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# - 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2015

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** Inspection

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		//form990. 		, 20				
	heck if an		r year, or tax year beginning , 2015, and endi		oyer id	entification number		
_	Address o		er)	58-1905277				
=	Name cha	-		E Telephone number				
ا 🛄 ا	nıtıal retu		43	5-670-1544				
<i>-</i> ==	inal retur	F Grou						
=	Amended Applicatio		ber •					
<del></del>				f the organization is not				
	/ebsite	ting Method	✓ Cash       Accrual       Other (specify)       ►          NIWC@gmail com			ach Schedule B		
			ck only one) — ☐ 501(c)(3)			)-EZ, or 990-PF).		
		organization	☐ Corporation ☐ Trust ☐ Association ☐ Other	(, , , , , , ,	,	, ., ,,		
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets				
			) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> ¢	1791 53		
	art I	• •	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instruc	tions			
	21 C I		the organization used Schedule O to respond to any question in this Pa					
	1		ns, gifts, grants, and similar amounts received	<u> </u>	 1	· · · · · <u> </u>		
<b>_</b>	2		rvice revenue including government fees and contracts	•	2	1791.53		
107	3	-	p dues and assessments		3	1/91.53		
⇒	4	Investment			4	<del></del>		
_ <b>≔</b>	5a		unt from sale of assets other than inventory   5a					
	b		or other basis and sales expenses					
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
3	6		d fundraising events					
Ĵ	a	_	ome from gaming (attach Schedule G if greater than					
و ځا	a		· · · · · · · · · · · · · · · · · · ·					
Revenue	ь	•	me from fundraising events (not including \$ of contributions)	itions				
₹ §			alsing events reported on line 1) (attach Schedule G if the	200115				
Sevenue Revenue	•		n gross income and contributions exceeds \$15,000) .   6b					
,,,	С		expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract				
	-	line 6c) .			6d			
	7a	Gross sale	s of inventory, less returns and allowances					
	b		of goods sold					
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8		iue (describe in Schedule O)		8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	*	9	1791.53		
	10		similar amounts paid (list in Schedule O) RECEIVED	<del>-</del>	10			
	11		id to or for members	ا الح	11			
Ś	12	•	her compensation, and employee benefits	85 1	12			
Expenses	13		al fees and other payments to independent contractors P.R. 2 5.2016		13			
ğ	14		, rent, utilities, and maintenance	; · ;	14			
Ä	15		blications, postage, and shipping		15			
	16		nses (describe in Schedule O)		16	3548.82		
	17		nses. Add lines 10 through 16	<u></u>	17	3548.82		
	18		deficit) for the year (Subtract line 17 from line 9)	·	18	-1757.29		
ě	19		or fund balances at beginning of year (from line 27, column (A)) (must a	,				
ASS			figure reported on prior year's return)	[	19	1757.29		
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20			
Ž	21		or fund balances at end of year. Combine lines 18 through 20	. 1	21	0		
For	Papen		on Act Notice, see the separate instructions. Cat No 10642	 				
	•			$\epsilon$	78			

							1 - 3
<sub>A</sub> Pai							
	Check if the organization	used Schedule	O to respond to a	ny question in this			(D) 5-d of con-
	Cook source and sweetments			ŀ	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments  Land and buildings			}	1757.29	23	0 0
23 24	Other assets (describe in Schedu				<del></del>	24	0
25	Total assets	,			1757.29		0
26	Total liabilities (describe in Sche					26	0
27	Net assets or fund balances (lir	ne 27 of column	(B) must agree with	n line 21)	1757.29	27	0
Par	<del>-</del>		•		•		_
	Check if the organization i					(Rea	Expenses urred for section
	t is the organization's primary exem			<del></del>		501(	c)(3) and 501(c)(4)
as m	cribe the organization's program se neasured by expenses In a clear ons benefited, and other relevant in	and concise m	anner, describe the			orga	nizations, optional for s)
28	Annual Pain Mgt Conference to Inter	mountain West a	rea professionals	36 attendees 11 p	rofessional		
	speakers. All day conference with C	CEUs awarded to	participants				
00			includes foreign gra			28a	
29		•					
							1
	(Grants \$	) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	29a	
30	· · · · · · · · · · · · · · · · · · ·						
			includes foreign gra	ints, check here	▶ ⊔	30a	
31	Other program services (describe i (Grants \$		includes foreign gra			31a	1
32	Total program service expenses					32	<del> </del>
Par							tions for Part IV)
	Check if the organization				•		
			(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	(0)	Estimated amount of
	(a) Name and title		hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	ther compensation
			develop to promo.	(if not paid, enter -0-	deferred compensatio	n	
Chris	stine Lipscombe, President						
			0.5 to 1		0	0	0
Bridg	get Shears, Vice President		0.5 to 1		0		0
lo Fi	llen Robinson, Secretary		0.5 to 1			┪	
20.2.	Ten Roomson, Georges, 4		0.5 to 1	1	o	0	0
F. Sh	narlene Moe, Treasurer						
			0.5 to 1		0	0	0
			-			+	
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			1		1	- 1	

