

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2006
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning 01-01-2006, 2006, and ending 12-31-2006, 20

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 American Board of Clinical

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 4889 Smith Road

City or town, state or country, and ZIP + 4
 Westchester, OH 45069

D Employer identification number
 36-3621939

E Telephone number
 (513) 942-3226

F Group Exemption Number
 []

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
 Other (specify) []

I Website: N/A

J Organization type (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ **\$ 39,433**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (line 9 less line 17)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year (combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	16	Other expenses (describe [])		
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input checked="" type="checkbox"/>	17	Total expenses (add lines 10 through 16)		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (line 6a less line 6b)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)				
8	Other revenue (describe [])				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,469	13,619
23 Land and buildings		
24 Other assets (describe [])		
25 Total assets	3,469	13,619
26 Total liabilities (describe [])		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,469	13,619

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Physicians organization that does testing, certification and credentials physicans relating to metal toxicology What is the organization's primary exempt purpose? <u>credentials physicans relating to metal toxicology</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 Physicians organization that does testing, certification and credentials physicans relating to metal toxicology (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	29,283
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	29,283

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
John P Trowbridge 9816 Memorial Blvd Humble, TX 77338	Secretary 0	0		
Rashid A Buttar 9630 Julian Clark Ave Huntersville, NC 28078	Chairman 0	0		
James E Smith 4889 Smith Road Westchester, OH 45069	Treasurer 0	0		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33			No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34			No
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a			No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			No
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36			No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
b Did the organization file Form 1120-POL for this year?	37b			No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a			No
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b			
39 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on line 9	39a	0		
b Gross receipts, included on line 9, for public use of club facilities	39b	0		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under

section 4911 , section 4912 , section 4955

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		No
c		
d		
40e		No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed

42a The books are in care of James E Smith Telephone no (513) 942-3226

4889 Smith Road

Located at Westchester, OH ZIP + 4 45069

b 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)?

	Yes	No
42b		No
42c		No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

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

Please Sign Here

***** 2007-11-14
Signature of officer Date
 James E Smith Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature <input type="text"/> Keith A DeWalt	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> DeWalt & Gallup Inc 12855 Eckel Junction Rd Perrysburg, OH 435511308			EIN <input type="text"/> Phone no <input type="text"/> (419) 872-1272

TY 2006 Other Expenses Schedule

Name: American Board of Clinical

EIN: 36-3621939

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
Utilities	967
Telephone	3,307
Supplies	1,080
Startup costs	750
Service Charges	79
Merchant Acct Fees	915
Licenses & Permits	60
Internet setup and expense	3,264