Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 6 Inspection

	1010	and	ending				
В	Check applica	ole:		D Employer identif	ication number		
	Add char						
	Nam char	ge Doing business as		26-2	703521		
	Initia	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite				
	Fina retur term	/ O O NEWLIELD ST SIE Z			910-2462		
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,625,978.		
<u>_</u>	retur	MIDDLETOWN, CT 00457		H(a) Is this a group i			
L	tion	F Name and address of principal officer:		for subordinate	s? Yes X No		
-	-	V SOUCH SOUCH			included? Yes No		
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of the Supplemental Status: VSPAINFOUNDAION. ORG	or 527		list. (see instructions)		
District Contracts	proceedings in column 2 in col	forganization: X Corporation Trust Association Other	T. V	H(c) Group exemption			
	art I		IL Year	of formation: 2006	VI State of legal domicile: CT		
Louisian	T 1	Briefly describe the organization's mission or most significant activities: THE	MISSIO	N OF II S D	ATM TO TO		
Activities & Governance	1	EMPOWER, EDUCATE, CONNECT, AND ADVOCATE I	FOR TN	DIVIDUALS I	TVING WITH		
r a	2	Check this box if the organization discontinued its operations or dispos					
ove	3	Number of voting members of the governing body (Part VI, line 1a)	300 01 111010	3	5		
ර	4	Number of independent voting members of the governing body (Part VI, line 1b)	***************************************	4	2		
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	9		
×	6	Total number of volunteers (estimate if necessary)		6	150		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
		A Company of the Comp		Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,350,442.	1,620,478.		
	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	5,500.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,350,442.	1,625,978.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		521,338.	879,516.		
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
EX		Total fundraising expenses (Part IX, column (D), line 25) 9,42		605,027.	816,282.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,126,365.	1,695,798.		
	19	Revenue less expenses. Subtract line 18 from line 12		224,077.	-69,820.		
or		Hovelide 1656 experises. Outstact line 10 northline 12		inning of Current Year			
ets	20	Total assets (Part X, line 16)	Def	254,538.	End of Year 301, 253.		
Ass	21	Total liabilities (Part X, line 26)		0.	110,500.		
Net Assets Fund Baland	22	Net assets or fund balances. Subtract line 21 from line 20		254,538.	190,753.		
Pa	ırt II	Signature Block					
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is		
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer l	has any knowledge.			
		nune and		122	12018		
Sigr	1	Signature of officer		Date			
Her	е	MICOR DEC PARCIN CELO)				
************		Type or print name and title /					
De! 4		Print/Type preparer's name Preparer's signature	1	ate Check L	X PTIN		
Paid		ROBB D. MORTON, CFM, CMA, ROBB D. MORTON,	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	self-employe			
Prep			LP	Firm's EIN	13-4260189		
Use Only Firm's address 48 BAY ROAD, PO BOX 374							
NA	4h - 11	HADLEY, MA 01035		Phone no.41	3-587-0099		
iviay	the II	RS discuss this return with the preparer shown above? (see instructions)		242232344442222222222222222222222222222	X Yes No		

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF U.S. PAIN IS TO EMPOWER, EDUCATE, CONNECT, AND ADVOCAT FOR INDIVIDUALS LIVING WITH CHRONIC ILLNESS THAT CAUSES PAIN, AS WELT AS THEIR CAREGIVERS AND CLINICIANS. THROUGH OUR MULTIPLE PROGRAMS AND SERVICES, WE WORK TO ENHANCE THE QUALITY OF LIFE FOR PEOPLE WITH PAIN SERVICES, WE WORK TO ENHANCE THE QUALITY OF LIFE FOR PEOPLE WITH PAIN Prior form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 868,770 • including grants of \$) (Revenue \$ PRODUCED AS PRINT, ONLINE, AND PHYSICAL DISPLAYS, THE INVISIBLE PROJECT, THE FLAGSHIP PROGRAM OF THE ORGANIZATION, SHARES THE REAL-LISTORIES OF PEOPLE LIVING WITH INVISIBLE CONDITIONS THAT CAUSE PAIN. 7 PROJECT DEMONSTRATES WHY PEOPLE WITH PAIN NEED AND DESERVE MORE HELP, TREATMENT OPTIONS, AND RESEARCH.	No S No S FE
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PARTICIPANTS IN THEIR CARE. THE LEARN ABOUT YOUR PAIN WEBSITE IS A	
COMPREHENSIVE AND EDUCATIONAL TOOL FOR ANYONE WANTING TO LEARN MORE	
ABOUT SPECIFIC DISEASES AND DISORDERS THAT ARE ASSOCIATED WITH CHRONI	
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4c (Code:) (Expenses \$)
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AND SUPPORT, AND PARTICIPATING IN U.S. PAIN'S VARIOUS CAMPAIGNS AND PROGRAMS.	
PROGRAMS.	
41.00	
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 868,770.	
4e Total program service expenses ► 868,770 • Form 990	

