Form **990** STM127

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01, 2006, and ending 06-30 20 07

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: ASSOCIATION OF REGULATORY BOARDS

Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 1750 SOUTH BRENTWOOD BLVD. 503

City or town, state or country, and ZIP + 4: ST. LOUIS MO 63144-1341

D Employer identification number 23-7091523

E Telephone number (314)785-6000

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

G Website: ▶HTTP://WWW.ARBO.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀(insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 818,112

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	188,500		
	c	Indirect public support (not included on line 1a)	1c	262,510		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 451,010 noncash $)			1e	451,010
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	291,678
	3	Membership dues and assessments			3	45,300
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	30,124
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less: cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	818,112
Expenses	13	Program services (from line 44, column (B))			13	606,188
	14	Management and general (from line 44, column (C))			14	186,124
	15	Fundraising (from line 44, column (D))			15	0
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	792,312
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	25,800
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	585,233
	20	Other changes in net assets or fund balances (attach explanation)			20	55,129
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	666,162

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash $ noncash $) If this amount includes foreign grants, check here ▶ ☐	22a				
22 b Other grants and allocations (attach schedule) STM124 (cash $ 10,000 noncash $) If this amount includes foreign grants, check here ▶ ☐	22b	10,000	10,000		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	79,244	65,852	13,392	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	141,335	117,426	23,909	
27 Pension plan contributions not included on lines 25a, b, and c	27	11,511	9,028	2,483	
28 Employee benefits not included on lines 25a - 27	28	4,203	3,741	462	
29 Payroll taxes	29	17,559	14,237	3,322	
30 Professional fundraising fees	30				
31 Accounting fees	31	6,000		6,000	
32 Legal fees	32	29,806	25,081	4,725	
33 Supplies	33	26,434	22,193	4,241	
34 Telephone	34	4,944	4,102	842	
35 Postage and shipping	35	22,320	18,439	3,881	
36 Occupancy	36	27,847	21,828	6,019	
37 Equipment rental and maintenance	37	978	755	223	
38 Printing and publications	38	16,375	7,665	8,710	
39 Travel	39	12,256	9,192	3,064	
40 Conferences, conventions, and meetings	40	290,847	221,707	69,140	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule) STM108 4562	42	13,310		13,310	
43 Other expenses not covered above (itemize): STM167					
a	43a				
b PROGRAM SERVICES SEE STM	43b	54,942	54,942		
c MGMT & GENERAL SEE STMT	43c	22,401		22,401	
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	792,312	606,188	186,124	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______; **(ii)** the amount allocated to Program services $ ______; **(iii)** the amount allocated to Management and general $ ______; and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	106,547
b See SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	154,230
c See SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	121,580
d See SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	224,459
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	606,816

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

	Line	Description			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			53,037	45	29,770
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a	241,208			
	b	Less: allowance for doubtful accounts	47b		129,826	47c	241,208
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			4,215	53	4,536
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☒ FMV			472,204	54a	587,457
	b	Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments - other (attach schedule)				56	
	57 a	Land, buildings, and equipment: basis	57a	92,737			
	b	Less: accumulated depreciation (attach schedule) STM116	57b	70,013	23,516	57c	22,724
	58	Other assets, including program-related investments (describe ▶)				58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58			682,798	59	885,695
Liabilities	60	Accounts payable and accrued expenses			48,165	60	125,433
	61	Grants payable				61	
	62	Deferred revenue			49,400	62	94,100
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			97,565	66	219,533
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			585,233	67	666,162
	68	Temporarily restricted			0	68	0
	69	Permanently restricted			0	69	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			585,233	73	666,162
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			682,798	74	885,695

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

(See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	818,112
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	818,112
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	818,112

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	792,312
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	792,312
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	792,312

Part V-A Current Officers, Directors, Trustees, and Key Employees

(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
See 990_OFOV				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

				Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 11				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.		75c		X
d	Does the organization have a written conflict of interest policy?		75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ NAT BOARD OF EXAMINERS IN OPTOMETRY and check whether it is [X] exempt **or** [ ] nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) **82b**			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12 **86a**			
b	Gross receipts, included on line 12, for public use of club facilities **86b**			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders **87a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **87b**			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89 a	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 501(c)(4) orgs. 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 a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, 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?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

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

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) **90b** 5

91 a The books are in care of ▶ % CONNIE DANNER Telephone no. ▶ 314-785-6000

Located at ▶ 1750 S. BRENTWOOD ST. LOUIS MO ZIP + 4 ▶ 63144

			Yes	No
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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041 -** Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E)
93 Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
a					
b MEETING FEES					28,600
c C.O.P.E.					262,028
d CELMO					1,050
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					45,300
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities					30,124
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					367,102
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					367,102

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to **(b),** file Form 8870 **and** Form 4720 (see instructions).

