.							
Nan	ne of organization			Emp	loyer identification number				
	AMERICAN BOARD OF OPHTHALMOLOGY 23-1693176								
Pa	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.								
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures		> \$	s				
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)(3).					
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$;				
	Enter the amount of any excise tax								
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No				
48	a Was a correction made?				Yes No				
	If "Yes," describe in Part IV.		=0.//	=6.1/	1/61				
_	·	ganization is exempt und		<u> </u>					
	Enter the amount directly expended								
2	Enter the amount of the filing organ		•						
_	exempt function activities				·				
3	Total exempt function expenditures		•						
4	line 17b Did the filing organization file Form								
5	Enter the names, addresses and en								
Ŭ	made payments. For each organiza	• • •	•	•	• •				
	contributions received that were pr	omptly and directly delivered to	a separate political orga	anization, such as a separat	e segregated fund or a				
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

		OARD OF OPHT			1693176 Page 2
Part II-A Complete if the org section 501(h)).	janization is exe	empt under section		a Form 5768 (ei	ection under
	ation belongs to an a	ffiliated group (and list ir	n Part IV each affiliated	group member's nam	ne. address. EIN.
	re of excess lobbying	- · ·		9	,,,
. — .	, ,	and "limited control" pro	ovisions apply.		
Limi	ts on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ	• •				
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Enter	er the amount from t				
If the amount on line 1e, column (a) o		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17.		000 plus 5% of the exce			
Over \$17,000,000		0,000.	, ,		
		•			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c. If zero			[
j If there is an amount other than ze					
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section See the sepa	veraging Period Under 501(h) election do not arate instructions for li	have to complete all ones 2a through 2f.)	f the five columns b	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Craceroote labbuing expenditures					

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 AMERICAN BOARD OF OPHTHALMOLOGY 23-16931

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	(b)	
	e lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?		$\overline{}$			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		$\overline{}$			
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?		+			
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
_	Other activities? Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sect	ion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		-		o :-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (I	o) Part II	I-A, IINE	3, IS	
			Т.Т			
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal				
_	expenses for which the section 527(f) tax was paid).		0-	1	,150.	
	Current year				,150.	
D	Carryover from last year			1	,150.	
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				, 150.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?	Jiiticai	4		0.	
5	Taxable amount of lobbying and political expenditures. See instructions		. 5	1	,150.	
	t IV Supplemental Information				•	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part ΙΙ-Δ	lines 1 an	d 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,,	,	(
	RT III-B, LINE 2A:					
	·					
AB(PAYS MEMBERSHIP DUES TO ANOTHER 501(C)(6) TRADE AS	SOCIAT	ION WE	O		
UT:	ILIZES A PORTION OF THOSE DUES FOR LOBBYING ACTIVITI	ES. T	HE			
1ON	NDEDUCTIBLE AMOUNT OF THOSE DUES ARE REFLECTED ON SO	HEDULE	C, PA	RT II	I-B	
FOI	R WHICH ABO IS OBLIGATED TO PAY A PROXY TAX. ABO HAS	NO OT	HER LC	BBYIN	G	
 -	NUMBER WITH GUOTED DE CONSTRUED DE CO		a ==	D.E.		
EX]	PENSES THAT SHOULD BE CONSIDERED FOR INCLUSION ON SC	HEDULE				
			Schedul	e C (Form	990) 2021	

