

## Short Form

OMB No. 1545-0047

Form **990-EZ**

## Return of Organization Exempt From Income Tax

**2017**

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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning and ending		<b>D</b> Employer identification number
<b>B</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Incorporation <input type="checkbox"/> Reorganization <input type="checkbox"/> Dissolution <input type="checkbox"/> Other (specify) _____	<b>C</b> Name of organization <b>HEALGRIEF</b>	<b>95-4489570</b>
	Number and street (or P.O. box, if mail is not delivered to street address)	<b>F</b> Telephone number
	<b>2934 1/2 N BEVERLY GLEN CIR</b>	<b>888-489-9654</b>
	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Group Exemption Number ▶
<b>LOS ANGELES, CA 90077-1724</b>		<b>H</b> Check <input type="checkbox"/> if the organization is
<b>6</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		required to attach Schedule B
<b>I</b> Website: ▶ <b>WWW.HEALGRIEF.ORG</b>		(Form 990-EZ, or 990-H)
<b>J</b> Tax-exempt status (check only one): <input checked="" type="checkbox"/> 501(c)(2) <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____		
<b>L</b> Add lines 5b, 6c, and 7c to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>9</b> <b>112,047.</b>

<b>Part I</b> Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		<input checked="" type="checkbox"/>
Check if the organization used Schedule O to respond to any question in this Part I		
<b>1</b> Contributions, gifts, grants, and similar amounts received		<b>112,044.</b>
<b>2</b> Program service revenue including government fees and contracts		
<b>3</b> Membership dues and assessments		
<b>4</b> Investment income <b>SEE SCHEDULE O</b>		<b>3.</b>
<b>5a</b> Gross amount from sale of assets other than inventory		
<b>5b</b> Less: cost or other basis and sales expenses		
<b>6</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
<b>7</b> Gaming and fundraising events		
<b>7a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)		
<b>7b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
<b>7c</b> Less: direct expenses from gaming and fundraising events		
<b>7d</b> Net income or (loss) from gaming and fundraising events (add lines 7a and 7b and subtract line 7c)		
<b>7e</b> Gross sales of inventory, less returns and allowances		
<b>7f</b> Less: cost of goods sold		
<b>7g</b> Gross profit or (loss) from sales of inventory (Subtract line 7f from line 7e)		
<b>8</b> Other revenue (describe in Schedule O)		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>112,047.</b>
<b>10</b> Grants and similar amounts paid (see Schedule O)		<b>302.</b>
<b>11</b> Benefits paid to or for members		
<b>12</b> Salaries, other compensation, and employee benefits		
<b>13</b> Professional fees and other payments to independent contractors		<b>9,000.</b>
<b>14</b> Occupancy, rent, utilities, and maintenance <b>SEE SCHEDULE O</b>		<b>198.</b>
<b>15</b> Printing, publications, postage, and shipping		<b>1,282.</b>
<b>16</b> Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>		<b>90,754.</b>
<b>17</b> Total expenses. Add lines 10 through 16		<b>101,536.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		<b>10,511.</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 20, column (A)) (must agree with end-of-year figure reported on prior year's return)		<b>34,607.</b>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)		<b>0.</b>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20		<b>45,118.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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328271 11-20-17