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Form 990 (2016) US PAIN FOUN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	X

Form **990** (2016)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	Х	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		37	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		х
25-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line 2	2Eh		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Note: All 1 of the 250 file is a required to complete 30 fiedule O	J 30		

Form **990** (2016)

PAIN___1

Form 990 (2016) US PAIN FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Ш
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	•		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)			37
	•		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		
D	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5c		- 25
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		30		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did thany contributions that were not tax deductible as charitable contributions?		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut		- Ua		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		05		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	l I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ا مدا			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	100		
		l I	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
		100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
	,			990	(2016

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Λ		
Sec	tion A. Governing Body and Management						
		f 1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>5</u>				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other					
_	officer, director, trustee, or key employee?		2	х			
3	Did the organization delegate control over management duties customarily performed by or under the		\ <u>-</u>	 			
3			_		Х		
	of officers, directors, or trustees, or key employees to a management company or other person?			-	X		
4	Did the organization make any significant changes to its governing documents since the prior Form			-			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_	X		
6	Did the organization have members or stockholders?		6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or					
	more members of the governing body?		7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or					
	persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:					
а	The governing body?		8a		Х		
b	Each committee with authority to act on behalf of the governing body?				Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R						
	area area (mineral area (miner			Yes	No		
102	Did the organization have local chapters, branches, or affiliates?		10a	1.00	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such c		100				
b			10b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			X			
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	1			
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			,,		
	in Schedule O how this was done		12c		X		
13	Did the organization have a written whistleblower policy?				Х		
14	Did the organization have a written document retention and destruction policy?		14		Х		
15	Did the process for determining compensation of the following persons include a review and approv	al by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•					
а	The organization's CEO, Executive Director, or top management official		15a		X		
b	Other officers or key employees of the organization		15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a					
	taxable entity during the year?		16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's					
	exempt status with respect to such arrangements?		16b				
Sec	tion C. Disclosure			•	•		
17	List the states with which a copy of this Form 990 is required to be filed ▶CT						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s only) availa	ole			
	for public inspection. Indicate how you made these available. Check all that apply.	, , , , , , , , , , , , , , , , , , , ,					
		in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd fina	ncial			
	statements available to the public during the tax year.	st or interest policy, a		.5.41			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records.					
	INTERIM EXECUTIVE DIRECTOR - 800-910-2462						
	670 NEWFIELD ST STE 2, MIDDLETOWN, CT 06457						
	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) PAUL GILENO	0.00	x		x				0.	0.	602 557
PRESIDENT (2) NICOLE DYER	40.00	^		^				0.	0.	693,557
/ICE PRESIDENT	40.00	X		x				39,800.	0.	(
(3) WENDY FOSTER	0.00	X						0.	0.	(
(4) ELLEN SMITH	0.00	X						0.	0.	(
(5) SHAINA SMITH	40.00	x						56,800.	0.	(

Form **990** (2016)

