

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

Short Form
Return of Organization Exempt From Income Tax
 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.

OMB No 1545-1150
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007, 2007, and ending 12-31-2007, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization American Board of Clinical		D Employer identification number 36-3621939
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 4889 Smith Road		E Telephone number (513) 942-3226
		City or town, state or country, and ZIP + 4 Westchester, OH 45069		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 **H Check** if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527

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 ▶ \$ 34,562

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	1		10	Grants and similar amounts paid (attach schedule)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	34,400	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	162	13	Professional fees and other payments to independent contractors	13	650
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	18,000
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	678
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c		16	Other expenses (describe ▶)	16	6,331
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)	17	25,659
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	0	18	Excess or (deficit) for the year (line 9 less line 17)	18	8,903
b	Less direct expenses other than fundraising expenses	6b	0	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)	19	13,619
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	20	Other changes in net assets or fund balances (attach explanation)	20	
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	22,522
b	Less cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c					
8	Other revenue (describe ▶)	8					
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	34,562				

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

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	13,619	22	22,522	
23	Land and buildings		23		
24	Other assets (describe ▶)		24		
25	Total assets	13,619	25	22,522	
26	Total liabilities (describe ▶)		26		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,619	27	22,522	

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)	
What is the organization's primary exempt purpose? Physicians organization that does testing, certification and credentials physicans relating to metal toxicology			
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	25,659
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	25,659

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 5 00	0		
Rashid A Buttar 9630 Julian Clark Ave Huntersville, NC 28078	Chairman 5 00	0		
James E Smith 4889 Smith Road Westchester, OH 45069	Treasurer 5 00	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		

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 an excess benefit transaction? _____

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

42a The books are in care of James E Smith
 4889 Smith Road
 Located at Westchester, OH

b At any time during the calendar year, did the organization have an interest in, or exercise control over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 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 _____

42c		No
------------	--	----

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

 Signature of officer
 James E Smith Treasurer
 Type or print name and title

2008-08-08
 Date

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/> Keith A DeWalt	Date	Check if self-employed <input type="checkbox"/> <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="checkbox"/> DeWalt & Gallup Inc 12855 Eckel Junction Rd Perrysburg, OH 435511308		EIN <input type="checkbox"/>	Phone no <input type="checkbox"/> (419) 872-1272

TY 2007 Other Expenses Schedule

Name: American Board of Clinical

EIN: 36-3621939

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
Telephone	825
Supplies	458
Merchant Acct Fees	473
Internet	2,299
Computer	2,276