132043 11-03-21

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN BOARD OF OPHTHALMOLOGY

Employer identification number 23-1693176

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 AMERICAN							169317		e 2
Pa	rt III Organizations Maintaining Colle	ections of Art,	Histo	orical Tre	asures, o	r Other	Similar Ass	ets (conti	inued)	
3	Using the organization's acquisition, accession,	and other records,	check	any of the f	ollowing tha	t make sig	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collect	ctions and explain	how th	ey further th	e organizatio	on's exem	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit or red	ceive donations of	art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be mainta							Yes		No
Pa	t IV Escrow and Custodial Arranger		e if the	organizatio	n answered	"Yes" on F	Form 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Part X,									
1a	Is the organization an agent, trustee, custodian of		•							
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	owing to	able:				A		
								Amour	ıı	
C	Beginning balance						1c			
d	Additions during the year						1 1			
e	Distributions during the year						1 1			
7-	Ending balance									NI -
	Did the organization include an amount on Form		•					Yes		No
	If "Yes," explain the arrangement in Part XIII. Chert V Endowment Funds. Complete if the						<u></u> 1			
		a) Current year		rior year	(c) Two yea		d) Three years b	ack (e) Fou	ır vears ba	ack
12	Beginning of year balance	.,	(-,		(0)		,	(0) : 00	, 500. 5 50	
h	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	(line 1c	ı, column (a)) held as:			•		
а	Board designated or quasi-endowment		%		,					
b	Permanent endowment	%								
С	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possession	on of the organizat	ion that	t are held ar	nd administer	red for the	organization			
	by:								Yes I	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	d on So	chedule R?				3b		
4	Describe in Part XIII the intended uses of the org		ment f	unds.						
Pa	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "Y	es" on Form 990,	Part IV	, line 11a. S	ee Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or oth		. ,	or other		cumulated	(d) Boo	ok value	
		basis (investme	ent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements			F 2	2 010		42 200		0 43	
d	Equipment			53	3,810.	$\frac{4}{}$	43,380.	9	0,43	U •
е	Other	I				I				

Schedule D (Form 990) 2021

90,430.

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

	ARD OF OPHTHA	LMOLOGY 2	3-1693176 Page 3
Part VII Investments - Other Securities.	- Farm OOO Bart N/ Page	44h O Farra 000 Bart V Fra 40	
Complete if the organization answered "Yes" (
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5)			
<u>(7)</u>			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<u>> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

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

Schedule D (Form 990) 2021

Part XI	Recond	ciliation o	of Revenue	ner	Audited	Financi	al Statemen	ts With	Revenue per F

		. 10.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,035,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	463,195.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	463,195.
3	Subtract line 2e from line 1			3	5,571,936.
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	25,423.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	25,423.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		<u> </u>	5	5,597,359.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		5,597,359. n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With	Expenses per F		n.
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With e 12a.	Expenses per F		5,597,359. n. 4,105,006.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With e 12a.	Expenses per F	Returi	n.
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With e 12a.	Expenses per F	Returi	n.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With e 12a	Expenses per F	Returi	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	Expenses per F	Returi	n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	Returi	n.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Returi	4,105,006. 0.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Return	4,105,006.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	4,105,006. 0.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	Expenses per F	1 2e	4,105,006. 0.
1 2 a b c d e 3 4 a	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	Expenses per F	1 2e	0. 4,105,006.
1 2 a b c d e 3 4 a b	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a	25,423.	1 2e	4,105,006. 0.

Part XIII Supplemental Information.

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

Part X, Line 2:

The ABO accounts for uncertainties in income taxes in accordance with authoritative guidance, which prescribes a recognition threshold of more likely than not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. During the year ended 2021, the ABO did not identify any uncertain tax positions that qualify for either recognition or disclosure in the financial statements.

Tax returns filed by the ABO are subject to examination by the Internal

Revenue Service for a period of three years. While no income tax returns

are currently being examined by the Internal Revenue Service, tax years

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

ZUZ I

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

AMERICAN BOARD OF OPHTHALMOLOGY

 $\begin{array}{c} \textbf{Employer identification number} \\ 23-1693176 \end{array}$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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'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 X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) GEORGE B. BARTLEY, MD	(i)	632,832.	0.	189,849.	0.	0.	822,681.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BETH ANN COMBER	(i)	232,573.	0.	0.	44,176.	8,319.	285,068.	0.	
ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SARAH SCHNABEL, PHD	(i)	154,500.	0.	0.	28,460.	1,455.	184,415.	0.	
DIRECTOR OF ASSESSMENTS/PS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MEGHAN MCGOWAN, MS	(i)	147,000.	0.	0.	27,895.	5,919.	180,814.	0.	
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BRIAN MARTIN	(i)	145,000.	0.	0.	27,066.	8,055.	180,121.	0.	
DIRECTOR OF IT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) MICK ENG, MS	(i)	143,500.	0.	0.	27,625.	0.	171,125.	0.	
IT MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
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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.

