

**Short Form  
Return of Organization Exempt From Income Tax**

**2005**

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

Department of the Treasury  
Internal Revenue Service

**A For the 2005 calendar year, or tax year beginning** , 2005, and ending

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b></p> <p>American Board of Clinical Metal Toxicology 1407-1/2 North Wells Street Chicago, IL 60610</p>	<p><b>D</b> Employer identification number 36-3621939</p>	<p><b>E</b> Telephone number 312-266-3688</p>	<p><b>F</b> Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Web site: ▶ N/A

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

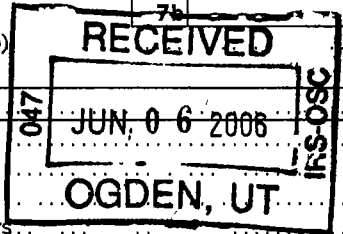
**J** Organization type (check only one) —  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **40,541.**

**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	2	26,714.
	3 Membership dues and assessments	3	13,827.
	4 Investment income	4	
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c 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"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c 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	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	40,541.
EXPENSES	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	16,584.
	13 Professional fees and other payments to independent contractors	13	2,006.
	14 Occupancy, rent, utilities, and maintenance	14	1,474.
	15 Printing, publications, postage, and shipping	15	102.
	16 Other expenses (describe ▶ See Statement 1)	16	27,691.
	17 <b>Total expenses</b> (add lines 10 through 16)	17	47,857.
	18 Excess or (deficit) for the year (line 9 less line 17)	18	-7,316.
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	11,771.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	4,455.	



**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
22	Cash, savings, and investments	10,154.	22	3,469.
23	Land and buildings		23	
24	Other assets (describe ▶ See Statement 2)	1,617.	24	986.
25	<b>Total assets</b>	11,771.	25	4,455.
26	<b>Total liabilities</b> (describe ▶ _____)	0.	26	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).	11,771.	27	4,455.

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<b>Part III: Statement of Program Service Accomplishments</b> (See Instructions)	<b>Expenses</b>
What is the organization's primary exempt purpose? <u>Testing and Certification</u>	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
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 \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (attach schedule)	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

<b>Part IV: List of Officers, Directors, Trustees, and Key Employees</b> (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
See Statement 4		16,584.	0.	0.

<b>Part V: Other Information</b> (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.	33		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.	34		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?	35 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.)	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37 a	0.	
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a 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?	38 a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved.	38 b	N/A	
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9.	39 a	N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39 b	N/A	
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
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.	40 b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			0.
d Enter amount of tax on line 40c reimbursed by the organization.			0.

**Part V Other Information** (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ Jack Hank Telephone no. ▶ \_\_\_\_\_  
Located at ▶ 14071/2 N. Wells Street, Chicago, ZIP + 4 ▶ 60610

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)? ... 

	Yes	No
42b		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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? ..... 

	Yes	No
42c		X

  
If 'Yes,' enter the name of the foreign country: . . . ▶ \_\_\_\_\_

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

**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] 162-06 ▶ JOHN J. HANK  
Signature of officer Date Type or print name and title EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**  
Preparer's signature ▶ [Signature] Date 5/31/06 Check if self-employed  Preparer's SSN or PTIN (See General instruction W) N/A  
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Malone & Assoc. Ltd., C.P.A.'s  
22 South Waiola Avenue  
LaGrange, IL 60525  
EIN ▶ N/A  
Phone no. ▶ (708) 354-7474

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

Amortization.....	\$	393.
Auto Expense .....		1,585.
Bank Fees .....		5,043.
Books.....		1,139.
Conferences, Conventions, And Meetings.....		8,400.
Depreciation.....		507.
Internet.....		850.
Misc.....		1,964.
Office Expenses.....		183.
Refunds.....		583.
Reimbursed Expense .....		2,043.
Supplies.....		125.
Telephone.....		2,265.
Temporary Help.....		2,611.
	Total \$	<u>27,691.</u>

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

	Beginning	Ending
Furniture and fixtures.....	\$ 54.	\$ 250.
Miscellaneous .....	434.	0.
Net intangible assets.....	1,129.	736.
Total	<u>\$ 1,617.</u>	<u>\$ 986.</u>

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

Description	Grants and Allocations	Program Service Expenses
<p>There are 114 current members certified in Chelation Therapy. In the 2005 year, 3 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. Five physicians took 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.</p> <p>Includes Foreign Grants: No</p>		
	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 4**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP &amp; DC</u>	<u>Expense Account/Other</u>
Jack Hank 1407 1/2 N. Wells Street Chicago, IL 60610	Exec. Director 20	\$ 16,584.	\$ 0.	\$ 0.
Russell Jaffe, M.D., Phd. 10430 Hunter View Vienna, VA 21218	Vice Chairman 0	0.	0.	0.
Robert A. Nash, M.D. 5589 Greenwich Village Virginia Beach, VA 23462	Chairman 0	0.	0.	0.
James Smith, DO 4889 Smith Road Cincinnati, OH 45069	Secretary 0	0.	0.	0.
Robert Rowan, MD Santa Rosa, CA	Treasurer 0	0.	0.	0.
Total		\$ 16,584.	\$ 0.	\$ 0.

**Statement 5**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

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