Return of Organization Exempt From Income Tax

For the 2004 calendar year, or tax year beginning 2004, and ending

American Board of Clinical
Metal Toxicology
1407-1/2 North Wells Street
Chicago, IL 60610

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

Part I - Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received
2 Program service revenue including government fees and contracts
3 Membership dues and assessments
4 Investment income

5a Gross amount from sale of assets other than inventory
5b Less: cost or other basis and sales expenses
5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)

6 Special events and activities (attach schedule). If any amount is from gambling, check here □

a Gross revenue (not including $ of contributions reported on line 1)
b Less: direct expenses other than fundraising expenses
c 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
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)
8 Other revenue (describe □)

Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)

Grants and similar amounts paid (attach schedule)

Benefits paid to or for members
Salaries, other compensation, and employee benefits
Professional fees and other payments to independent contractors
Occupancy, rent, utilities, and maintenance
Printing, publications, postage, and shipping
Other expenses (describe □)

Total expenses (add lines 10 through 16)

Excess or (deficit) for the year (line 9 less line 17)
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)
Other changes in net assets or fund balances (attach explanation)
Net assets or fund balances at end of year (combine lines 18 through 20)

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 Instructions)

(A) Beginning of year
(B) End of year

24 Land and buildings

25 Other assets (describe □)
(See Statement 2)

26 Total liabilities (describe □)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)
Part III Statement of Program Service Accomplishments (See instructions)

What is the organization's primary exempt purpose? Testing and Certification

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 See Statement 3

(Grants §)
28a

29

(Grants §)
29a

30

(Grants §)
30a

31 Other program services (attach schedule)

(Grants §)
31a

32 Total program service expenses (add lines 28a through 31a)

= 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)

(A) Name and address

See Statement 4

22,997.

0.

924.

Part V Other Information (Note the attachment requirement in the instructions) See Statement 5

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.

X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conforming copy of the changes.

X

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?

X

b If "Yes," has it filed a tax return on Form 990-T for this year?

N/A

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)

X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a

0.

38a Did the organization file Form 1120-POL for this year?

X

38b 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?

X

39 501(c)(7) organizations. Enter: initiation fees and capital contributions included on line 9.

39a N/A

39b N/A

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

section 4911 N/A; section 4912 N/A; section 4955 N/A

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.

N/A

c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958.

0.

d Enter: Amount of tax on line 40c, above, reimbursed by the organization.

0.

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

None

42 The books are in care of Jack Hank

Located at 14071/2 N. Wells Street, Chicago

Telephone no. 60610

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A

and enter the amount of tax-exempt interest received or accrued during the tax year.

N/A

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.

Date

Type or print name and title

Preparer's SSN or PTIN (See Specific Instruction W)
Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amortization</td>
<td>$ 367</td>
</tr>
<tr>
<td>Auto Expense</td>
<td>$ 334</td>
</tr>
<tr>
<td>Bank Fees</td>
<td>$ 5,737</td>
</tr>
<tr>
<td>Conferences, Conventions, And Meetings</td>
<td>$ 5,428</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$ 707</td>
</tr>
<tr>
<td>Internet</td>
<td>$ 400</td>
</tr>
<tr>
<td>Misc</td>
<td>$ 12,346</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>$ 8,170</td>
</tr>
<tr>
<td>Office Insurance</td>
<td>$ 886</td>
</tr>
<tr>
<td>Parking</td>
<td>$ 324</td>
</tr>
<tr>
<td>Refunds</td>
<td>$ 4,001</td>
</tr>
<tr>
<td>Reimbursed Expense</td>
<td>$ 2,914</td>
</tr>
<tr>
<td>rounding</td>
<td>$ 1</td>
</tr>
<tr>
<td>Telephone</td>
<td>$ 1,997</td>
</tr>
<tr>
<td>Temporary Help</td>
<td>$ 2,792</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 46,404</strong></td>
</tr>
</tbody>
</table>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due from GLCCM, Inc.</td>
<td>$ 9,517</td>
<td>$ 0</td>
</tr>
<tr>
<td>Due from Others</td>
<td>$ 1,575</td>
<td>$ 0</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>$ 1,873</td>
<td>$ 1,237</td>
</tr>
<tr>
<td>Machinery and equipment</td>
<td>$ 135</td>
<td>$ 64</td>
</tr>
<tr>
<td>Net intangible assets</td>
<td>$ 683</td>
<td>$ 315</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 13,783</strong></td>
<td><strong>$ 1,616</strong></td>
</tr>
</tbody>
</table>

Statement 3
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

<table>
<thead>
<tr>
<th>Description</th>
<th>Grants and Allocations</th>
<th>Program Service Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

There are 151 current members certified in Chelation Therapy. In the 2004 year, 6 physicians took the written exam, which is the first phase of certification. After two years of training, an oral exam is taken which leads to certification. There were no physicians who took and passed the oral part of the exam this year. The written and oral parts of the exam are administered twice annually at two conventions. The American Board of Clinical Metal Toxicology rents hotel rooms for the testing administrators and conference rooms for the participating physicians at the conventions. Meals and amenities are also provided.

$ 0. $ 0.
Application for Extension of Time to File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I  Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs and trusts must use Form 8926 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Name of Exempt Organization

[American Board of Clinical Metal Toxicology]

Employer Identification number

36-3621939

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

[1407-1/2 North Wells Street]

City, town or post office. For a foreign address, see instructions.

Chicago, IL 60610

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

- Form 990
- Form 990-Bl
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (section 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

The books are in the care of [Jack Bank]

Telephone No. □ 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 will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 8/15/05, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
- □ calendar year 2004 or
- □ tax year beginning _________, 20___, and ending _________, 20___.

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

3a 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 □ $ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit □ $ 0.

c Balance Due. Subtract line 3b from line 3a. 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 □ $ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)

F120521L 01/07/05
Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Name of Exempt Organization
American Board of Clinical Metal Toxicology

Employer Identification Number
36-3621939

Number, street, and room or suite number. If a P.O. box, see instructions.
1407-1/2 North Wells Street

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Chicago, IL 60610

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

Form 990
Form 990-BL
Form 990-EZ
Form 990PF

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 care of Jack Hank
  Telephone No.  
  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 organizations four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.


5 For calendar year 2004, or other tax year beginning , 20 , and ending , 20 .

6 If this tax year is for less than 12 months, check reason: initial return final return change in accounting period

7 State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

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.

8b 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.

8c 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.

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  1/3/05

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 filed 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:

By:

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

Name
Malone & Assoc. Ltd., C.P.A.'s

Number and street (include suite, room, or apartment number) or a P.O. box number
22 South Waialoa Avenue

City or town, province or state, and country (including postal or ZIP code)
LaGrange, IL 60525

EXTENSION APPROVED
JUN 03 2005
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN