

Part III Statement of Program Service Accomplishments (See page 41 of the 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? educational and scientific			
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	The 2004 Annual Convention, which was open to members and anyone interested from the public, benefitted the 64 attendees by providing information and experience regarding deep feeling therapies and related healing work. (Grants \$ 0)	28a	35,939.97
29	The 2004 Spring Retreat, which was open to members and anyone interested from the public, benefitted the 22 attendees by providing information and experience regarding deep feeling therapies and related healing work. (Grants \$ 0)	29a	9,794.44
30	Publications: about 290 newsletters were distributed each of three times during the year, providing information regarding deep feeling therapies and the IPA. (Grants \$ 0)	30a	2,949.36
31	Other program services (attach schedule) (Grants \$)	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	48,683.77

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the 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 & deferred compensation	(E) Expense account and other allowances
attached				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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.		<input checked="" type="checkbox"/>
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 ▶ Ms. Sharon Kane Telephone no. ▶ (508) 881-5678 Located at ▶ 18 Cedar Hill Rd., Ashland, MA ZIP + 4 ▶ 01721-1175		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

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 of officer: **Jean Rashkind, Treasurer** Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

International Primal Association, Inc. (ID # 58-1237467)

Return for Calendar Year 2004
Form 990-EZ, item 16, description of Other Expenses:

Annual Conventions:

Lodging, 2004	7,519.00	
Food, 2004	9,500.00	
Prepaid, Lodging and Food, 2005	7,600.00	
Featured Speakers	990.70	
Lifeguard	478.50	
Disk jockey for dance party	329.80	
Photography	209.84	
Miscellaneous supplies	<u>351.44</u>	
Subtotal		26,979.28

Retreats:

Room and Board		
2004	3,933.59	
Prepaid 2005/6	<u>5,050.50</u>	
Subtotal		8,984.09

General overhead items:

Board travel	4,503.71	
Telephone and fax	48.40	
Website host	107.40	
Insurance	1,592.00	
Trailer and storage	2,852.81	
Business cards	110.43	
State license	95.00	
Credit card fees	527.14	
Bank fees	39.00	
Misc. office expenses	<u>323.10</u>	
Subtotal		<u>10,198.99</u>

Total of Other Expenses		46,162.36
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International Primal Association, Inc., EIN: 581237467. As required on Form 990EZ.

Name and Address	Title and average hours per week	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account & other allowances
Barbara Bryan, 23011 Middlebelt Rd., Farmington Hills, MI 48336	President, 4	0	0	0
James Pullaro, 369 Crane Avenue Pittsfield MA 01201	Vice President, 4	0	0	0
Jean Rashkind, 213 Kent Street, #3R, Brooklyn NY 11222	Treasurer, 15	0	0	0
Jane Lewis, 238 Kathleen St., Guelph, Ontario N1H-4Y5, Canada	Secretary, 8	0	0	0
Phil Banco, 29 Marion Ave. Wappingers Falls, NY 12590	Director, 1	0	0	0
Joe Dunn, 10216 Rockville Pike #402, Rockville MD 20852	Director till 9/05, 5	0	0	0
Linda Ellinor, 3525 Alta Vista, Santa Rosa, CA 95409	Director till 9/05, 4	0	0	0
Harriet Geller, 77 E. 12 St., New York, NY 10003	Director, 15	0	0	0
Carol Holmes, 17 Oren Blvd. Barrie, Ontario L4N 4T3, Canada	Director, 2	0	0	0
Robert Holmes, 52 Marcus Street Barrie ON L4N 3L8, CANADA	Director, 3	0	0	0
Sharon Kane, 18 Cedar Hill Rd., Ashland, MA 01721	Treasurer till 9/05, 3	0	0	0
Denise Kline, P.O. Box 602, Hagerstown MD 21741	Director, 2	0	0	0
Dan Miller, 106 St. Marks Ave. Brooklyn, NY 11217	Director, 1	0	0	0
Karuna O'Donnell, 18 Cedar Hill Rd. Ashland, MA 01721	Director, 1	0	0	0
Patricia Poulin, 26 Palmerston Gardens Toronto, Ontario M6G 1V9, Canada	Director, 3	0	0	0
Leonard Rosenbaum, 4220 Alton Place NW, Washington DC 20016-2018	Director till 9/04, 1	0	0	0
Larry Schumer, 759 Roberta Street Salt Lake City UT 84111	Director, 2	0	0	0
Sam Turton, 238 Kathleen St., Guelph, Ontario N1H-4Y5, Canada	V. P. till 9/04, Director, 5	0	0	0
William Whitesell, 811 Whann Ave., McLean VA 22101	Director till 9/04, 2	0	0	0

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization

International Primal Association, Inc.

Employer identification number

58 1237467

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of 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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of 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
none		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,371	637	793	0	2,801
16 Membership fees received	3,379	3,626	6,951	6,155	20,111
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	33,527	24,578	46,999	30,149	135,253
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	258	187	473	437	1,355
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	38,535	29,028	55,216	36,741	159,520
24 Line 23 minus line 17	5,008	4,450	8,217	6,592	24,267
25 Enter 1% of line 23	385	290	552	367	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e Public support (line 26c minus line 26d total) ▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2003) 0 (2002) 0 (2001) 0 (2000) 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003) 0 (2002) 0 (2001) 0 (2000) 0

c Add: Amounts from column (e) for lines: 15 <u>2,801</u> 16 <u>20,111</u> 17 <u>135,253</u> 20 <u>0</u> 21 <u>0</u> ▶	27c	158,165
d Add: Line 27a total, <u>0</u> and line 27b total <u>0</u> ▶	27d	0
e Public support (line 27c total minus line 27d total) ▶	27e	158,165
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶	27f	159,520
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	99.2 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶	27h	0.8 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