Form 990, Schedule J, Part II, Line 1 Dr. Bartley is employed by the Mayo Clinic where he sees patients and performs surgery one day a week (.2). The ABO pays Mayo the Mayo Clinic for the remainder of his time (.8) which is devoted to ABO activities. The consideration for the CEO salary is composed of several inputs: current compensation, market review of compensation of comparable ABMS Executive Directors, performance review, ABO financial status, and any other information that may be deemed relevant. In addition to ABO paying Mayo for Dr. Bartley's 80%-time commitment divided over the 12-month period, ABO shall reimburse Mayo for each of the following Mayo benefits provided for Dr. Bartley: Medical; MRA/Dental; FICA; MERP; LTD; Mayo Paid Life; Pension; SRP; Post-Retirement; 401k/403b Plan Match at 30% of the base salary. The ABO Chair and Vice Chair, in consultation with the ABO Finance Committee, recommend the CEO's salary to the full ABO Board annually.

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

AMERICAN BOARD OF OPHTHALMOLOGY	23-1693176
Form 990, Part I, Line 1, Description of Organization Miss	ion:
To serve the public by certifying ophthalmologists through	the
verification of competencies.	
Form 990, Part III, Line 1, Description of Organization Mi	ssion:
competencies.	
Form 990, Part III, Line 4a, Program Service Accomplishmen	ts:
evaluation process that includes both a written qualifying	examination

and an oral examination. Physicians who meet all of the requirements for initial certification become diplomates of the board and earn a certificate valid for a period of 10 years. Since the early 1990s, all diplomates who elect to retain an active certificate participate in periodic assessments of knowledge, judgment, and skill in addition to demonstrating a commitment to practice improvement. This process has been termed Continuing Certification.

Successful candidates are certified by the American Board of Ophthalmology for a period of ten years. The ABO issued initial certificates to 576 ophthalmologists in 2021.

Form 990, Part III, Line 4b, Program Service Accomplishments: and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ABO, along with other surgical certifying boards, also recognizes a seventh competency in surgical or procedural skills.

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization AMERICAN BOARD OF OPHTHALMOLOGY

 $\begin{array}{c} \text{Employer identification number} \\ 23-1693176 \end{array}$

The ABO's continuing certification process is the only one for eye care specialists that is recognized by the American Board of Medical Specialties. The ABO recertified 783 ophthalmologists in 2021.

Form 990, Part VI, Section B, line 11b:

Management engages an accounting firm to draft the Form 990. The Form then is reviewed by the ABO's Finance Committee and then by all members of the Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

The ABO's Conflict of Interest policy is sent to all members of the Board of Directors and all employees each year. Each person is required to acknowledge, in writing, receipt and review of the policy and to disclose any known, potential, or perceived conflicts. The Governance Committee reviews the disclosure forms, seeks further information when potential conflicts are identified, and works with the individuals to eliminate the conflicts. If a board member has a conflict that cannot be eliminated, he or she is recused from any relevant decisions.

Form 990, Part VI, Section B, Line 15:

The ABO pays Board of Directors travel, lodging, and meal expenses (up to \$75 per day) and provides a \$9,000 annual stipend. The Board of Directors participate in approximately nine days of business meetings per year. In addition to meetings, the board directors work without compensation approximately 10% or 4 hours per week on ABO-related activities. Total compensation for individual directors may vary based on their participation in additional ABO activities.

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization

AMERICAN BOARD OF OPHTHALMOLOGY

Employer identification number 23-1693176

The consideration for the CEO salary is composed of several inputs:

current compensation, market review of compensation of comparable ABMS

Executive Directors, performance review, ABO financial status, and any other information that may be deemed relevant. The ABO Chair and Vice Chair, in consultation with the ABO Finance Committee, recommend the CEO's salary to the full ABO Board annually.

A 2019 compensation evaluation conducted by an outside consultant group showed that CEO and staff compensation is fair and competitive.

Staff compensation ranges are determined based on job scope and performance in reference to an independent salary survey that includes both national and local benchmarks. This survey is conducted every two to three years with annual updates.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy, and financial statements are available on the ABO website.

Form 990, Page 7, Part VII, Column B:

The CEO is considered a part time employee who works for the ABO at 80% time. This is based on a 50-hour work week.

Members of the ABO Board of Directors spend an average of 10% of a

40-hour work week performing board-related activities. The work varies
according to the Director's committee responsibilities.

Scriedule O (Form 990) 2021	Page 2
Name of the organization AMERICAN BOARD OF OPHTHALMOLOGY	Employer identification number 23-1693176
The staff work a standard 40-hour work week.	