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Pai	Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	 	es (continued)					
	(A)	(B)	(C) Position						(D)	(E)			(F)		
	Name and title	Average		not c	heck	more	than		Reportable	Reportable		l	timate		
		hours per week		box, unless p officer and a					compensation from	compensation from related			nount other	Of	
		(list any	for						the	organization		l	otner pensa	ation	
		hours for	Individual trustee or director				pa		organization	(W-2/1099-MIS			om th		
		related	stee or	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			organizati			
		organizations below	al trus	onal tr		key employee	comp						d relat		
		line)	divid	stituti	Officer	yemp	ghest	Former				orga	anizati	ons	
			드	드	5	<u>\$</u>	를 등	윤							
							\vdash								
								Ļ	96,600.		0.	60	2 5	<u> 57</u>	
	Sub-total								96,600.		0.	09	3,5	0.	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								96,600.		0.	69	3,5		
2	Total number of individuals (including but r									000 of reportab			5 	<u> </u>	
	compensation from the organization						-,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	
3	Did the organization list any former officer,	director or tru	ıcto	o ko	w or	mnla	2000	or	highest compensated o	mployoo on	I		Yes	No	
3	line 1a? If "Yes," complete Schedule J for s	,		,	,		,	,	•	. ,		3	Х		
4	For any individual listed on line 1a, is the su														
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4	Х		
5	Did any person listed on line 1a receive or	-				-			-		,				
-Soc	rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	uch	pers	son .					5		X	
1 Sec	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	den	ando	ent o	ont	racto	are t	that received more than	\$100,000 of com	nens	ation f	rom		
	the organization. Report compensation for										פווטקו	auon I	10111		
	(A) Name and business	address	NO	INC	₹.				(B) Description of s	services	C	(C ompe		n	
			-11	J-41								-1			
								_							
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than					
	+						•					Form	990 (2016)	

	IL VII	Check if Schedule O conta		or note to anv li	ne in this Part VIII			
			-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
3ra Iou	b	Membership dues	1b					
ts, (Am	С	Fundraising events	1c					
Giff	d	Related organizations	1d					
imi	е	Government grants (contribution	ons) 1e					
tion	f	All other contributions, gifts, grants						
ibu		similar amounts not included abov	re 1f 1 ,	,620,478 .				
d O	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	1,620,478.			
				Business Code				
Se	2 a	·						
ervi	b	·						
n Si	С	·						
ran ?ev	d	l						
Program Service Revenue	е							
Δ.	f	All other program service rever						
	g							
	3	Investment income (including of			5,500.	5,500.		
		other similar amounts)			3,300.	3,300.		
	4	Income from investment of tax						
	5	Royalties						
	•		(i) Real	(ii) Personal	_			
	6 a				_			
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory		+	-			
	D	Less: cost or other basis						
	_	and sales expenses		+	-			
		Gain or (loss)						
er		Net gain or (loss)		>				
Other Revenu		including \$						
Rev		contributions reported on line						
e		Part IV, line 18		·	_			
9		Less: direct expenses		· L				
_		Net income or (loss) from fund		_				
	9 a	Gross income from gaming act						
		Part IV, line 19			_			
		Less: direct expenses						
		Net income or (loss) from gami		<u></u>				
	10 a	Gross sales of inventory, less r						
		and allowances			-			
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
	4.4	Miscellaneous Revenue	9	Business Code				
	11 a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.			1,625,978.	5 500	0.	0.
	12	i otal lovoliue. Oce illoti uctivilo.			I , , . ,	J J J J J J J J J J J J J J J J J J J	•	

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	96,600.	96,600.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	693,557.	65.400	693,557.	
7	Other salaries and wages	67,108.	67,108.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 042	1 042		
9	Other employee benefits	1,243.	1,243.		
10	Payroll taxes	21,008.	21,008.		
11	Fees for services (non-employees):				
а	Management	F 00C		F 00C	
b	Legal	5,096.		5,096. 3,500.	
C	Accounting	3,500.		3,500.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	122,541.	122,541.		
40	column (A) amount, list line 11g expenses on Sch 0.)	188,424.	179,002.		9,422.
12	Advertising and promotion	100, 121.	175,002.		J, 422 •
13 14	Office expenses Information technology				
15	Royalties				
16	Occupancy	37,145.	37,145.		
17	Travel	186,571.	186,571.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	83,055.		83,055.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,117.			
23	Insurance	5,475.		5,475.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EVENTS	70,368.	70,368.		
b	SUPPLIES	30,914.	30,914.		
c	POSTAGE	29,145.	29,145.		
d	PRINTING	19,318.	19,318.		
е	All other expenses	32,613.	7,807.	24,806.	
25	Total functional expenses. Add lines 1 through 24e	1,695,798.	868,770.	815,489.	9,422.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016) Part X Balance Sheet