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization: ASSOCIATION OF REGULATORY BOARDS

Employer identification number: 23-7091523

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JENNIFER PARKER 1750 S BRENTWOO SAINT LOU MO 63144	EXEC DIRECTO 50	79,244	0	0

Total number of other employees paid over $50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services . . . . ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over $50,000 for other services . . . . ▶

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ ________ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	**1**		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	**2a**		X
b	Lending of money or other extension of credit?	**2b**		X
c	Furnishing of goods, services, or facilities?	**2c**		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	**2d**	X	
e	Transfer of any part of its income or assets?	**2e**		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	**3a**		X
b	Did the organization have a section 403(b) annuity plan for its employees?	**3b**		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	**3c**		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	**3d**		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	**4a**		X
b	Did the organization make any taxable distributions under section 4966?	**4b**		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	**4c**		X

d Enter the total number of donor advised funds owned at the end of the tax year ▶ ________

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ ________

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ ________

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ ________

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 X An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that descibes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	**(a)** 2005	**(b)** 2004	**(c)** 2003	**(d)** 2002	**(e)** Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	120,860	52,500	24,000		197,360
16 Membership fees received	45,900	43,360	41,773	29,283	160,316
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	543,589	579,699	474,193	441,928	2,039,409
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,368	9,883	7,400	11,520	51,171
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,333	8,350	120	10,000	19,803
23 Total of lines 15 through 22	734,050	693,792	547,486	492,731	2,468,059
24 Line 23 minus line 17	190,461	114,093	73,293	50,803	428,650
25 Enter 1% of line 23	7,341	6,938	5,475	4,927	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a 0

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines: 18 ____ 19 ____ 22 ____ 26b ____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2005) ____ (2004) ____ (2003) ____ (2002) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2005) 66,496 (2004) ____ (2003) ____ (2002) ____

c Add: Amounts from column (e) for lines: 15 197,360 16 160,316 17 2,039,409 20 0 21 0 ▶ 27c 2,397,085

d Add: Line 27a total ____ and line 27b total 66,496 ▶ 27d 66,496

e Public support (line 27c total minus line 27d total) ▶ 27e 2,330,589

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 2,468,059

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 94.43 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 2.07 %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			0
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization	**Employer identification number**
ASSOCIATION OF REGULATORY BOARDS	23-7091523

Organization type (check one):

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

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

General Rule -

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable etc., contributions of $5,000 or more during the year.) . . . . . . ▶ $ ____________

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
ASSOCIATION OF REGULATORY BOARDS	23-7091523

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VISTAKON 7596 CENTURION PARKWAY JACKSONVILLE FL 32256	$ 23,500	Person X Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	ALCON INDUSTRY 6201 SOUTH FREEWAY FORT WORTH TX 76134	$ 20,000	Person X Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3	ADVANCED MEDICAL OPTICS 12484 EMPRESS COURT APPLE VALLEY MN 55124	$ 5,000	Person X Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4	ESSILOR LENSES 2400 118TH AVENUE NORTH ST PETERSBURG FL 33716	$ 15,000	Person X Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
5	CIBA VISION 11460 JOHNS CREEK PKWY DULUTH GA 30097	$ 30,000	Person X Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
6	ALLERGAN PHARMACEUTICAL 2525 DUPONT DRIVE IRVINE CA 92623	$ 20,000	Person X Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Name of organization ASSOCIATION OF REGULATORY BOARDS