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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement			_
33 Up the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a dataled description of each activity in Schedule O.  34 Were any significant changes made to the organizand or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35a Did the organization awu 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)?  55b If "Yes," to line \$3a, has the organization field a Form 1901—To the year? If "No, provide an explanation in Schedule O (was the organization of lines as estimation of the section \$0,03(e), organization subject to section \$0,03(e) includes a propring, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	1	 No
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions \$2 (sa. and 7a. among others)?  35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a. and 7a. among others)?  bit "Yes," to line 35a, has the organization filed a Form 990-T for the year? if "No," provide an explanation in Schedule O.  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and privox jux requirements during the year? if "Yes," complete Schedule C, Part III.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    37b Did the organization beform 1120-PLO for this year?  38a Did the organization beform 1120-PLO for this year?  38b Section 501(c)(7) organizations. Enter amount of a state of the fact of the stax year covered by this return?  38c Juliana organization section 4911 Pure year of did it engage in an excess benefit transaction of the properties of the fact on the year or did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 900 or 990-E27 if "Yes," complete Schedule L, Part I and Part I are section 910 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualfied persons during the year under sections 4912, 4955, and 4958  39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualfied persons during the year and section 10 per part of the proper part of the proper part of the proper part of the part o	33		33	100	<u></u>
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, 8a, and 7a, among others?).  58a  b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(6) notice, reporting, and prixy tax requirements during the year? If "Yes," complete Schedule C, Part III.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a  38a Did the organization berrow 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 the return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  If "Yes," complete Schedule L, Part II and Enter Schedule L, Part II and Enter Schedule C, Part II and Enter Schedule C, Par	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		1
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule N  37a	35a			-	1
Did the organization undergo a liguidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sophicable parts of Schedule N .  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a b. Did the organization file Form 1120-POL for this year?  38b Did the organization form 1120-POL for this year?  38b Did the organization form 1120-POL for this year?  38b 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?  39b If "Yes," complete Schedule L, Part I and enter the total amount involved Section 501(c/Y) organizations. Enter:  10a Initiation fees and capital contributions included on line 9.  10b Gross receipts, included on line 9, for public use of club facilities  10c Section 501(c/X) organizations. Enter amount of tax imposed on the organization during the year under:  10c section 501(c/X), 501(c/\(4\)), and 501(c/\(2\)) organizations. Did the organization engage in any section 4955 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-E27 (if "Yes," complete Schedule L, Part I and the prior organization and the prior organization and prior year that has not been reported on any of its prior forms 990 or 990-E27 (if "Yes," complete Schedule L, Part I and the prior organization and the prior organization and prior year that has not been reported on any of its prior forms 990 or 990-E27 (if "Yes," complete Schedule L, Part I and the prior year and year and year year under sections 4912, 4955, and 4958 an		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			✓ ✓
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9 39a 39b Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ 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-E27 [if "Yes," complete Schedule L, Part I of the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d 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  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization in Enter amount of tax on line 40c rembursed by the organization and the very section and the organization at the properties of the transaction? If "Yes," complete Form 8866-T  1 List the states with which a copy of this return is filed ▶ none  42a The organization's books are in care of ▶ Frances Shartene Mee Telephone no. ▶ 433-759-1544  b At any time during the calendar year, did the organization have an interest in or a signalure or other authority over a financial account in a foreign country. ▶ 442b   17 yes," enter the name o	36		36	1	
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b dross receipts, included on line 9, for public use of club facilities 39b section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 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-E27 if "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  Located at ▶ 60 Thomas Court. Logan, Ut  Lost the states with which a copy of this return is flied ▶ none  10cated at ▶ 60 Thomas Court. Logan, Ut  Located at ▶ 60 Thomas Court. Logan, Ut  Located at ▶ 60 Thomas Court. Logan, Ut  If "Yes," enter the name of the foreign country. ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S?  If "Yes," enter the name of the foreign country. ▶  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization parts on organization filed a Form 720 to report the	b	Did the organization file <b>Form 1120-POL</b> for this year?			√ √
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-E2? if "Yes," complete Schedule L, Part I  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.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed body in the organization in a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed body in the organization in a prohibited tax shelter transaction? If "Yes," complete form 8966-T  List the states with which a copy of this return is filed body in the organization in a prohibited tax shelter transaction? If "Yes," complete form 890-E2.  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; body a financial account in a foreign country; body a financial account of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country. body and Section 512(b)(13)?  Body the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-E2.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2.  Did the organization receive any payments for ind	39 a b	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ none  The organization's books are in care of ▶ Frances Sharlene Moe  Located at ▶ 60 Thomas Court Logan, Ut  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S?  If "Yes," enter the name of the foreign country. ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d		40c reimbursed by the organization			
The organization's books are in care of ▶ Frances Sharlene Moe  Located at ▶ 60 Thomas Court  Logan, Ut  ZIP + 4 ▶ 84321  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S?  If "Yes," enter the name of the foreign country. ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization have 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	е	transaction? If "Yes," complete Form 8886-T	40e		✓.
Located at ▶ 60 Thomas Court Logan, Ut  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?	41	List the states with which a copy of this return is filed ▶ none			
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?	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)?	42b	Yes	No ✓
If "Yes," enter the name of the foreign country. ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			, I	► □
completed instead of Form 990-EZ	44a		44a	163	NO ✓
c Did the organization receive any payments for indoor tanning services during the year?	b		44b		<b>√</b>
<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		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		<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			√ ✓