Part X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	254,538.	1	136,088
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
इ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 3,704.			4 505
	Less: accumulated depreciation 10b 2,117.	0.	10c	1,587
11	Investments - publicly traded securities		11	100 000
12	Investments - other securities. See Part IV, line 11		12	100,000
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	0	14	62 550
15	Other assets. See Part IV, line 11	0.	15	63,578
16	Total assets. Add lines 1 through 15 (must equal line 34)	254,538.	16	301,253
17	Accounts payable and accrued expenses		17	31,110
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္ခ 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 23	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		22	<u> </u>
23	Secured mortgages and notes payable to unrelated third parties		23	79,390
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	0	25	110 500
26	Total liabilities. Add lines 17 through 25	0.	26	110,500
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Enud Balances 27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	254 520		100 752
<u>E</u> 27	Unrestricted net assets	254,538.	27	190,753
ਲ 28 ਲ	Temporarily restricted net assets		28	
<u>e</u> 29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32 32 33 32 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds	054 530	32	100 753
33	Total net assets or fund balances	254,538.	33	190,753
34	Total liabilities and net assets/fund balances	254,538.	34	301,253 Form 990 (2016

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	69	5,7	98.
3	Revenue less expenses. Subtract line 2 from line 1	3				20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25	<u>4,5</u>	38.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			6,0	35.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		19	0,7	53.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			AIN FOUNDA					10-2/03521
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, of	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descri	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	-					I public described in
		section 170(b)(1)(A)(vi). (C			J		J	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	unction with a land-grant	college
•		or university or a non-land-g						
		university:	grant conlege or agric		Lintor tiro	riarrio, ori	y, and state or the come	, o o i
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sur	nort from	contributi	ons membershin fees :	and gross receints from
		activities related to its exen						
		income and unrelated busin						
				(less section of reak) if	om busine	sses acqu	ined by the organization	raiter June 30, 1973.
		See section 509(a)(2). (Cor			fati. Caa	!: F(20(-)(4)	
11		An organization organized a	=	•	•			
12		An organization organized a	·	•	•		•	
		more publicly supported or						Check the box in
		lines 12a through 12d that				•		
а		Type I. A supporting orga	· ·	•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the su	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	tiveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g		ride the following information						
	(i	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see mondenone))				
								1
rot:	al							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")			671,657.	1,350,442.	1,620,478.	3,642,577.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3			671,657.	1,350,442.	1,620,478.	3,642,577.		
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						3,642,577.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4			671,657.	1,350,442.	1,620,478.	3,642,577.		
	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources					5,500.	5,500.		
9	Net income from unrelated business						_		
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						3,648,077.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)			
_	organization, check this box and stor	here					>		
	ction C. Computation of Publ								
14	Public support percentage for 2016 (14	99.85 %		
15	Public support percentage from 2015						100.00 %		
16a	33 1/3% support test - 2016. If the o	-							
	stop here. The organization qualifies								
b	33 1/3% support test - 2015. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	t - 2016. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac				-	-			
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes	_							
	more, and if the organization meets the		•		•				
	organization meets the "facts-and-circ								
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	1	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-					<u> </u>	
7	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5			-			
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2016 (I			column (f))		15	%
						16	%
Se	ction D. Computation of Inves						
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box at	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
ł	o 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
3b		
OD.		
3с		
4a		
·u		
4-		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9с		
10a		
10b		

