

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)  
▶ 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

OMB No. 1545-1150

**2004**

**Open to Public Inspection**

**A For the 2004 calendar year, or tax year beginning** , 2004, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>PEOPLE'S MEDICAL SOCIETY</b>	<b>D Employer identification number</b> <b>23 : 2217575</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P O BOX 868</b>	<b>E Telephone number</b> <b>( 610 ) 770-1670</b>
		City or town, state or country, and ZIP + 4 <b>ALLENTOWN PA 18105-0868</b>	<b>F Group Exemption Number</b> ▶

• 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:** ▶ PEOPLESMED.ORG  
**J Organization type** (check only one)—  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527  
**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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.** ▶ \$ **0**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11,868
	2	Program service revenue including government fees and contracts	2	2,480
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ <b>LIST RENTAL, MESSAGE CHECKS</b> )	8	161	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	14,509	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	55,650
	14	Occupancy, rent, utilities, and maintenance	14	2,280
	15	Printing, publications, postage, and shipping	15	15,843
	16	Other expenses (describe ▶ <b>STATE REGISTRATION FEES</b> )	16	550
17	<b>Total expenses</b> (add lines 10 through 16)	17	72,323.	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	(57,814)
	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)	19	(275,451)
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	(333,265)

**RECEIVED**  
**AUG 17 2005**  
**OGDEN, UT**

**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	870	22 693
23 Land and buildings		23 0
24 Other assets (describe ▶ <b>INVENTORY</b> )	21,295	24 8,021
25 <b>Total assets</b>	22,165	25 8,714.
26 <b>Total liabilities</b> (describe ▶ <b>A/P, NOTES PAYABLE, DEFER. COMPENSATION</b> )	297,617	26 341,980
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	(275,451)	27 (333,265)

SCANNED SEP 16 2005

P 23

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? <b>CONSUMER HEALTH AWARENESS ADVOCACY</b>			
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	<b>MEMBERSHIP SERVICES</b>		
		(Grants \$)	28a 1,284.
29	<b>BOOK PUBLISHING</b>		
		(Grants \$)	29a 15,122
30			
		(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$)	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)		<b>32 16,406</b>

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
CHARLES INLANDER, PO BOX 868, ALLENTOWN PA 18105-868	PRESIDENT, 5HRS	\$3,000 MO	ON RETAINER	0
PAMELA MORALES #120, 61 JANÉ STREET, NEW YORK NY 10014	CHAIRPERSON	0	0	0
GAIL ROSS, 1666 CONNECTICUT AVE, # 501, WASH. DC 20009	VICE CHAIRPERSON	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 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 N/A		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		<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 FOR THIS YEAR. NO FUNDRAISING WAS DONE IN 2004		<input checked="" type="checkbox"/>
42	The books are in care of ▶ CHARLES B INLANDER Telephone no. ▶ ( 610 ) 770-1670 Located at ▶ PO BOX 868, ALLENTOWN PA ZIP + 4 ▶ 18105-0868		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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: *Charles B Inlander*  
Date: 8/14/05  
PRESIDENT

Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
EIN		