## Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Inter	nal Revenu	ie Service	► Information about I	Form 990 and its in	structions is at	www.irs	s.gov/form990	).	Inspect	ion	
Α	For the	2016 calen	ndar year, or tax year beginning	07/01	, 2016, a	nd endir	ng <u>06</u>	/30	, 20 17		
В	Check if a	applicable:	C Name of organization Hereditary	Neuropathy Founda	ation Inc			D Employe	er identification nu	ımber	
	Address	change	Doing business as						13-4137654		
	Name cha	ange	Number and street (or P.O. box if ma	il is not delivered to stre	eet address)	Room/su	uite	E Telephor	ne number		
	Initial retu	•	401 Park Avenue South 10th Flo	or					212-722-8396		
		n/terminated	City or town, state or province, count		ostal code						
	Amended		New York, NY, 10016					<b>G</b> Gross re	eceipts \$	462,981	
		-	F Name and address of principal office	r: Cortney Hollett			H(a) Is this a gr		subordinates? Yes	<u> </u>	
	приодис	J poag	401 Park Avenue South, 10th Flo	,			I		s included? Yes	_	
$\overline{}$	Tay-even	npt status:	✓ 501(c)(3)	) ◀ (insert no.)	_	<u> </u>			ee instructions)		
<u>'</u>	Website:	•	v.hnf-cure.org	) 4 (Insert no.) L	4347 (a)(1) OI		H(c) Group				
_			Corporation Trust Associat	tion  Other ►	I Vea	ar of forma			of legal domicile:	NY	
_	art I	Summa		Jon Other P	Lica	a or ioiina	2001	W Otate	or regar dornione.		
			scribe the organization's missi	on or most signific	ant activities:	LINE	lno a non nr	ofit dodio	atad to supporti		
ø)	I										
Governance	-	projects through the Therapeutic Research in Accelerated Discovery (TRIAD) Program, a collaborative effort with academia, government and industry, to develop treatments for CMT. (Continued on Statement O)									
ш	-	. <del>y</del>						OF0/ -f			
ove	I		s box ▶ ☐ if the organization of	•				1 1	its net assets.		
Ğ			f voting members of the gover					3		6	
Š	I		of independent voting members		• ,			4		6	
iŧie	I		ber of individuals employed in	=	-	-		5		1	
Activities			ber of volunteers (estimate if r	• •				6		25	
ď			elated business revenue from F		•			7a		0	
	b	Net unrela	ated business taxable income t	from Form 990-T,	line 34			7b		0	
							Prior Ye	ar	Current Ye	ar ———	
<u>e</u>			ons and grants (Part VIII, line 1	•		[		706,564		431,145	
enc	9	Program s	service revenue (Part VIII, line 2	2g)		[		19,393		30,607	
Revenue	10	Investmen	nt income (Part VIII, column (A)	, lines 3, 4, and 7c	d)	[		5,889		56	
ш	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					[		9,654		1,173	
	12	Total rever	nue-add lines 8 through 11 (m	nust equal Part VIII,	column (A), lin	ne 12)		741,500		462,981	
	13							52,736		108,369	
	14	Benefits p	paid to or for members (Part IX	, column (A), line 4	.)			0		0	
S	15	Salaries, o	ther compensation, employee b	enefits (Part IX, col	umn (A), lines 5	5–10)		75,531		73,479	
Expenses	16a	Profession	nal fundraising fees (Part IX, co	olumn (A), line 11e	e)	[		0		0	
be	b	Total fund	Iraising expenses (Part IX, colu	umn (D), line 25) ▶	3	1,476					
û			enses (Part IX, column (A), line		4e)			302,697		390,858	
		-	enses. Add lines 13–17 (must e		•	) . [		430,964		572,706	
			ess expenses. Subtract line 18			´ [		310,536		-109,725	
es			•				Beginning of Cu		End of Ye		
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)					978,369		876,381	
Ass J Ba	21		lities (Part X, line 26)					15,158		9,439	
Fee	22		s or fund balances. Subtract li	ne 21 from line 20				963,211		866,942	
_	art II		ure Block					700/211		000/712	
			y, I declare that I have examined this re	eturn including accomm	nanvina schedules	and state	ements and to the	ne hest of n	my knowledge, and	helief it is	
			ete. Declaration of preparer (other than						ny knowicage ana	bollot, it is	
		<b>\</b>									
Siç	ın e	Signat	ture of officer				Da	te			
He							24				
. 10			on Moore, CEO/Founder or print name and title								
		7.	e preparer's name	Preparer's signature		l D	ate		PTIN		
Pa				sparsi s signature				Check [	<u>•</u> ] if ]	0077	
	eparei		oadus CPA					self-emp			
Us	e Only	Firm's na						i's EIN ▶	30-07920		
N 4 :	- ا ا المالات		Idress ► PO Box 3151, Glen Alle		in atmostic - V			ne no.	804-350-478		
ivla	y tne IR	5 aiscuss	this return with the preparer s	nown above? (see	instructions)				🔽 Yes	i No	