14 Has the organization accepted a gift or contribution from any of the following persons? a A person with directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 39% controlled entity of a person described in (a) above? 7 A 39% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. 10 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organizations of incitors or trustees at all times during the tax year? If Vir. describe in Part VI now the supported organizations of effectively operated, supervised, or controlled the organization is activities. If the organization had more supported organizations, supervised, or controlled the organization of a reference for trustees are allocated canning the supported organizations of the provisions and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organizations/If I'ves, 'explain in Part VI in own controlled the supported organizations (I'ves, 'explain in Part VI in own controlled the supporting Organizations, I'ves, 'explain in Part VI in own controlled the supporting Organizations and virial conditions or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of the supported organizations or the organization organization or vertice of the supported organization organization organization organization organization organi	Pa	rt IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization? b A Amily member of a person described in (i) above? c A 35% controlled entity of a person described in (i) or (b) above?! Yes' to a, b, or c, provide detail in Part Vi. 11c Section B. Type I Supporting Organizations 1 Did the directors, hustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "I'V", "escribe in Part VI in our way to provide organization's directors or trustees at all times during the tax year? If "I'V", "escribe in Part VI in our supported organization's directors or trustees at all times during the tax year. 1 Did the directors, hustees, or membership of one or more supported organization's directors or trustees at all times during the tax year. 1 Did the directors, the powers to appoint and/or remove directors or trustees at all times during the tax year. 2 Did the organization's activities. If the organization directors or trustees are all curies during the tax year. 2 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part VI in our powering such benefit carried out the purposes of the supported organization of the supported organization of the supported organization on the transfer organization of the supported organization of supported organization or supported organization or supported organization or suppor		,		Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) bove? c. A 55% controlled entity of a person described in (a) bove? c. A 55% controlled entity of a person described in (a) by (b) above? lib Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations for trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of every secretic supervised, or controlled the degrations or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization and what conditions or restrictions or trustees were allocated among the supported organization degranization and what conditions or restrictions or controlled the supportion organization of the supported organization (s) that operated, supervised, or controlled the supporting organizations was vested in the same persons that controlled or managed the supported organizations or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees durin	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? c A 33% controlled entity of a person described in (a) a (b) above?// "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "NP," describe in Part VI how the supported organizations (electivos or trustees at all times during the tax year. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to expose the trust year? If "NP," describe in Part VI how the supported organizations (electivos) and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization other than the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated or the benefit of any supported organization of the trust has supported organizations (electivos) and providing such benefit careled out the purposes of the supported organization (f) that operated, supporting Organizations 2 Did the organization operated, supporting Organizations 1 Were a mulpitly of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's organization's organization's organization's provided organi	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A SPM controlled entity of a person desconed in (a) or (b) above? If "Ves" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sidectors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizations and what conditions or restrictions, if early appoint or deposit at least a majority of the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization send what conditions or restrictions, if eny, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization than the supported organization (s) that operated, supervised, or controlled the supporting organization (s) "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations during organizations are severally of the controlled or management of the supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization spanning organization are severally field as of the date of notification, and (ii) copies of the organizations is tax year, (i) a very of the Ferm Spot But was exported organizations) or this supported organization or the governing body of a supported organization and organization is). 2 Were any of the organization are secured by the date of notification, to the extent not		below, the governing body of a supported organization?	11a		
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Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's power organization's power organization's power organization's provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) for elected by the supported organization or (iii) for elected by the supported organization or (iii) for elected by the supported organization's power organization's investment policies and in directing the use of the organization's law as significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. 2 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 3 Parent of Supported Organizations have the power to regularly appoint or elect a ma		or management of the supporting organization was vested in the same persons that controlled or managed			
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 OS PAIN FOUNDATION 20-2703321 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

US PAIN FOUNDATION

Employer identification number 26-2703521

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose confe	erring
_			
Par		·	V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified I	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
_	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		□v□v.
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing consequation of	assaments during the year
'	\$ \$	ing of violations, and emorcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
_	include, if applicable, the text of the footnote to the organizat	· · · · · · · · · · · · · · · · · · ·	
	conservation easements.		3
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 17	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2016

