

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)

▶ 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.

2003

Open to Public Inspection

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

C Name of organization
BIOLOGICAL IMMUNITY RESEARCH JMS
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
7104 EAST DREYFUS AVE
 City or town, state or country, and ZIP + 4
SCOTTSDALE AZ 85254-4004

D Employer identification number
86: 1008625

E Telephone number
(480) 948-6766

F Group Exemption Number . . . ▶

G Accounting method: Cash Accrual
 Other (specify) ▶

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

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ WWW.BIRI.ORG

J Organization type (check only one)— 501(c) () (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. . . ▶ \$

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	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																											
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																											
	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)																											
	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)																												
7a	Gross sales of inventory, less returns and allowances											30674.98																	
b	Less: cost of goods sold											2893.57																	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)													27781.41															
8	Other revenue (describe ▶)																												
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																										27781.41		
Expenses	10	Grants and similar amounts paid (attach schedule)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																									1928.00		
	14	Occupancy, rent, utilities, and other expenses																									6000.00		
	15	Printing, publications, postage, and shipping																									3752.90		
	16	Other expenses (describe ▶ <u>DANK AND CREDIT CARD FEES</u>)																									1229.55		
	17	Total expenses (add lines 10 through 16)																									12910.45		
18	Excess or (deficit) for the year (line 9 less line 17)																										14870.96		
Net Assets	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)																									6151.56		
	20	Other changes in net assets or fund balances (attach explanation)																											
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																										21,022.52	
	22	Cash, savings, and investments																											

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.

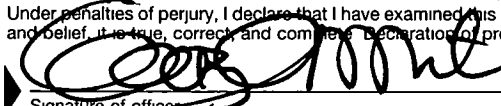
(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	6151.56	6151.56
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	6151.56	6151.56
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	6151.56	6151.56

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? CHARITABLE - RESEARCH - EDUCATION	
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 EDUCATED MANY PEOPLE REGARDING THEIR OPTIONS FOR NATURAL WELLNESS (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 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
DR GARY MARTIN 7104 E. DRYDEN AVE, Scottsdale, AZ 85254	EXEC. TRUSTEE	0	0	0
Linda Martin 7104 E DRYDEN AVE, Scottsdale, AZ 85254	TRUSTEE	0	0	0
Joy Martin 6825 E AIRE LIBRE LN, Scottsdale, AZ 85254	TRUSTEE	0	0	0

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 type="checkbox"/>	<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 type="checkbox"/>	<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"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 39a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b	<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42 The books are in care of ▶ B.I.R.I. Located at ▶ 7104 E. DRYDEN AVE. SCO		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or a		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.  Signature of officer GARY A MARTIN Type or print name and title
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4