Part			ce Accomplishments	line in this Deat I							
		the organization's m	a response or note to any	line in this Part I	<u> </u>	<u>/</u>					
1	•	•	pporting projects through the	Thoranoutic Poso	arch in Accolorated Disco	vory (TDIAD)					
	Program, a collaborative effort with academia, government and industry, to develop treatments for CMT. Currently TRIAD involves many groups that span the drug discovery, drug development, and diagnostics continuum. Education and support of the CMT										
			also a key component of HNF		udin. Education and Supp	OIT OI THE OWN					
2			significant program services		hich were not listed on	the					
						. ☐ Yes 🗹 No					
	If "Yes," describe these new services on Schedule O.										
3	Did the organiz	ation cease conduc	cting, or make significant o	changes in how	it conducts, any progr	am					
	services?					· ☐ Yes 🗹 No					
	If "Yes," describ	e these changes on	Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by										
			(c)(4) organizations are requ		amount of grants and	allocations to others					
	the total expens	es, and revenue, if a	ny, for each program service	reported.							
	(Code:	) (Expenses \$	490,482 including grants	of \$ 10	08.369 ) (Revenue \$	490,482 )					
		for available to				/					
4b	(Code:	) (Expenses \$	including grants	of \$	) (Revenue \$	)					
	(0.1	\ /E			\ \( \( \tau \)	,					
4c	(Code:	) (Expenses \$	including grants	of \$	) (Revenue \$	)					
4d	Other program s	services (Describe in	Schedule ()								
	(Expenses \$			0 ) (Revenue \$	0 )						
4e	<u> </u>	ervice expenses >	490,482	- / (	- /						

Part	V 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)? If "Yes," complete Schedule A		_	
•	·	1		
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	V	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		-
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		,
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		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		_
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		,
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	,	
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		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	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	,	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	,	
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		,
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		,
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	,	
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		,

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			Ť
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Ť
2-10	\$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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	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		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		Ť
	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		~
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		~
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV			١.
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		~
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I </i>	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		+
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	57		
-	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	

	V Statements Regarding Other IRS Filings and Tax Compliance			Page
Part	Check if Schedule O contains a response or note to any line in this Part V			Г
	Ondok ii Gariadala a taafariida a taafariida ar taafa ar		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   14			
b	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			
_	reportable gaming (gambling) winnings to prize winners?	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 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b 4e	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O .</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
h	If "Voe " enter the name of the foreign country."	+a		
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		<b>/</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-		10-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which			

the organization is licensed to issue qualified health plans

**14a** Did the organization receive any payments for indoor tanning services during the tax year? . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 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. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," ~ 12c 13 13 ~ 14 ~ 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . 15a 15b 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 arrangement 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ Hereditary Neuropathy Foundation Inc, (212)722-8396

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# 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 (D), (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.

<ul> <li>Check this box if neither the organization no</li> </ul>		d org	aniz	atio	n c	ompe	nsa	ated any curren	t officer, directo	r, or trustee.
					C)					
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	rson	e than o is both or/trust	n an	_ `e	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)		Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
Allison T Moore	50									
Founder and Chief Executive Officer	0	~		~				0	0	31,363
Joy Andal Kaye	5									
Chairman	0	~		~				0	0	0
Matthew Downing	5									
Secretary	0	~		~				0	0	0
Donna Cusimano	5									
Treasurer	0	-		~				0	0	0
Debi Houliares	5									
Director	0	~						0	0	0
Kerin Reilly	5									
Director	0	·						0	0	0
	<b></b>									