Pai	rt III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	r Othe	r Simila	ar Asse	ts (contini	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	are a siç	gnificant ι	use of its	collection	item	ıs
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange prograi	ms					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	n's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			\Box	Yes		<u> No</u>
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other ass	sets not i	included		_		
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for (escrow or co	ustodial accou	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ►	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administer	red for th	ie organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations									-	
										-	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pal	rt VI Land, Buildings, and Equipm			, ,, ,, ,		D 11/1					
	Complete if the organization answere					, ,		.	() 5 .		
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	a	(d) Book	value	e
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other				3,704.		2,11	L7.			87.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c.)			>	1	. , 5	87.
									D /F		

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 US PAIN FOU	NDATION		26-2703521 Page 3
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) RELATED PARTY NOTE			
(B) RECEIVABLE SMJ HOMES, INC	100,000.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	100,000.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS	·		63,578.
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		63,578.
Part X Other Liabilities.	- ,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Schedule D (Form 990) 2016

(8)

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	•	ses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV		- 1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		40	
_	Add lines 4a and 4b		-	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin rt XIII Supplemental Information.	e 10.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part IV lines 1b and 2b: Pr	art V line 4: Part V line 2: Part	VI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		iit v, iii e 4, i ait X, iii e 2, i ait	ΛΙ,
111103	20 and 4b, and 1 art Art, lines 2d and 4b. Also complete this part to provid	e arry additional imormation.		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

US PAIN FOUNDATION

Employer identification number 26-2703521

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year did any person listed on Form 900. Part VIII. Section A. line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а		4a		х
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c		4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>

632111 09-09-16

Schedule J (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) PAUL GILENO	0.	0.	0.		0.		0.
PRESIDENT (i		0.	693,557.	0.	0.	693,557.	0.
(1)							
(i							
(1))						
(i							
(1)						
(i							
(1)							
(i							
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(1)							
(i							
(i							
(i							
(i							
(i)							
(i							
(1)							
(i							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
990 PART VII LINE 4
PLEASE SEE SCHEDULE L EXPLANATION OF EXCESS BENEFITS

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

> **Open To Public** Inspection

Name of the organization

Employer identification number

U	S PAIN	FC	OUNDATIO	N						26	-27	035	21					
Part I Excess Bene	efit Transa	actic	ons (section 50)1(c)(3	3), secti	ion 501(c)(4), and 50)1(c)	(29) organizatior	ns only	<i>'</i>).							
Complete if the o	organization a	answ	ered "Yes" on I	Form 9	990, Pa	art IV, line	25a or 25b	o, or	Form 990-EZ, P	art V, I	ine 40	Db.						
1 (a) Name of disqualified p	orson	(b) Re	elationship betv			lified	(c) Description of transaction							(d) Corrected?				
			person and or	-			`		•	Sactio	"		Y	es	No			
PAUL GILENO	F	ORN	MER PRES	IDE	NT	SI	EE PAR	T	IV						X			
													_					
													+					
													+					
													+					
2 Enter the amount of tax i	ncurred by the	he or	ganization man	agers	or disc	gualified i	persons du	rina	the vear under									
	•		•	•				•			> \$							
3 Enter the amount of tax,											> \$							
																		
