

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) or section 4947(a)(1) nonexempt charitable trust

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.

1999

This Form is Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

9913

A For the 1999 calendar year, OR tax year beginning

1999, and ending

B Check if:

- Change of address
Initial return
Final return
Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C

FRIENDS OF CHELATION SOCIETY
255 N. EL CIELO ROAD #670
PALM SPRINGS, CA 92262

D Employer identification number

33-0705598

E Telephone number

760-416-2013

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify)

I Type of organization Exempt under section 501(c) ( ) (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J 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, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ 85,576

If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

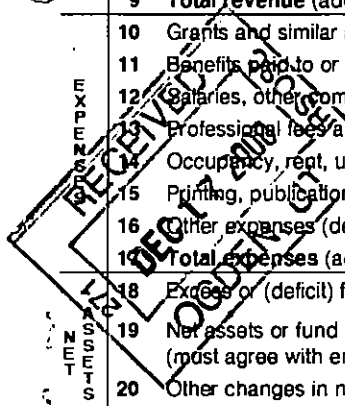
Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes revenue items like contributions, program service revenue, and expenses like salaries, rent, and printing. Total revenue is 85,576 and total expenses is 104,566, resulting in a deficit of 18,990.

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 Specific Instructions on page 36.)

Table with 7 rows and 4 columns: Description, (A) Beginning of year, (B) End of year, Line Number. Shows assets and liabilities at the beginning and end of the year. Total assets at end of year is 10,722.

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| Part II Statement of Program Service Accomplishments (See Specific Instructions on page 36.)   |  | Expenses<br>(Required for 501(c)(3) and (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 on page 38.) |  |   |   |  |
|---|--|---|---|--|
| (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 and other allowances |
| See Statement 6   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |

| Part V Other Information (See Specific Instructions on page 37.) |  | Yes | No  |
|--|--|-----|-----|
| 33   | Did organization engage in any activity not previously reported to 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 confirmed 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.  |     | 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  | 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 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 ▶ LARRY BELL Telephone no. ▶ 760-416-2013   |     |     |
|  | Located at ▶ 255 N. EL CIELO #670, PALM SPRINGS, CA ZIP + 4 ▶ 92262  |     |     |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43   N/A         |     |     |

I, accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & of w/c preparer has any knowledge.

Date 12/14/00 ▶ President  
Type or print name and title.

Client SOCI5598

FRIENDS OF CHELATION SOCIETY

33-0705598

10/23/00

04:14 pm

Statement 1  
Form 990-EZ, Part I, Line 1  
Contributions, Gifts, and Grants

Not Open To Public Inspection

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No single contributor gave \$5,000 or more during the year.

Client SOCI5598

FRIENDS OF CHELATION SOCIETY

33-0705598

10/23/00

04:14 pm

**Statement 2**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

|                            |       |                  |
|----------------------------|-------|------------------|
| BOOKS AND ACCESSORYS ..... | \$    | 1,784            |
| DUES .....                 |       | 12,350           |
| INTEREST .....             |       | 115              |
| PMC .....                  |       | 47,476           |
|                            | Total | <u>\$ 61,725</u> |

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

|  |       |                  |
|--|-------|------------------|
| Advertising .....                            | \$    | 10,809           |
| Bank charges .....                           |       | 137              |
| Conferences, conventions, and meetings ..... |       | 988              |
| Credit card discount fees .....              |       | 853              |
| Depreciation .....                           |       | 1,498            |
| Donation expense .....                       |       | 320              |
| Entertainment .....                          |       | 69               |
| Insurance-auto .....                         |       | 172              |
| Insurance-workers comp .....                 |       | 559              |
| Janitorial-cleaning .....                    |       | 210              |
| Lecture expense .....                        |       | 405              |
| License & Permits .....                      |       | 368              |
| Mileage .....                                |       | 171              |
| Misc. ....                                   |       | 1,943            |
| Notary .....                                 |       | 20               |
| Outside labor .....                          |       | 6,802            |
| promotional .....                            |       | 3,649            |
| Supplies .....                               |       | 6,033            |
| Telephone .....                              |       | 3,207            |
| Travel .....                                 |       | 13,967           |
|  | Total | <u>\$ 52,180</u> |

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

|                             | Beginning       | Ending          |
|-----------------------------|-----------------|-----------------|
| Accounts receivable .....   | \$ 0            | \$ 2,796        |
| Furnitures & fixtures ..... | 2,291           | 1,375           |
| Machinery & equipment ..... | 1,455           | 873             |
| Total                       | <u>\$ 3,746</u> | <u>\$ 5,044</u> |

Client SOCI5598

FRIENDS OF CHELATION SOCIETY

33-0705598

10/23/00

04:14 pm

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

|   | Beginning   | Ending        |
|---|-------------|---------------|
| Accounts payable and accrued expenses ..... | \$ 0        | \$ 438        |
| Total                                       | <u>\$ 0</u> | <u>\$ 438</u> |

**Statement 6**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

| Name and Address   | Title & avg.<br>Hrs/wk devoted | Comp.       | Employee<br>Ben. Plan<br>Contrib. | Expense<br>Account/<br>Other |
|--|--------------------------------|-------------|-----------------------------------|------------------------------|
| LARRY BELL<br>255 N. EL CIELO RD #670<br>PALM SPRINGS, CA 92262      | President<br>None              | \$ 0        | 0                                 | 0                            |
| JEAN HORNE<br>255 N. EL CIELO RD.#670<br>PALM SPRINGS, CA 92262      | Vice President<br>None         | 0           | 0                                 | 0                            |
| ERNEEN ROSALES<br>255 N. EL CIELO RD. #670<br>PALM SPRINGS, CA 92262 | Secretary<br>None              | 0           | 0                                 | 0                            |
| DOROTHY GLASS<br>255 N. EL CIELO RD.,#670<br>PALM SPRINGS, CA 92262  | Treasurer<br>None              | 0           | 0                                 | 0                            |
| ELAINE BURNS<br>255 N. EL CIELO RD.,#670<br>PALM SPRINGS, CA 92262   | Vice President<br>None         | 0           | 0                                 | 0                            |
| Total  |                                | <u>\$ 0</u> | <u>0</u>                          | <u>0</u>                     |