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,774.22	40,432.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	5,833.24	4,686.
25 Total assets	34,607.26	45,118.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,607.27	45,118.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its five largest program services. Do not check for expenses if a cost and revenue source. Describe the services provided, the number of persons benefited, and other relevant information for each program type.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 SUPPORTING THE FOUNDATION'S ONLINE PROGRAMMING & SOCIAL MEDIA TO EDUCATE AND STRESS THE NEED FOR COMMUNITY AND SUPPORT, EMPOWERING ONE'S JOURNEY WITH GRIEF Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here <input type="checkbox"/>	28a 10,608.
29 A WEBSITE MAINTAINING VALUABLE RESOURCES SUPPORTING THE BEREAVED AND COMMUNITIES THROUGH GRIEF'S JOURNEY AND PROMOTING A HEALTHY GRIEF RECOVERY Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here <input type="checkbox"/>	29a 30,431.
30 ACTIVELY MOVING FORWARD: A COLLEGE GRIEF SUPPORT NETWORK WHICH CONNECTS AND EMPOWERS GRIEVING COLLEGE STUDENTS. Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here <input type="checkbox"/>	30a 49,742.
31 Other program services (describe in Schedule O) Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	22 90,781.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (for each, see part II not completed) (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Average compensation (Form 990-EZ only) (do not check box -0-)	(d) Health benefits (include amounts for employee health plans, and deferred compensation)	(e) Estimated amount of other compensation
FRAN SOLOMON PRESIDENT	30.00	0.	0.	0.
CINDY KORAL CHAIR & SECRETARY	2.00	0.	0.	0.
ALISON BOSSERT TREASURER	2.00	0.	0.	0.
CAROL LEVY BOARD MEMBER	30.00	0.	0.	0.
RICHARD SOLOMON BOARD MEMBER	1.00	0.	0.	0.
MICHAEL ABRAMS BOARD MEMBER	2.00	0.	0.	0.
BEN CHESBON BOARD MEMBER	1.00	0.	0.	0.
DAVID FAJENBAUM BOARD MEMBER	1.00	0.	0.	0.
MITCHELL POST BOARD MEMBER	1.00	0.	0.	0.
ALYCIA COPPOLA BOARD MEMBER	2.00	0.	0.	0.

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

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a confirmed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" in line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		N/A
<b>c</b> Was the organization a section 501(c)(4), 501(c)(28), or 501(c)(29) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0."/> <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="N/A"/> <b>38b</b>		N/A
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 3 <input type="text" value="N/A"/> <b>39a</b>		N/A
<b>b</b> Gross receipts, included on line 3, for public use of club facilities <input type="text" value="N/A"/> <b>39b</b>		N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> <b>40a</b>		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/> <b>40c</b>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0."/> <b>40d</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 990-T		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed <input type="text" value="CA"/> <b>41</b>		
<b>42a</b> The organization's books are in care of <input type="text" value="FRAN SOLOMON"/> Telephone no. <input type="text" value="888-489-9654"/> <b>42a</b>		
Located at <input type="text" value="2934 1/2 BEVERLY GLEN CIRCLE #266, LOS ANGELES, CA 90077"/> <b>42b</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
<b>42b</b> <input type="checkbox"/> <b>42b</b>		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/>		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States?	Yes	No
<b>42c</b> <input type="checkbox"/> <b>42c</b>		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ or Part of Form 9941 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="N/A"/> <b>43</b>		N/A
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
<b>44a</b> <input type="checkbox"/> <b>44a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
<b>44b</b> <input type="checkbox"/> <b>44b</b>		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	Yes	No
<b>44c</b> <input type="checkbox"/> <b>44c</b>		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" in line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Yes	No
<b>44d</b> <input type="checkbox"/> <b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	No
<b>45a</b> <input type="checkbox"/> <b>45a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	Yes	No
<b>45b</b> <input type="checkbox"/> <b>45b</b>		<input checked="" type="checkbox"/>

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

	Yes	No
46		X

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule D to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule I
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reported compensation (if more than \$100,000)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

g Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule K? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  preparer  officer  
**FRAN SOLOMON, PRESIDENT**

Paid Preparer Use Only  
 Print preparer's name: **PATRICK DUNN**  
 Preparer's signature: **DUNN, PARISER & PEYROT**  
 Title: **P00535823**  
 Check  if self-employed  
 Preparer's EIN: **95-4256819**  
 Preparer's address: **16027 VENTURA BLVD., STE. 301**  
**ENCINO, CA 91436**  
 Phone no.: **(818) 285-0400**

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)**

(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 II. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	Jan 2013	Jan 2014	Jan 2015	Jan 2016	Jan 2017	Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,894.	109,185.	30,989.	82,496.	112,044.	365,608.
2 Tax revenues levied for the organization'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	30,894.	109,185.	30,989.	82,496.	112,044.	365,608.
5 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 (i)						
6 Public support. Subtract line 5 from line 4						365,608.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	Jan 2013	Jan 2014	Jan 2015	Jan 2016	Jan 2017	Total
7 Amounts from line 4	30,894.	109,185.	30,989.	82,496.	112,044.	365,608.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1.	2.	2.	2.	3.	10.
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						365,618.
12 Gross receipts from related activities, etc. (see instructions)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (j) divided by line 11, column (j))	14	100.00 %
15 Public support percentage from 2016 (Schedule A, Part III, line 14)	15	100.00 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10% - facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10% - facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-E) 2017