Part II Loans to and																		
Complete if the o	J					', Part V, I	ine 38a or I	orm	n 990, Part IV, lin	ie 26;	or if th	ne orga	ınizati	on				
reported an amo		_								, ,		/h) Ani	oroved	(2) 14/	ritton			
(a) Name of interested person	(b) Relations with organiza		(c) Purpose of loan			(0) 0	e) Original cipal amount		Balance due	(g) In default?		fault?		oroved ard or nittee? (i) Wri agreem				
,					From	' '						Yes	No	Yes				
				10	1 10111					163	140	163	140	163	140			
															<u> </u>			
		_													<u> </u>			
		\dashv													<u> </u>			
Total							> \$											
Part III Grants or As	sistance	Ben	efiting Inter	este	d Pei	rsons.	ν Ψ											
Complete if the c	organization a	answ	ered "Yes" on I	Form 9	990, Pa	art IV, line	27.											
(a) Name of interested p	person	(b	b) Relationship	betwe	en	(c) A	Amount of		(d) Type	of		(e)	Purp	ose of	:			
			interested pers		d	as	sistance		assistan	ce								
			the organiza	ation														
											-							
											\dashv							
											\dashv							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2016 US PAIN FOUNDATION Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	8b, or 28c. (c) Amount of transaction	(d) Description of transaction	òrģaniz	aring of zation's
	person and the organization	transaction	transaction	rever	1
PAUL GILENO	FORMER PRESIDENT	403 901.	INDIVIDUAL	Yes	No X
PAUL GILENO	FORMER PRESIDENT		INDIVIDUAL		X
SMJ HOMES INC NOTE RECEIVA			ORGANIZATIO		X
Part V Supplemental Information Provide additional information for response.	onses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART I, EXCESS					
(A) NAME OF PERSON: PAUL G					
		MED DDEGIE	NEINIO		
(B) RELATIONSHIP WITH DISC		KMER PRESIL	ENT		
(C) DESCRIPTION OF TRANSAC	TION: SEE PART IV				
(D) CORRECTED? = NO					
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: PAUL G	ILENO				
(D) DESCRIPTION OF TRANSAC	TION: INDIVIDUAL REC	CEIVED EXCE	SS BENEFIT		
PAYMENTS IN FORM OF UNAUTH	ORIZED PAYROLL REPOR	RTED AS COM	PENSATION O	N 20	15
FORM 990					
(A) NAME OF PERSON: PAUL G	ILENO				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON ANI	ORGANIZAT	'ION:		
FORMER PRESIDENT					
(C) AMOUNT OF TRANSACTION	¢ 693 557				
		NETUES	100 DEVICE		
(D) DESCRIPTION OF TRANSAC	TION: INDIVIDUAL REC	CEIVED EXCE	SS BENEFIT		
PAYMENTS IN FORM OF USE OF	RELATED PARTY VENDO	ORS AND COM	IPANY PAYMEN	T OF	
PERSONAL EXPENSES REPORTED	AS COMPENSATION ON	2016 990			
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				
		S	chedule L (Form 990 d	or 990-E	Z) 2010

SCHEDULE 0 (Form 990 or 990-EZ)

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

US PAIN FOUNDATION

Employer identification number 26-2703521

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHRONIC ILLNESS THAT CAUSES PAIN, AS WELL AS THEIR CAREGIVERS AND
CLINICIANS. THROUGH OUR MULTIPLE PROGRAMS AND SERVICES, WE WORK TO
ENHANCE THE QUALITY OF LIFE FOR PEOPLE WITH PAIN, IMPROVE PATIENT
OUTCOMES, ADDRESS ACCESS AND AFFORDABILITY ISSUES, AND INCREASE PUBLIC
AWARENESS AND EMPATHY FOR THE ISSUE OF PAIN.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPROVE PATIENT OUTCOMES, ADDRESS ACCESS AND AFFORDABILITY ISSUES, AND
INCREASE PUBLIC AWARENESS AND EMPATHY FOR THE ISSUE OF PAIN.
FORM 990, PART VI, SECTION B, LINE 11B:
BOARD MEMBERS WILL RECEIVE COPY OF 990 BY EMAIL PRIOR TO FILING
FORM 990, PART VI, SECTION C, LINE 18:
BY REQUEST AND GUIDESTAR
FORM 990, PART VI, SECTION C, LINE 19:
BY REQUEST
990 PART VI LINE 2
EMPLOYEE/DIRECTOR SHAINA SMITH IS DAUGHTER IN LAW OF BOARD MEMBER ELLEN
SMITH
990 PART VI LINE 2
ORGANIZATION HAS A NOTE RECEIVABLE FROM AN ENTITY THAT IS OWNED BY THE

632211 08-25-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization US PAIN FOUNDATION	Employer identification number 26-2703521
BROTHERS OF THE PRESIDENT	
PART VI SECTION A LINE 5	
SEE SCHEDULE L EXCESS BENEFITS TRANSACTIONS	
990 PART VI SECTION A LINE 8	
THE FORMER PRESIDENT/CEO CONTROLLED THE BOARD PROCESS. T	HE RECORDS
MAINTAINED UNDER HIS LEADERSHIP LIST THE OFFICERS AND DIR	ECTORS SET
FORTH ON PART VII, BUT CONTAIN NO EVIDENCE THAT ELECTIONS	OF DIRECTORS
AND OFFICERS OCCURRED.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
PAUL GILENO - 13 BRADLEY COURT, BREWSTER, NY 10509	