_							Yes	∐No		
	old the organization engage, directly or in			n behalf of	or in opposit	ion				
	o candidates for public office? If "Yes,"		, Part I	· · ·		46	1	<b>_</b> ✓		
Part VI			. 47 40							
	All section 501(c)(3) organization	is must answer que	estions 47-49b and	1 52, and c	omplete the	e tables	tor lin	es		
	50 and 51.			=				_		
	Check if the organization used Sc	nedule O to respond	to any question in	this Part V	<u> </u>	· · · ·		<u>. L</u>		
47 5	N. d. d. b. a. a. a. a. a. a. a. a. a. d. d. b. a. a. a. a. d. b. b. a. a. a. a. d. b. b. a. a. a. a. a. d. b. b. a.					. —	Yes	No		
	old the organization engage in lobbying ear? If "Yes," complete Schedule C, Pai				·					
•	<u> </u>									
	· · · · · · · · · · · · · · · · · · ·									
						. 49a	+	<del> </del>		
	"Yes," was the related organization a secondlete this table for the organization's					. 49b		<u> </u>		
	mployees) who each received more than									
	Thiployees) who each received more than	1			th benefits,	<u> </u>	vone.			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		s to employee	(e) Estimat	ed amo	unt of		
	(a) Name and the or each employee	devoted to position	(Forms W-2/1099-MISC		s, and deferred ensation	other cor	mpensat	tion		
				COMP	ensation					
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f T	otal number of other employees paid ov	er \$100 000	<b>-</b>							
	Complete this table for the organization			t contracto	re who each	receiver	l more	than		
\$	100,000 of compensation from the orga	anization. If there is no	one, enter "None."	Contracto	is who each	received	1 111016	, tilai		
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	(a) Name and business address of each independ	dent contractor	(b) Type of sea	vice	(c)	(c) Compensation				
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d T	otal number of other independent contra	actors each receiving	over \$100,000	. •						
	old the organization complete Schedu	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	anizations	must attach	а				
C	ompleted Schedule A	· · · · ·	<u> </u>	<u>.</u>	• •	.▶□ Yes	s 🔲 I	No		
	alties of perjury, I declare that I have examined this					owledge an	d belief,	ıt ıs		
true, correc	ct, and complete Declaration of preparer (other that	n officer) is based on all info	ormation of which preparer	has any know	ledge	<del> </del>				
0:-	J. Sharlene				1 20,	2019	0			
Sign	Signature of officer			Da	ate /					
Here	Frances Sharlene Moe, Treasurer									
	Type or print name and title				<del></del>					
Paid	Print/Type preparer's name	Preparer's signature Date			Check I if PTIN					
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IVIAV TOP	IDO DISCUSS THIS TELLITO WITH THE PREPARA	r snown apove / See i	USITUCTIONS			▶ □ ∨		NA		

# **SCHEDULE N**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

2015

OMB No 1545-5047

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

Open to Public Inspection

**Employer identification number** 

nplete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.	
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	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	501(c)					
	(f) Name and address of recipient	ASPMN PO box 15473 Lenexa, KS 66285					
	(e) EIN of recipient	58-1905277					
needed.	(d) Method of determing FMV for asset(s) distributed or transaction expenses	\$1508.51 cash funds					
	(c) Fair market value of asset(s) distributed or amount of transaction expenses	\$1508.51					
litional space is	(b) Date of distribution	Dec 30					
Part I can be duplicated if additional space is needed.	1 (a) Description of asset(s) distributed or transaction expenses paid	Chapter closing - remaining funds transferred to National ASPMN by check					

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- Become a director or trustee of a successor or transferee organization?
- Become an employee of, or independent contractor for, a successor or transferee organization?
  - Become a direct or indirect owner of a successor or transferee organization? ပ
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. > d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

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Yes

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### **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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

ASPMNIWC (American Society of Pain Management Nursing Intermountain West Chapter)	<u> </u>
Line16 Form 990-EZ: 2015 Expense	
Annual Conference Food and Beverage: \$ 652.71	
Annual Conference Supplies: \$328.81	
PayPal fees for conference payment: \$50.19	
Nursing Network Fees for conference registration: \$105	
Member National 2016 dues: \$437 50	
Chapter Meetings Food and Beverage: \$466.10	
Remaining cash funds returned to ASPMN National Office due to Chapter closing: \$1508.51	
Total expense: \$3548.82	