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

(Complete only if you checked the box on line 13 of Part I or if the organization failed to qualify under Part I. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1. Gifts, grants, contributions, and 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						
3. Gross receipts from activities that are not an unrelated trade or business under section 513						
4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5. The value of services or facilities furnished by a governmental unit to the organization without charge						
6. Total. Add lines 1 through 5						
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons						
b. Amounts included on line 2 received from other tax-exempt persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c. Add lines 7a and 7b						
8. Public support. Subtract line 7c from line 6						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9. Amounts from line 8						
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c. Add lines 10a and 10b						
11. 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.)						
13. Total support. Add lines 9, 10c, 11, and 12						
14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(2) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15. Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16. Public support percentage from 2016 Schedule A, Part III, line 13	16	%

**Section D. Computation of Investment Income Percentage**

17. Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18. Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a. 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b. 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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**

	Yes	No
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 relationships, 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 (state 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-E).		
8. Did the organization make a loan to a disqualified person (as defined in section 4944) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-E).		
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 4944 (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 II 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.)		



**Part IV Supporting Organizations** (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who 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 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**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's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority 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 supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**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, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**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 year (see instructions).
- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (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(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization(s)? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section 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)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for brokerage 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 1-10% 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 .025	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 80% 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	<b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
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	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6.		
10	Line 8 amount divided by line 9 amount.		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6.		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required; explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017:		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	<b>Total of lines 3a through e.</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7:		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

Schedule A (Form 990 or 990-E) 2017

**Part VI**

**Supplemental information.** Provide the explanations required by Part III, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 5, 5a, 5b, 5c, 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 1a; 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 B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

(OMB No. 1545-0047)

**2017**

Name of the organization

HEALGRIEF

Employer identification number

95-4489570

Organization type (check one)

Files of:

Section

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. (See instructions for determining a contributor's total contributions.)

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(7)(F)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 15b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000, or (ii) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, E, and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

HEALGRIEP

95-4489570

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$ 71,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JEWISH COMMUNITY FOUNDATION 6505 WILSHIRE BLVD., SUITE #1200 LOS ANGELES, CA 90048	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, # 1200 JENKINTOWN, PA 19046	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HEALGRIEP

95-4489570

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

**HEALGRIEF**

95-4489570

**Part II** Exclusively religious, charitable, etc., contributions to organizations described in sections 501(c)(2), (3), or (4) that have more than \$1,000 for the year that any one contributor. Complete columns (a) through (c) and the following line entry. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (See the instructions.) ▶ 1

Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferor's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferor's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferor's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferor's name, address, and ZIP + 4		Relationship of transferor to transferee	



## 2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 910-BZ STATE 1

199-BZ

Line No.	Description	Date Acquired	Method	Life	Rate	Length of Term	Res. Exp.	Residual in Base	Sum for Depreciation	Beginning Accumulated Depreciation	Current Year 179 Expense	Current Year Exclusion	Ending Accumulated Depreciation
1	CONCRETE EQUIPMENT	02/11/14	2010M	5.00	20%	3.00		1,514.	1,514.	1,078.		174.	1,252.
	Z TOTAL	08/11/17	197	143M	20%				410.			24.	28.
	* TOTAL 910-BZ PG 1 OF 6 A AMOUNT							1,514.	2,044.	1,078.		198.	1,276.
	CONCRETE TOOLS ACTIVITY												
	INITIAL BALANCE							1,514.	1,514.	1,078.			1,252.
	ACQUISITIONS							0.	410.	0.			28.
	DISPOSITIONS							0.	0.	0.			0.
	INITIAL BALANCE							1,514.	2,044.	1,078.			1,276.
	INITIAL ACQUISITIONS							0.	410.	0.			28.
	INITIAL BOOK VALUE							1,514.	1,888.				