PAIN___1

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Line o No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE	07/01/16	200DB	7.00	нү19	3,704.			1,852.	1,852.			2,117.	265.
	* TOTAL 990 PAGE 10 DEPR					3,704.			1,852.	1,852.	0.		2,117.	265.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

US PAIN FOUNDATION FORM 990 PAGE 10 26-2703521 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,010,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 1,852. 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 **17** MACRS deductions for assets placed in service in tax years beginning before 2016 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only - see instructions) (e) Convention (f) Method (a) Depreciation deduction year placed in service 19a 3-year property 5-year property b 1,852. 7 YRS. HY 200DB 265. 7-year property С 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs. g S/L 27.5 yrs. MM h Residential rental property 27.5 yrs. MM S/L MM S/L 39 vrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life S/L 12-year 12 yrs. S/L b 40 yrs. MM 40-year S/L

05001221 138127 PAIN

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 2,117. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

Form 4562 (2016)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

_	(a) trilough (c)	OI SECTION A	, all of occion	D, and	Section	J II app	JilCable.								
	Section A -	- Depreciation	on and Other	Informa	tion (Ca	ution:	See the	instru	ctions for	limits for	passeng	ger autor	mobiles.)		
24	a Do you have evidence to s	support the bu	siness/investme	ent use cl	aimed?	<u> </u>	es L	No	24b lf "	Yes," is t	he evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis		(e sis for depusiness/in use or	oreciation vestmen		/ Me	(g) ethod/ vention	Depre	(h) eciation uction	Elec sectio	(i) cted in 179 ost
25	Special depreciation alle	owance for q	ualified listed	property	y placed	in serv	ice duri	ng the	tax year a	nd					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more tha	ın 50% in a c	ualified busin	ess use:											
		: :	Ç	%											
		1 1	Ç	%											
		1 1	9	%											
<u>27</u>	Property used 50% or le	ess in a quali	ified business	use:								1			
		: :	Ç	%						S/L -					
		: :	Ç	%						S/L -					
		1 1		%						S/L -	-				
	Add amounts in column														
<u>29</u>	Add amounts in column	ı (i), line 26. E											. 29		
			5	Section	B - Infor	mation	on Us	e of Ve	ehicles						
	mplete this section for ve your employees, first ans			on C to		u meet				ting this	-	or those	-		
30	Total business/investment	miles driven d	uring the	1	hicle		hicle		Vehicle	1	hicle	1	nicle	Vehicle	
	year (don't include commu		•												
31	Total commuting miles														
	Total other personal (no														
	driven	_	:=												
33	Total miles driven during														
	Add lines 30 through 32	2													
34	Was the vehicle availab			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
	swer these questions to		- Questions to you meet an e	-	-					-			ren't mo	re than 5	5%
	ners or related persons. Do you maintain a writte	on policy stat	tomont that no	ohibite d	all porcor	al uso	of vobi	oloc in	cluding co	mmutine	n by you	r		Yes	No
	employees?													162	NO
38	Do you maintain a writte employees? See the ins														
39	Do you treat all use of v	ehicles by er	mployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain i	nforma	ation fro	m you	r employe	es about					
	the use of the vehicles,	and retain th	ne information	received	d?										
41	Do you meet the require	ements conc	erning qualifie	d autom	nobile der	monstr	ation us	se?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	te Sec	tion B f	or the	covered v	ehicles.					
P	art VI Amortization														
	(a) Description o	f costs	Date	(b) amortization begins		(c) Amortizable amount			(d) Code section				(e) nortization Ar		
42	Amortization of costs th	nat begins du	ring your 201		ar:										
				<u> </u>											
				<u> </u>											
43	Amortization of costs th	nat began be	fore your 2016	3 tax year	ar							43			
	Total. Add amounts in											44			
_	252 12-21-16												F	orm 456 2	2 (2016)