Employer identification number 23-7091523

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PFIZER 235 E 42ND STREET NEW YORK NY 10017	$ 45,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	BAUSCH and LOMB 1400 N GOODMAN ROCHESTER NY 14605	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(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, other allowances
ROBERT L. SORRELL, O.D. 1750 S. BRENTWOOD ST. LOUIS MO 63144	DIRECTOR 5	0	0	0
RUSSELL W. JONES, O.D. 1750 S. BRENTWOOD ST. LOUIS MO 63144	DIRECTOR 5	0	0	0
JANET L. CARTER, O.D. 1750 S. BRENTWOOD ST. LOUIS MO 63144	DIRECTOR 5	0	0	0
DONOVAN L. CROUCH 1750 S. BRENTWOOD ST. LOUIS MO 63144	DIRECTOR 5	0	0	0
CHRISTINA SORENSON, OD 1750 S. BRENTWOOD ST. LOUIS MO 63144	VICE-PRES 5	0	0	0
STEVEN H. EYLER, O.D. 1750 S. BRENTWOOD ST. LOUIS MO 63144	DIRECTOR 5	0	0	0
WILLIAM B. RAFFERTY, OD 1750 S. BRENTWOOD ST. LOUIS MO 63144	DIRECTOR 5	0	0	0
ROBERT W. SMALLING O.D. 1750 S. BRENTWOOD ST. LOUIS MO 63144	PAST-PRESIDEN 5	0	0	0
JENNIFER PARKER 1750 S. BRENTWOOD ST. LOUIS MO 63144	EXEC DIRECTOR 40	79,244	2,400	0
ROBERT EASTON O D 1750 S. BRENTWOOD ST. LOUIS MO 63144	PRESIDENT 5	0	0	0
JERRY A. RICHT, O.D. 1750 S. BRENTWOOD ST. LOUIS MO 63144	DIRECTOR 5	0	0	0

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ X

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print

File by the extended due date for filing the return. See instructions.

Name of Exempt Organization	Employer identification number
ASSOCIATION OF REGULATORY BOARDS	23-7091523
Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
1750 SOUTH BRENTWOOD BLVD. 503	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
ST. LOUIS, MO 63144-1341	

Check type of return to be filed (File a separate application for each return):

X Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ CONNIE DANNER
  Telephone No. ▶ 314-785-6000 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05-15 , 20 08.

5 For calendar year ______ , or other tax year beginning 07-01 , 20 06 and ending 06-30 , 20 07.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return X Change in accounting period

7 State in detail why you need the extension

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

Notice to Applicant. (To Be Completed by the IRS)

☐ We **have** approved this application. Please attach this form to the organization's return.

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

☐ Other

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print

Name
Number and street (include suite, room, or apt. no.) or a P.O. box number
City or town, province or state, and country (including postal or ZIP code)

Statement #108

FORM 990, SCH FOR PART II, LINE 42
DEPRECIATION AND DEPLETION SCHEDULE

Description	Total	Program Services	Management & General	Fundraising
DEPRECIATION	13,310		13,310	
TOTAL	13,310		13,310	

PG 01
Statement #116

FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE

Category or Item	Basis	Accumulated Depreciation	End of Year
OFFICE FURNITURE	6,303	5,397	906
OFFICE EQUIPMENT	71,668	50,442	21,226
SOFTWARE	14,766	14,174	592
TOTAL	92,737	70,013	22,724

PG 01
Statement #124

FORM 990, PART II, LINE 22
CASH GRANTS PAID SCHEDULE

				Amount	Relationship
Activity	FELLOWSHIP			10,000	
Recipient	ACCREDITATION COUNCIL ON OPTOMETRIC				
Address	243 NORTH LINDBERGH				
City,St Zip	ST. LOUIS	MO	63141		
			TOTAL	10,000	

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

FEIN: 23-7091523

FORM 990, GENERAL EXPLANATION ATTACHMENT

Statement #127

EXPLANATION FOR SCHEDULE A, QUESTION 2-D

BOARD MEMBERS AND ADMINISTRATIVE STAFF ARE REIMBURSED FOR ANY MEALS, TRAVEL AND INCIDENTALS WHILE ATTENDING ORGANIZATION FUNCTIONS. EXPENSES ARE REIMBURSED BASED ON IRS GUIDELINES. EXPENSE REPORTS MUST BE COMPLETED, DOCUMENTATION ATTACHED, AND APPROVED BEFORE REIMBURSEMENTS ARE ISSUED.

BOARD MEMBERS ARE NOT COMPENSATED FOR THEIR TIME. THE EXECUTIVE DIRECTOR IS COMPENSATED WITH AN ANNUAL SALARY.