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (conti	nued)	•
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than of is both or/trus	n an	(D)  Reportable compensation	(E) Reportable compensation from	1	<b>(F)</b> imated ount of
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	other ensation om the nization related nizations
			-									
1b	Sub-total	 VII Sectio	 n Δ					<b>&gt;</b>	0	0		31,363
d	Total (add lines 1b and 1c)	<u> </u>			<u>.</u>			<u> </u>	0	0		31,363
2	Total number of individuals (including bu reportable compensation from the organ		d to th	ose	e list	ted	above	e) w	ho received me 0	ore than \$100,00	00 of	
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>									est compensate		Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble	con	nper	nsatio	n a	nd other comp	ensation from t		
5	individual	 or accrue co	 ompe	nsa	tion	 froi	m any	 ⁄ un			4	· ·
Soction	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	compl	ete	Sch	nedu	ıle J 1	or s	such person	<del></del>	5	V
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compens	
None												
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limit	ed to	th	ose listed abo	ove) who		

received more than \$100,000 of compensation from the organization ▶

0

## Part VIII Statement of Revenue

		Check if Schedule O contains a re	esponse or note to	any line 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 nts	1a	Federated campaigns 1	a 0				
iour	b	Membership dues 1	<b>b</b> 0				
s, ( Am	С	Fundraising events 1	<b>c</b> 32,725				
a a	d	Related organizations <u>1</u>	<b>d</b> 0				
JS, imi	е	Government grants (contributions) 1	<b>e</b> 0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	f 398,420				
it i	g	Noncash contributions included in lines 1a-1f:					
Col	h	Total. Add lines 1a-1f		431,145			
			Business Code				
Program Service Revenue	2a	Contract Services	624190	30,607	30,607	0	0
Re	b						
/ice	С						
Ser	d						
ш	е						
ogra	f	All other program service revenue.		0	0	0	0
<u>₽</u>	g	Total. Add lines 2a-2f	•	30,607			
	3	Investment income (including div					
			•	56	56	0	0
	4	Income from investment of tax-exempt		0	0	0	0
	5	Royalties		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)	0 0				
	_d						
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)	0 0				
	d	Net gain or (loss)					
e	8a	Gross income from fundraising					
enı	Oa	events (not including \$ 32,725					
lev		of contributions reported on line 1c).					
Other Revenu		See Part IV, line 18	a				
the	b	Less: direct expenses	-				
O		Net income or (loss) from fundraisir					
		Gross income from gaming activities	S				
		See Part IV, line 19					
		Less: direct expenses					
	C 10a	Gross sales of inventory, les					
		returns and allowances	а				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of in					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C C	All other revenue		4 470	4 470		
	d	Total. Add lines 11a–11d	▶	1,173	1,173	0	0
	е 12	Total revenue. See instructions.		1,173	24.024		•
	14	i otal levelide. Occ IIIStructions.		462,981	31,836	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 108,369 108,369 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 0 0 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 0 Benefits paid to or for members . . . . 0 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . 31,363 31,363 0 0 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 7 38,769 30,769 8,000 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 Other employee benefits . . . . . . 9 0 0 0 0 10 Payroll taxes . . . . . . . . . . . . 0 3,347 3,347 0 11 Fees for services (non-employees): Management . . . . . . 0 0 0 0 Legal . . . . . . . . . . . . . 0 O 0 0 8,128 3,046 5.082 0 Lobbying . . . . . . . . . 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . . . 0 0 0 f 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 187,230 182,708 1,831 2,691 12 Advertising and promotion . . . . . 901 901 0 0 13 Office expenses . . . . . . . 5,440 3,896 731 813 14 Information technology . . . . . 19,357 17,927 1,430 0 15 0 Occupancy . . . . . . . . . . . . 16 16,567 1,804 14,655 108 58,165 17 60,189 176 1,848 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 19 Conferences, conventions, and meetings . 47,480 0 47,480 0 20 0 0 0 0 21 Payments to affiliates . . . . . 0 0 0 0 22 Depreciation, depletion, and amortization . 956 0 956 0 23 0 0 0 0 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 O.) Special Events 25,150 25,150 0 0 Bank and service fees 0 2,542 2,542 0 C 2,230 71 3,167 866 d All other expenses 13,751 1,824 11,927 0 **Total functional expenses.** Add lines 1 through 24e 25 572,706 490,482 50.748 31,476 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)

