

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2004

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Open to Public Inspection

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

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	C Please use IRS label or print or type. See Specific Instructions. American Board of Clinical Metal Toxicology 1407-1/2 North Wells Street Chicago, IL 60610	D Employer identification number 36-3621939
		E Telephone number 312-266-3688
		F Group Exemption Number
		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> 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).

I Web site: ▶ N/A

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

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

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **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. ▶ \$ **67,932.**

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	36,709.
3	Membership dues and assessments	3	31,223.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	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	67,932.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	23,921.
13	Professional fees and other payments to independent contractors	13	1,381.
14	Occupancy, rent, utilities, and maintenance	14	1,157.
15	Printing, publications, postage, and shipping	15	205.
16	Other expenses (describe ▶ See Statement 1)	16	46,404.
17	Total expenses (add lines 10 through 16)	17	73,068.
18	Excess or (deficit) for the year (line 9 less line 17)	18	-5,136.
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	16,907.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	11,771.

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	3,124.	10,155.
23	Land and buildings		
24	Other assets (describe ▶ See Statement 2)	13,783.	1,616.
25	Total assets	16,907.	11,771.
26	Total liabilities (describe ▶)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,907.	11,771.

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

TEEA0803L 01/07/05 Form 990-EZ (2004)

SCANNED
AUG 24 2005

RECEIVED
AUG 04 2005
CODEN, UT

Handwritten initials/signature

Part III Statement of Program Service Accomplishments (See 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? 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	<u>See Statement 3</u> ----- ----- ----- (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	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>See Statement 4</u> ----- -----		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 conformed 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.	
b	Did the organization file Form 1120-POL for this year?			X
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?			X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9.	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities.	39b	N/A	
40a	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	Telephone no.	
	Located at	14071/2 N. Wells Street, Chicago	ZIP + 4	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.	43		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.

17-31-05
 Date: 17-31-05
 Type or print name and title: JOHN S. HANKS EXECUTIVE DIR.
 Check if self:
 Preparer's SSN or PTIN (See General Instruction W):

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

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

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

	<u>Beginning</u>	<u>Ending</u>
Due from GLCCM, Inc.....	\$ 9,517.	\$ 0.
Due from Others.....	1,575.	0.
Furniture and fixtures.....	1,873.	1,237.
Machinery and equipment.....	135.	64.
Net intangible assets.....	683.	315.
Total	<u>\$ 13,783.</u>	<u>\$ 1,616.</u>

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

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
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.		
	<u>\$ 0.</u>	<u>\$ 0.</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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 8736 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.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	American Board of Clinical Metal Toxicology	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. For a foreign address, see instructions.		state ZIP code
Chicago, IL 60610		

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the 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 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, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 04 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.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box.
- 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 <small>File by the extended due date for filing the return. See instructions.</small>	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	For IRS use only
	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):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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.

4 I request an additional 3-month extension of time until 11/15, 2005.

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. \$ _____

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 \$ _____

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. \$ _____

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 [Signature] Title CFA Date 5/13/05

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: _____
Director

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

Type or print	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 Waiola 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