# 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)

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 2003,**

**B Check if applicable:**
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

**C Name of organization:** Biological Immunity Research Ins

**D Employer Identification number:** 86-1005625

**E Telephone number:** (480) 498-6767

**F Group Exemption Number:**

**G Accounting method:** □ Cash □ Accrual

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

**I Website:** [www.biri.org](http://www.biri.org)

**J Organization type (check only one):** □ 501(c)(3) □ 501(c)(4) □ 501(c)(5) □ 501(c)(6) □ 501(c)(7) □ 501(c)(8) □ 501(c)(9) □ 501(c)(10) □ 501(c)(11) □ 501(c)(12)

**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.)

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

## Part II Balance Sheets

(See page 40 of the instructions.)

<table>
<thead>
<tr>
<th>Net Assets</th>
<th></th>
<th>Net Assets or Fund Balances (line 27 of column (B) must agree with line 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Other changes in net assets or fund balances (attachment explanation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2003)
Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

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.

Educated many people regarding their options for natural wellness

(Grants $)

Other program services

(Grants $)

Total program service expenses (add lines 28a through 31a) (Grants $)

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

(DR. GARY MARTIN) EXEC.

18 E. DREYER AVES, SCOTTSDALE, AZ 85254

(LINDA MARTIN) TRUSTEE

18 E. DREYER AVES, SCOTTSDALE, AZ 85254

(SY. MARTIN) TRUSTEE

6238 E. AIRLITE LN, SCOTTSDALE, AZ 85254

(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

Part V Other information (Note the attachment requirement in General Instruction V, page 14.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

Yes No

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

Yes No

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

Yes No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)

Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b Did the organization file Form 1120-POL for this year?

Yes No

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?

Yes No

38b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.

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: section 4912: section 4955: section 4958

40b 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

Yes No

40c c) Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958

40d d) Enter: Amount of tax on line 40c, above, reimbursed by the organization

41 List the states with which a copy of this return is filed

42 The books are in care of

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-T and enter the amount of tax-exempt interest received or dividends distributed

Please Sign Here

Preparer's signature

Preparer's Firm's name

Preparer's, address and zip

Under penalties of perjury, I declare that I have examined this return, and the statements contained therein, and that the statements are true, correct, and complete. Declaration of preparer.

Signature of preparer

Type or print name and title

Preparer's name (or yours)

If self-employed, address, and zip