

Short Form

OMB No. 1545-1150

Form **990-EZ**

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.*

A For the 2003 calendar year, or tax year beginning _____, **2003, and ending** _____, 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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

C Name of organization
International Primal Association, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
18 Cedar Hill Rd.

City or town, state or country, and ZIP + 4
Ashland, MA 01721-1175

D Employer identification number
58 : 1237467

E Telephone number
(508) 881-5678

F Group Exemption Number . . . ▶

• **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 Website: ▶ www.primals.org

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) (**3**) ◀ (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 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. . . ▶ \$ **38,534.52**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9		
Revenue	1	Contributions, gifts, grants, and similar amounts received															1,371.00	
	2	Program service revenue including government fees and contracts															33,527.00	
	3	Membership dues and assessments															3,379.00	
	4	Investment income															257.52	
	5a	Gross amount from sale of assets other than inventory																
	b	Less: cost or other basis and sales expenses																
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																0
	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)																
b	Less: direct expenses other than fundraising expenses																	
c	Net income or (loss) from special events and activities (line 6a less line 6b)																0	
7a	Gross sales of inventory, less returns and allowances																	
b	Less: cost of goods sold																	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																0	
8	Other revenue (describe ▶ _____)																0	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																38,534.52	
Expenses	10	Grants and similar amounts paid (attach schedule)															0	
	11	Benefits paid to or for members															0	
	12	Salaries, other compensation, and employee benefits															0	
	13	Professional fees and other payments to independent contractors															0	
	14	Occupancy, rent, utilities, and maintenance															0	
	15	Printing, publications, postage, and shipping															2,698.06	
	16	Other expenses (describe ▶ attached)															37,298.02	
17	Total expenses (add lines 10 through 16)																39,996.08	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)															(1,461.56)	
	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)															30,664.93	
	20	Other changes in net assets or fund balances (attach explanation)															0	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)															29,203.37	

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 page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	30,664.93	29,203.37
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	30,664.93	29,203.37
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,664.93	29,203.37

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? educational and scientific		(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	The 2003 Annual Convention, which was open to members and anyone interested from the public, benefited the 73 attendees by providing information and experience regarding deep feeling therapies and related healing work. (Grants \$ 0)	28a	30,365.18
29	The 2003 Spring Retreat, which was open to members and anyone interested from the public, benefited 20 attendees by providing information and experience regarding deep feeling therapies and related healing work. (Grants \$ 0)	29a	6,736.47
30	Publications: about 285 newsletters were distributed each of three times during the year, providing information regarding deep feeling therapies and the IPA. (Grants \$ 0)	30a	1,364.33
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 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.		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 0		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		<input checked="" type="checkbox"/>
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		

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.

Please Sign Here

Signature of officer: **Sharon Kane, 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 2003

Form 990-EZ, item 16, description of Other Expenses:

Annual Conventions:

Lodging		
2003	10,222.50	
Prepaid 2004	500.00	
Food		
2003	11,550.00	
Residual payment 2002	40.00	
Featured Speakers	2,000.00	
Lifeguard	500.00	
Disk jockey for dance party	300.00	
Souvenir calculator	318.48	
Miscellaneous supplies	<u>188.56</u>	
	Subtotal	25,619.54

Spring Retreats:

Room and Board		
2003	5,315.77	
Prepaid 2004	<u>600.00</u>	
	Subtotal	5,915.77

General overhead items:

Board travel	4,236.26	
Telephone and fax	176.60	
Website host	107.40	
State license	100.00	
Credit card fees	347.81	
Bank fees	83.97	
Misc. office expenses	<u>710.67</u>	
	Subtotal	<u>5,762.71</u>

Total of Other Expenses		37,298.02
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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
Sam Turton, 238 Kathleen St., Guelph, Ontario N1H-4Y5, Canada	Vice President, 6	0	0	0
Sharon Kane, 18 Cedar Hill Rd., Ashland, MA 01721	Treasurer, 5	0	0	0
Jane Lewis, 238 Kathleen St., Guelph, Ontario N1H-4Y5, Canada	Secretary, 7	0	0	0
Joe Dunn, 10216 Rockville Pike #402, Rockville MD 20852	Director, 1	0	0	0
Linda Ellinor, 3525 Alta Vista, Santa Rosa, CA 95409	Director, 1	0	0	0
Harriet Geller, 77 E. 12 St., New York, NY 10003	Director, 5	0	0	0
Robert Holmes, 52 Marcus Street Barrie ON L4N 3L8, CANADA	Director, 3	0	0	0
Denise Kline, P.O. Box 602, Hagerstown MD 21741	Director, 4	0	0	0
James Pullaro, 369 Crane Avenue Pittsfield MA 01201	Director, 2	0	0	0
Jean Rashkind, 213 Kent Street, #3R, Brooklyn NY 11222	Director, 7	0	0	0
Leonard Rosenbaum, 4220 Alton Place NW, Washington DC 20016-2018	Director, 1	0	0	0
Larry Schumer, 759 Roberta Street Salt Lake City UT 84111	Director, 2	0	0	0
Mary Thompson, c/o Post Mistress, Woodbury VT 05681	Director, 1	0	0	0
William Whitesell, 811 Whann Ave., McLean VA 22101	Director, 2	0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2003

Supplementary Information—(See separate instructions.)

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 ▶				

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 ▶		

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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
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.)		✓
b Do you have a section 403(b) annuity plan for your employees?		✓
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓

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 33 1/3%** 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 33 1/3%** 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	637	793	0	0	1,430
16 Membership fees received	3,626	6,951	6,155	4,537	21,269
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	24,578	46,999	30,149	28,683	130,409
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	187	473	437	0	1,097
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.	29,028	55,216	36,741	33,220	154,205
24 Line 23 minus line 17.	4,450	8,217	6,592	4,537	23,796
25 Enter 1% of line 23	290	552	367	332	
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 1999 through 2002 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: (2002) 0 (2001) 0 (2000) 0 (1999) 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: (2002) 0 (2001) 0 (2000) 0 (1999) 0					
c Add: Amounts from column (e) for lines: 15 <u>1,430</u> 16 <u>21,269</u> 17 <u>130,409</u> 20 <u>0</u> 21 <u>0</u> ▶					27c <u>153,108</u>
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u> ▶					27d <u>0</u>
e Public support (line 27c total minus line 27d total). ▶					27e <u>153,108</u>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶					27f <u>154,209</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27g <u>99.3 %</u>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h <u>0.7 %</u>
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash	51a(i)	<input checked="" type="checkbox"/>
(ii) Other assets	a(ii)	<input checked="" type="checkbox"/>
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	<input checked="" type="checkbox"/>
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	<input checked="" type="checkbox"/>
(iii) Rental of facilities, equipment, or other assets	b(iii)	<input checked="" type="checkbox"/>
(iv) Reimbursement arrangements	b(iv)	<input checked="" type="checkbox"/>
(v) Loans or loan guarantees	b(v)	<input checked="" type="checkbox"/>
(vi) Performance of services or membership or fundraising solicitations	b(vi)	<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	<input checked="" type="checkbox"/>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