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

FEIN: 23-7091523

DIRECT PUBLIC SUPPORT

Description	Amount
CORPORATE SPONSORSHIPS	$ 188,500
Total:	$ 188,500

OTHER CHANGES IN NET ASSETS7

Description	Amount
NET CHANGE IN FAIR MARKET VALUE OF INVESTMENTS	$ 55,129
Total:	$ 55,129

PROGRAM SALARIES

Description	Amount
COPE	$ 67,655
OE TRACKER	116,251
LESS: ALLOCATION OF OFFICERS' SALARIES	(66,480)
Total:	$ 117,426

M & G OTHER SALARIES

Description	Amount
SALARIES	$ 23,909
Total:	$ 23,909

PROGRAM PENSION PLAN CONTRIBUTIONS

Description	Amount
COPE	$ 3,763
OE TRACKER	5,265
Total:	$ 9,028

M & G PENSION PLAN CONTRIBUTIONS

Description	Amount
OFFICE ADMIN RETIREMENT	$ 2,483
Total:	$ 2,483

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

FEIN: 23-7091523

PROGRAM OTHER EMPLOYEE BENEFITS

Description	Amount
COPE EMPLOYEE INSURANCE	$ 2,872
OE TRACKER EMPLOYEE INSURANCE	869
Total:	$ 3,741

M & G OTHER EMPLOYEE BENEFITS

Description	Amount
INSURANCE	$ 462
Total:	$ 462

PROGRAM PAYROLL TAXES

Description	Amount
COPE	$ 5,167
OE TRACKER	9,070
Total:	$ 14,237

M & G PAYROLL TAXES

Description	Amount
OFFICE	$ 3,322
Total:	$ 3,322

PROGRAM LEGAL FEES

Description	Amount
COMMITTEE	$ 7,820
COPE	
OE TRACKER	9,830
ANNUAL MEETING	7,431
Total:	$ 25,081

M & G LEGAL FEES

Description	Amount
GENERAL	$ 4,725
Total:	$ 4,725

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

FEIN: 23-7091523

PROGRAM SUPPLIES

Description		Amount
COMMITTEE		$ 914
COPE		6,619
OE TRACKER		11,335
ANNUAL MEETING		3,292
DIRECTORS MEETING		33
	Total:	**$ 22,193**

PROGRAM TELEPHONE

Description		Amount
COMMITTEE		$
COPE		2,138
OE TRACKER		1,964
ANNUAL MEETING		
	Total:	**$ 4,102**

M & G TELEPHONE

Description		Amount
TELEPHONE		$ 842
	Total:	**$ 842**

PROGRAM POSTAGE

Description		Amount
COMMITTEE		$ 611
COPE		4,625
OE TRACKER		10,222
ANNUAL MEETING		2,289
DIRECTORS MEETINGS		692
	Total:	**$ 18,439**

M & G POSTAGE

Description		Amount
OFFICE		$ 3,881
	Total:	**$ 3,881**

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

FEIN: 23-7091523

PROGRAM RENT

Description	Amount
COMMITTEE	$
COPE	8,812
OE TRACKER	13,016
ANNUAL MEETING	
Total:	$ 21,828

M & G RENT

Description	Amount
OFFICE	$ 6,019
Total:	$ 6,019

EQUIPMENT RENTAL

Description	Amount
COMMITTEE	$
COPE	361
OE TRACKER	394
ANNUAL MEETING	
Total:	$ 755

M & G OFFICE MAINTENANCE & REPAIR

Description	Amount
OFFICE	$ 223
Total:	$ 223

PROGRAM PRINTING

Description	Amount
COMMITTEE	$ 2,207
COPE	2,478
OE TRACKER	1,573
ANNUAL MEETING	1,407
Total:	$ 7,665

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

FEIN: 23-7091523

M & G PRINTING

Description		Amount
GENERAL	$	8,710
Total:	**$**	**8,710**

PROGRAM TRAVEL

Description		Amount
COMMITTEE	$	2,397
COPE		817
OE TRACKER		3,372
ANNUAL MEETING		2,606
Total:	**$**	**9,192**

M & G TRAVEL

Description		Amount
OFFICE	$	3,064
Total:	**$**	**3,064**

PROGRAM CONFERENCES, MEETINGS, CONVENTIONS

Description		Amount
COMMITTEE	$	77,440
COPE		29,189
OE TRACKER		6,094
ANNUAL MEETING		104,555
REGIONAL MEETING		4,429
Total:	**$**	**221,707**

M & G MEETINGS, CONFERENCE, CONVENTIONS

Description		Amount
DIRECTORS MEETINGS	$	69,140
Total:	**$**	**69,140**

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS
FEIN: 23-7091523

ACCOUNTS PAYABLE & ACCRUED EXPENSES

Description	Amount
ACCOUNTS PAYABLE	$ 112,142
ACCRUED SALARIES	3,864
ACCRUED VACATION	6,074
ACCRUED RETIREMENT	2,438
PROPERTY TAXES PAYABLE	915
Total:	$ 125,433

