

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**Short Form  
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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

**2006**

**Open to Public  
Inspection**

**A For the 2006 calendar year, or tax year beginning** \_\_\_\_\_, **2006, 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**

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

City or town, state or country, and ZIP + 4

**D Employer identification number**

\_\_\_\_\_

**E Telephone number**

( ) \_\_\_\_\_

**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:** ▶ \_\_\_\_\_

**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) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 . . . ▶ \$**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>		
<b>6c</b> Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____ )	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . ▶	<b>9</b>		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ _____ )	<b>16</b>	
<b>17 Total expenses</b> (add lines 10 through 16) . . . . . ▶	<b>17</b>		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (line 9 less line 17) . . . . .	<b>18</b>	
	<b>19</b> 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) . . . . .	<b>19</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20) . . . . . ▶	<b>21</b>	

**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 51 of the instructions.)

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

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions.)	<b>Expenses</b> (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.	
<b>28</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/> <b>28a</b>	
<b>29</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/> <b>29a</b>	
<b>30</b> _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/> <b>30a</b>	
<b>31</b> Other program services (attach schedule) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/> <b>31a</b>	
<b>32 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 page 52 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

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		
<b>34</b> 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	<b>34</b>		
<b>35</b> 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.			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>			
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		
<b>38a</b> 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?	<b>38a</b>		
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 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** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ \_\_\_\_\_
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
<b>40b</b>		
<b>40e</b>		

- 41** List the states with which a copy of this return is filed. ▶ \_\_\_\_\_
- 42a** The books are in care of ▶ \_\_\_\_\_ Telephone no. ▶ (\_\_\_\_\_) \_\_\_\_\_  
 Located at ▶ \_\_\_\_\_ ZIP + 4 ▶ \_\_\_\_\_

- 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)? . . .  
 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.? . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		
<b>42c</b>		

- 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 . . . ▶ **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**

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer

▶ \_\_\_\_\_  
 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. X) \_\_\_\_\_  
 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 2006

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

Annual Conventions:

Food and lodging	\$22,144	
Prepaid for 2007	500	
Featured speakers	1,049	
Miscellaneous supplies	<u>834</u>	
Subtotal		24,527

Retreats:

Food and lodging	\$4,474	
Prepaid for 2007	400	
Subtotal		4,874

General Overhead Items:

Board travel	\$5,248	
Trailer and storage	228	
Website host	81	
State license	119	
Insurance	950	
Credit card fees	638	
Bank fees	93	
Miscellaneous	<u>160</u>	
Subtotal		<u>7,517</u>

Total of Other Expenses		36,918
-------------------------	--	--------

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
Robert Holmes, 5 Olive Ave. Toronto, ON M6G 1T7, Canada	President since 9/06, 3	0	0	0
Denise Kline, P.O. Box 602, Hagerstown MD 21741	Vice President since 9/06, 3	0	0	0
Harriet Geller, 77 E. 12 St., New York, NY 10003	Secretary since 9/06, 7	0	0	0
William Whitesell, 811 Whann Ave. McLean VA 22101	Treasurer since 9/06, 4	0	0	0
Barbara Bryan, 23011 Middlebelt Rd., Farmington Hills, MI 48336	President til 9/06, Director, 3	0	0	0
Wayne Carr, 218 Main St. #634 Kirkland, WA 98033	Director, 12	0	0	0
Carol Holmes, 17 Oren Blvd. Barrie, Ontario L4N 4T3, Canada	Director, 4	0	0	0
Cynthia McNellis, 307-12 River Dr. Angus Ontario L0M 1B2, Canada	Director, 1	0	0	0
Karuna O'Donnell, 18 Cedar Hill Rd. Ashland, MA 01721	Director, 3	0	0	0
Patricia Poulin, 26 Palmerston Gardens Toronto, Ontario M6G 1V9, Canada	Director til 9/06, 1	0	0	0
Esta Powell, 1186 Neil Ave., Apt D Columbus OH 43201	Director, 4	0	0	0
Jean Rashkind, 110 Yucca Dr. Sedona AZ 86336	Treasurer til 9/06, Director, 6	0	0	0
Leonard Rosenbaum, 4220 Alton Place NW, Washington DC 20016-2018	Secretary til 9/06, Director, 3	0	0	0
Larry Schumer, 759 Roberta Street Salt Lake City UT 84111	Director, 2	0	0	0