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		. 🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	935,953	1	833,737
	2	Savings and temporary cash investments	29,621	2	32,092
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	2,627
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
S	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	7,005	9	434
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 25,686			
	b	Less: accumulated depreciation 10b 21,245	3,690		4,441
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	2,100		3,050
	16	Total assets. Add lines 1 through 15 (must equal line 34)	978,369		876,381
	17 18	Accounts payable and accrued expenses	15,158	17 18	9,439
	19	Grants payable	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
s	22	Loans and other payables to current and former officers, directors,	0		0
Liabilities		trustees, key employees, highest compensated employees, and			
iq		disqualified persons. Complete Part II of Schedule L	0	22	0
Ľ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	15,158	26	9,439
ces		complete lines 27 through 29, and lines 33 and 34.			
<u> a</u>	27	Unrestricted net assets	733,809	27	554,777
Ba	28	Temporarily restricted net assets	229,402	_	312,165
Net Assets or Fund Balances	29	Permanently restricted net assets	0	29	0
ts (	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne.	33	Total net assets or fund balances	963,211		866,942
	34	Total liabilities and net assets/fund balances	978,369	34	876,381

Form 990 (2016) Page **12** 

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		46	2,981
2	Total expenses (must equal Part IX, column (A), line 25)	2		57	2,706
3	Revenue less expenses. Subtract line 2 from line 1	3		-10	9,725
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96	3,211
5	Net unrealized gains (losses) on investments	5		1	3,456
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		86	6,942
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>,                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain	in		
•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				~
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	ollea	Of		
	•				
<b>L</b>	Separate basis Consolidated basis Both consolidated and separate basis		. 2b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.			-	
	separate basis, consolidated basis, or both:	u on	a		
	✓ 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 or	ersia	ht		
C	of the audit, review, or compilation of its financial statements and selection of an independent account			\ \	
	If the organization changed either its oversight process or selection process during the tax year, ex			Ť	
	Schedule O.	piani			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
ou	the Single Audit Act and OMB Circular A-133?		 . 3a		·
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th			<u> </u>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
				QQ(	(0040)

Form **990** (2016)

### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

Employer identification number

		Neuropathy Foundation Inc					13-41	
Pai		Reason for Public Cha						ns.
The o	_	zation is not a private founda		,		-	•	
1		church, convention of churc						
2		school described in section						
3		hospital or a cooperative homedical research organization		•			,, ,, ,	(iii) Entartha
4		ospital's name, city, and state	•	orijuniction with a nost	niai desc	inbed in s	section 170(b)(1)(A)	(iii). Enter the
5		n organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
		ection 170(b)(1)(A)(iv). (Com		conlege of university	omica c	· opolate	a by a government	ar arm accombod in
6	□А	federal, state, or local govern	nment or govern	mental unit described	in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7	<b>∠</b> A	n organization that normally	receives a subs	tantial part of its sup				n the general public
	d	escribed in <b>section 170(b)(1)</b>	(A)(vi). (Complet	te Part II.)				
8	□ A	community trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete I	Part II.)			
9		n agricultural research organ						
		r university or a non-land-gra	nt college of agr	iculture (see instruction	ns). Ente	er the nan	ne, city, and state of	the college or
10		niversity: n organization that normally :	rocoivos: (1) mor	o than 221,004 of its su	inport fro	m contri	butions momborshi	o food and gross
10	re	eceipts from activities related	to its exempt fu	nctions-subject to co	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its
		upport from gross investmen						businesses
11		cquired by the organization a n organization organized and		-		•	,	
12		n organization organized and	•	•	-			rv out the purposes
		f one or more publicly suppo						
	С	heck the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting c	rganizati	on and complete line	es 12e, 12f, and 12g.
а		Type I. A supporting organ	ization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization					he directors or trust	ees of the
		supporting organization. Y	-	· ·				
b		Type II. A supporting organ						
		control or management of organization(s). <b>You must</b>				persons	that control or man	age the supported
	_	Type III functionally integ	-	·		onnection	a with and functions	ally integrated with
С	_	its supported organization(						any integrated with,
d		Type III non-functionally	. , .	•		-		orted organization(s)
		that is not functionally integ						
		requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
		functionally integrated, or			porting o	organizat	ion.	
f		er the number of supported of						
<u> </u>		vide the following information						
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
<u></u>								
(A)								
(B)								
(C)								
(D)								
/ <b>C</b> \								
(E)								

