

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-1150 2000 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For 2000 calendar year, or tax year beg. 2000, & end. 20

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

C Name of organization, number and street, city, town, state and ZIP code: FRIENDS OF CHELATION SOCIETY, 2825 E TAHQUITZ CANYON SUITE 201, PALM SPRINGS, CA 92262

D Employer identification number: 33-0705598, E Telephone no.: (760) 416-2013, F Check if application pending

G Accounting method: Cash, Accrual, Other (specify), H Enter 4-digit group exemption no. (GEN)

I Organization type (check only one): 501(c) ( ) (insert no.), 527 or 4947(a)(1)

J Check if the organization's gross receipts are normally not more than \$25,000. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Sch. A (Form 990 or 990-EZ). K 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. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

Table with 21 rows for revenue and expenses. Line 1: 15,661. Line 9: 19,802. Line 10: 8,210. Line 17: 27,182. Line 19: 11,160. Line 21: 3,780.

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.

Table with 5 rows for balance sheets. Line 25: 5,361. Line 27: 5,361.

For Paperwork Reduction Act Notice, see the separate Instructions. Form 990-EZ (2000)

SCANNED MAY 29 2001

RECEIVED MAY 18 2001

Handwritten numbers 64 and 25

Part III Statement of Program Service Accomplishments (See Specific Instructions.)		Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? 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	(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 Specific Instructions.)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances

Part V Other Information (See Specific Instructions and General Instruction V.)		Yes	No
33	Did 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 organization have unrelated busn. gross income of \$1,000 or more or 6033(e) notice, reporting, & 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		
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	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		
c	Amount of tax imposed on organization managers or disqualified persons during year under 4912, 4955, & 4958		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed. NONE		
42	The books are in care of LINDSEY DEVERICH Telephone no. 416-2013 Located at 2825 E TAHQUITZ CANYON SUITE 201 ZIP + 4 92262		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year.	X	43

Please 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. (Important: See General Instruction W.)

5/8/01 LINDSEY DEVERICH PRESIDENT  
 Date 05/01/2001 Check if self-employed Preparer's SSN or PTIN

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

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

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**

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

Name of the organization

**FRIENDS OF CHELATION SOCIETY**

Employer identification number

**33-0705598**

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

(See 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
<b>LINDSEY DEVERICH</b> <b>2825 E TAHQUITZ CYN 201</b>	<b>PRESIDENT</b> <b>40</b>			
<b>JEAN HORNE</b> <b>2825 E TAHQUITZ CYN 201</b>	<b>VICE PRES</b>			
<b>ERNEEN ROSALES</b> <b>2825 E TAHQUITZ CYN 201</b>	<b>SECRETARY</b>			
<b>DOROTHY GLASS</b> <b>2825 E TAHQUITZ CYN 201</b>	<b>TREASURER</b>			
Total number of other employees paid over \$50,000 .....	▶			

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

(See 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
<b>--- NONE ---</b>		
Total number of others receiving over \$50,000 for professional services .....	▶	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Form 990EZ - Part I  
Line 8 - Other Revenue

Description	Amount
BOOK AND ACCESSORY SALES	476.
INTEREST	5.
MEMBERSHIP DUES	3,660.
TOTAL	4,141.

Form 990EZ - Part I  
Line 16 - Other Expenses

Description	Amount
ACCOUNTING	828.
BANK SERVICE CHARGES	150.
CREDIT CARD DISCOUNT FEES	385.
INSURANCE WORKER S COMP	362.
LICENSES AND PERMITS	60.
MISCELLANEOUS EXPENSE	1,051.
OFFICE SUPPLIES AND EXPENSE	3,738.
OUTSIDE LABOR	4,133.
PAYROLL TAX EXPENSE	1,086.
PROMOTIONAL	390.
TELEPHONE	1,497.
TOTAL	13,680.

Form 990EZ - Part II - Balance Sheets  
Line 24 - Other Assets

Description	Amount
ACCOUNTS RECEIVABLE	2,796.
FURNITURE AND FIXTURES	1,375.
MACHINERY AND EQUIPMENT	873.
TOTAL	5,044.

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