

Form 990-EZ

C&F
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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

January 1

, 2017, and ending

June 30

, 20 17

B Check if applicable

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

C Name of organization

International Somatic Movement Education and Therapy Association

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

PO 1104

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Troy, New York 12181

D Employer identification number

134123368

E Telephone number

518-362-8466

F Group Exemption

Number ► G Accounting Method: Cash Accrual Other (specify) ►I Website: ► www.ismeta.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 49122

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

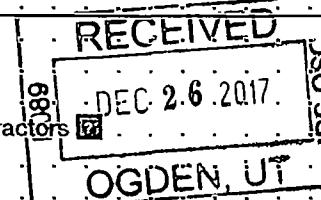
Check if the organization used Schedule O to respond to any question in this Part I □

<input checked="" type="checkbox"/> 1 Contributions, gifts, grants, and similar amounts received	<input checked="" type="checkbox"/> 1 0
<input checked="" type="checkbox"/> 2 Program service revenue including government fees and contrac	<input checked="" type="checkbox"/> 2 4066
<input checked="" type="checkbox"/> 3 Membership dues and assessments	<input checked="" type="checkbox"/> 3 45052
<input checked="" type="checkbox"/> 4 Investment income	<input checked="" type="checkbox"/> 4 3.97
5a Gross amount from sale of assets other than inventory	<input checked="" type="checkbox"/> 5a
b Less: cost or other basis and sales expenses	<input checked="" type="checkbox"/> 5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<input checked="" type="checkbox"/> 5c 0
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	<input checked="" type="checkbox"/> 6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<input checked="" type="checkbox"/> 6b
c Less: direct expenses from gaming and fundraising events	<input checked="" type="checkbox"/> 6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<input checked="" type="checkbox"/> 6d 0
7a Gross sales of inventory, less returns and allowances	<input checked="" type="checkbox"/> 7a
b Less: cost of goods sold	<input checked="" type="checkbox"/> 7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<input checked="" type="checkbox"/> 7c 0
8 Other revenue (describe in Schedule O)	<input checked="" type="checkbox"/> 8 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<input checked="" type="checkbox"/> 9 49122
10 Grants and similar amounts paid (list in Schedule O)	<input checked="" type="checkbox"/> 10 0
11 Benefits paid to or for members	<input checked="" type="checkbox"/> 11 5214
12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 12 0
13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 13 27194
14 Occupancy, rent, utilities, and maintenance	<input checked="" type="checkbox"/> 14 0
15 Printing, publications, postage, and shipping	<input checked="" type="checkbox"/> 15 298
16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 16 19457
17 Total expenses. Add lines 10 through 16	<input checked="" type="checkbox"/> 17 52163
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<input checked="" type="checkbox"/> 18 (3041)
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)	<input checked="" type="checkbox"/> 19 60330
20 Other changes in net assets or fund balances (explain in Schedule O)	<input checked="" type="checkbox"/> 20 0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	<input checked="" type="checkbox"/> 21 57289

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2017)

9/14/18
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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60330	22 57289
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	60330	25 57289
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60330	27 57289

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? ISMETA's purpose is to grow the emerging profession of Somatic Movement Education

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 Registration of Somatic Movement Educators and Therapists. RSME, RSMT(Grants \$) If this amount includes foreign grants, check here ► 28a**29 Review and Approve/Accreditation of Somatic Movement Training Programs**(Grants \$) If this amount includes foreign grants, check here ► 29a**30 Outreach to professionals and the public including Annual Membership Meeting, attendance at professional Conferences**(Grants \$) If this amount includes foreign grants, check here ► 30a**31 Other program services (describe in Schedule O)**(Grants \$) If this amount includes foreign grants, check here ► 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 the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV

<input checked="" type="checkbox"/> (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) <input checked="" type="checkbox"/> (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation <input checked="" type="checkbox"/>	(e) Estimated amount of other compensation
Mark Taylor~ Board President	3	0	0	0
Beth Pettengill Riley~ Vice President	3	0	0	0
Caryn Heilman~ Secretary	3	0	0	0
Tony Rezac~ Treasurer	2	0	0	0
Maria Luisa Diaz deLeon Z. Director	1	0	0	0
Donna Brooks, Director	1	0	0	0
Kima Kraimer, Director	1	0	0	0
Ryan Kennedy, Director	1	0	0	0
Kimberly McKeever, Director	1	0	0	0
Elisabeth Osgood Campbell, Director	1	0	0	0
Anna Rider, Director	1	0	0	0
Jane Okondo, Director	1	0	0	0
Lee Nussbaum Fogel, Director		0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a ✓

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 ✓

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

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

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 outstanding at the end of the tax year covered by this return? 38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 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 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40b ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e ✓

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

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

42a The organization's books are in care of ► Elisa Cotroneo, Wisdombody Consulting Telephone no. ► 518-477-9512
Located at ► 105 State Route 151 East Greenbush New York ZIP + 4 ► 12061

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a ✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b ✓

	Yes	No
33	✓	<input checked="" type="checkbox"/>
34	✓	<input checked="" type="checkbox"/>
35a	✓	<input checked="" type="checkbox"/>
35b	✓	<input checked="" type="checkbox"/>
35c	✓	<input checked="" type="checkbox"/>
36	✓	<input checked="" type="checkbox"/>
37a		<input type="checkbox"/>
37b	✓	<input checked="" type="checkbox"/>
38a	✓	<input checked="" type="checkbox"/>
38b		<input type="checkbox"/>
39a		<input type="checkbox"/>
39b		<input type="checkbox"/>
40b	✓	<input checked="" type="checkbox"/>
40c		<input type="checkbox"/>
40d		<input type="checkbox"/>
40e	✓	<input checked="" type="checkbox"/>
42b	✓	<input checked="" type="checkbox"/>
42c		<input type="checkbox"/>
44a	✓	<input checked="" type="checkbox"/>
44b	✓	<input checked="" type="checkbox"/>
44c	✓	<input checked="" type="checkbox"/>
44d	✓	<input checked="" type="checkbox"/>
45a	✓	<input checked="" type="checkbox"/>
45b	✓	<input checked="" type="checkbox"/>

46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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.

Sign Here	<input checked="" type="checkbox"/> Signature of officer Tony Rezac, Treasurer		Date 12-17-17
<input type="checkbox"/> Type or print name and title			

Paid Preparer Name	Print/Type preparer's name	Preparer's signature	Date	<input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

International Somatic Movement Education and Therapy Association

Employer identification number
134123368

This is a January- June Return. We are filing form 1128 to change our Tax Year. It is attached AND has been sent to the appropriate address

OTHER EXPENSES

online newsletter service, bookeeping service	263
supplies	325
web page fees	9033
Dues	228
Travel and meals	6200
Paypal service fees	1738
Marketing , Conferences	1670
Total Other Expenses	19457

Only Liabilities we have are multi year dues 5613

last year we reported on tax return as liabilities

this year we are only reporting here and not as a true liability