FORM 910-BZ

EQ Asset disposed

\*179 Savings Bonus, Commercial Real-Estate Depreciation, QD Zone

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Employer identification number  
95-4489570

HEALGRIF

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
WELLS FARGO	3.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: THE LEWIS FAMILY

GRANTEE ADDRESS: 3620 N. RANCHO DR #101 LAS VEGAS , NV 89130

DATE OF GIFT: 01/11/17

AMOUNT GIVEN: 302.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION/AMORTIZATION	198.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DOES	4,879.
FUND DEVELOPMENT	3,000.
FILING FEES	35.
INSURANCE	1,298.
MARKETING	5,333.
OFFICE EXPENSES	12.
PROFESSIONAL DEVELOPMENT	9,700.
PROGRAM DEVELOPMENT	48,000.

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

Schedule O (Form 990 or 990-EZ) (2017)

103211 09-27-17

Name of the organization <b>HEALGRIEF</b>	Employer identification number <b>95-4489570</b>
--	---

SOCIAL MEDIA	7,700.
TELEPHONE	211.
TRAVEL	978.
WEB HOSTING	1,448.
WEBSITE EXPENSES	8,160.
TOTAL TO FORM 990-EZ, LINE 16	90,754.

## FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	5,397.	3,598.
TRADEMARK	0.	826.
OTHER DEPRECIABLE ASSETS	436.	262.
TOTAL TO FORM 990-EZ, LINE 24	5,833.	4,686.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO OFFER AN ONLINE COMMUNITY TO EXPRESS GRIEF, PROMOTE HEALING, AND PROVIDE EDUCATION.

## FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**Depreciation and Amortization**  
(Including Information on Listed Property) **990-EZ****2017**Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to [www.irs.gov/form4562](http://www.irs.gov/form4562) for instructions and the latest information.

OMB No. 1545-0047

HEALGRINP

FORM 990-EZ PAGE 1

95-4489570

**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.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0	4	
5	Total available for use. Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost-Business use only	(c) Listed cost
7	Listed property. Enter the amount from line 2b	7	
8	Total elected cost of section 179 property. Add amounts in column (b), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (net less than zero) or line 9	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II** 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 the tax year	14	
15	Property subject to section 168(e)(2) election	15	
16	Other depreciation (including ACRB)	16	

**Part III** MACRS Depreciation (Don't include listed property.) (See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	174.
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 2017 Tax Year Using the General Depreciation System

(a) Description of property	(b) Month and year placed in service	(c) Basis for depreciation (Business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		SL	
h	Residential rental property	/	27.5 yrs.	MM	SL	
i	Nonresidential real property	/	27.5 yrs.	MM	SL	
		/	30 yrs.	MM	SL	
		/		MM	SL	

## Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				SL	
b	12-year		12 yrs.		SL	
c	40-year	/	40 yrs.	MM	SL	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 2b	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	174.
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 (2017)

Form 4562 (2017)

**Part V 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 2a through 2c of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a. Do you have evidence to support the business/investment use claimed?		Yes	No	24b. If "Yes," is the evidence written?		Yes	No	
24a. Type of property (list vehicles first)	24b. Date placed in service	24c. Business investment use percentage	24d. Cost or other basis	24e. Basis for depreciation (business/investment use only)	24f. Recovery period	24g. Method/Convention	24h. Depreciation deduction	24i. (Do not check) section 179 cost
25. Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26. Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27. Property used 50% or less in a qualified business use								
		%			50.			
		%			50.			
		%			50.			
28. Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29. Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30. Total business/investment miles driven during the year (don't include commuting miles)	31. Vehicle		32. Vehicle		33. Vehicle		34. Vehicle		35. Vehicle		36. Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31. Total commuting miles driven during the year												
32. Total other personal (noncommuting) miles driven												
33. Total miles driven during the year. Add lines 30 through 32												
34. Was the vehicle available for personal use during off-duty hours?												
35. Was the vehicle used primarily by a more than 5% owner or related person?												
36. Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? (See the instructions for vehicles used by corporate officers, directors, or 1% or more owners)		
39. Do you treat all use of vehicles by employees as personal use?		
40. Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41. Do you meet the requirements concerning qualified automobile demonstrator use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

42. Description of costs	43. Tax-exclusion (cents)	44. Amortization period	45. Cost basis	46. Exclusion and amortization	47. Amortization for this year
42. Amortization of costs that begins during your 2017 tax year					
TRADEMARK	081117	850.	197	180W	24.
43. Amortization of costs that began before your 2017 tax year					43
44. Total. Add amounts in column (6). See the instructions for where to report					44 24.