PROGRAM SERVICES-OTHER EXPENSES

Description	Amount
COPE: CREDIT CARD FEES	$ 3,574
COPE; INTERNET ACCESS	762
COPE: MISCELLANEOUS	117
COPE: NON-EMPLOYEE COMP	1,778
COPE: STAFF TRAINING	1,076
COPE: WEBSITE DEVELOPMENT	12,430
OE TRACKER: INTERNET ACCESS	1,697
OE TRACKER: MISCELLANEOUS	117
OE TRACKER: NON-EMPLOYEE COMP	1,167
OE TRACKER: ADVERTISING	588
OE TRACKER: WEBSITE DEVELOPMENT	19,926
OE TRACKER: ADMIN SUPPORT	11,710
Total:	$ 54,942

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

FEIN: 23-7091523

MANAGEMENT & GENERAL

Description	Amount
CREDIT CARD FEES	$ 947
DUES AND SUBSCRIPTIONS	4,320
INSURANCE	1,998
DONATIONS	2,050
INTERNET ACCESS	571
SOFTWARE MAINTENANCE	2,019
MISCELLANEOUS	2,206
NON-EMPLOYEE COMPENSATION	1,118
PAYROLL SERVICE	1,606
ADVERTISING	88
STAFF TRAINING	913
TAXES & LICENSES	1,197
WEBSITE DEVELOPMENT	2,695
GIFTS	673
Total:	**$ 22,401**

FOR TAX YEAR 2006

ASSOCIATION OF REGULATORY BOARDS

Pinnacle Accounting Group LLC

3551 Evergreen Lane

St. Louis, MO 63125

314-815-3022

Pinnacle Accounting Group LLC
3551 Evergreen Lane
St. Louis, MO 63125
Phone: (314) 815-3022
Fax: (314) 815-3024

May 14, 2008

Association Of Regulatory Boards
1750 South Brentwood Blvd. 503
St. Louis, MO 63144-1341

Dear Of Optometry, Inc.:

Enclosed are the original and copies of your 2006 Form 990 tax return.

Please review, sign, date, and mail the original return in the enclosed pre-addressed envelope.

I appreciate the opportunity to serve you. If I can be of further assistance with your financial or tax needs, do not hesitate to contact me at (314) 815-3022.

Sincerely,

CLARK SINGLETON
Pinnacle Accounting Group LLC

Enclosure

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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.

Signature of officer — Date

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date 05-14-2008	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed) address, and ZIP + 4	Pinnacle Accounting Group LLC 3551 Evergreen Lane St. Louis, MO 63125	EIN	Phone no. 314-815-3022

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

Your Social Security Number: 23-7091523

FORM 990, PART III (a)

Grants and Allocations	$0
Program Service Expenses	$106547
Includes Foreign Grants	NO

Explanation

COMMITTEE: MEETINGS HELD DURING THE YEAR TO EXCHANGE INFORMATION & ENGAGE IN PROGRAMS & ACTIVITIES RELATING TO LICENSING & EDUCATION OF OPTOMETRISTS.

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

Your Social Security Number: 23-7091523

FORM 990, PART III (b)

Grants and Allocations $0
Program Service Expenses $154230
Includes Foreign Grants NO

Explanation

COPE: THIS PROGRAM UNDERTAKES THE PROCESSING, PEER REVIEW, AND REPORTING OF CONTINUING OPTOMETRIC EDUCATION NECESSARY FOR LICENSING OPTOMETRISTS.

	Statement of Program Service Accomplishments	2006 01
Name(s) as shown on return		Your Social Security Number
ASSOCIATION OF REGULATORY BOARDS		23-7091523

FORM 990, PART III (c)

Grants and Allocations	$0
Program Service Expenses	$121580
Includes Foreign Grants	NO

Explanation

ANNUAL MEETING: USED TO INFORM/EDUCATE MEMBERS REGARDING ISSUES OF MUTUAL CONCERN. ALSO INCLUDES MAINTAINING COMMUNICATION, RESPONDING TO INQUIRIES.

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return: ASSOCIATION OF REGULATORY BOARDS

Your Social Security Number: 23-7091523

FORM 990, PART III (d)

Grants and Allocations $0
Program Service Expenses $224459
Includes Foreign Grants NO

Explanation
OE TRACKER: ONLINE CONTINUING EDUCATION TRACKER FOR OPTOMETRISTS.