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 358,280 363,585 616,126 546,659 508,035 2,392,685 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 Total. Add lines 1 through 3. . . . 4 358,280 363,585 616,126 546,659 508,035 2,392,685 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 633,031 Public support. Subtract line 5 from line 4 1,759,654 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 . . . . . . 358,280 508,035 363,585 616,126 546,659 2,392,685 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . 45 35 45 56 43 224 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 9,451 2,837 15,875 1.369 1.045 1.173 **Total support.** Add lines 7 through 10 11 2,408,784 Gross receipts from related activities, etc. (see instructions) 12 30.607 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) . . . . . 14 73.05 % Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. 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 10%-facts-and-circumstances test - 2015. 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

### 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 falls to qualify	under the te	sts listed bei	ow, please co	implete Fart	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(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	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
2	received from other than disqualified						
	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.)						
Secti	on B. Total Support						_
	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	(a) 2012	(2) 2010	(6) 2011	(4) 2010	(6) 2010	(i) rotar
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	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						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
10	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is for the	o organization	a's first socon	d third fourth	or fifth tax w	or as a soctio	D 501(a)(3)
14	organization, check this box and <b>stop he</b>	•					` ' : '
Sacti	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2016 (line 8			3 column (fl)		15	%
16	Public support percentage from 2015 Sch		-			16	<del></del>
	on D. Computation of Investment Inc					10	70
17	Investment income percentage for 2016 (I			v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2015			-		18	——————————————————————————————————————
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2016. If the organi						
isa	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2015. If the organiz	_	=	-		_	
D	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization di	_		•			_

### 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	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  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 <b>Part VI</b> how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
Ū	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI.</b>	00		
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 <b>Part VI.</b>	9a 9b		
С	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 <b>Part VI.</b>	9b 9c		
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	30		
<b>L</b>	supporting organizations)? If "Yes," answer 10b below.	10a		
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	406		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
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 <b>Part VI</b> 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.	1		
2	Did the approximation approach fourth a homeful of any approximation at how there the approached	-		
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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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).	2		
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	Na
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	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 <b>Part VI identify those supported organizations and explain</b> 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
<b>6</b> 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		
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 Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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 int	egrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)							
Secti	on D - Distributions	,	,	Current Year						
1	Amounts paid to supported organizations to accomplish	exempt purposes								
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted							
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purp									
4	4 Amounts paid to acquire exempt-use assets									
5	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 whic									
	(provide details in <b>Part VI</b> ). See instructions.									
9_	Distributable amount for 2016 from Section C, line 6									
10	10 Line 8 amount divided by Line 9 amount									
S	ection 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 (reasonable cause required – explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2016:									
a										
b										
c	From 2013									
d	From 2014									
e	From 2015									
f	Total of lines 3a through e									
<u>g</u>	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2016 distributable amount									
_ <u>i</u>	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: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2016 distributable amount									
c	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	<b>Excess distributions carryover to 2017</b> . Add lines 3j and 4c.									
8	Breakdown of line 7:									
a	5 ( 0040									
b	Excess from 2013									
C	Excess from 2014									
d	Excess from 2015									
е	Excess from 2016									

Part VI

Part VI	<b>Supplemental Information.</b> 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 A	, Part II, Line 10 - Sales from books

### **SCHEDULE D** (Form 990)

### **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.

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name o	f the organization		Employer identification number
Hered	itary Neuropathy Foundation Inc		13-4137654
Par		vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(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 funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	=	
J	only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or f	or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recrea	tion or education)   Preservation or	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		<b>2a</b>
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 8/17/06, and not	I
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re violations, and enforcement of the conservation ea	garding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin  \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easeme	conservation easements in its revenue of the footnote to the organization's fin	and expense statement, and
Par		s of Art, Historical Treasures, or	
	If the organization elected, as permitted under SF		
ıa	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	assets held for public exhibition, ec	ducation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relative	assets held for public exhibition, ec	
			<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other similar	r assets for financial gain, provide the
a	Revenue included on Form 990, Part VIII, line 1 .		

Schedu	le D (Form 990) 2016				Page 2
Part	Organizations Maintaining Co	llections of Art, His	torical Treasures	s, or Other Similar <i>I</i>	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and other reco	rds, check any of th	ne following that are a	a significant use of its
а	☐ Public exhibition	d	☐ Loan or exchange	ge programs	
b	Scholarly research				
c	☐ Preservation for future generations	· ·			
4	Provide a description of the organization	's collections and eval	ain how they further	the organization's ev	emnt nurnose in Par
7	XIII.	s collections and expi	ani now they further	the organization's ex	empt purpose in r ar
5	During the year, did the organization sol assets to be sold to raise funds rather that				
Part	IV Escrow and Custodial Arrang	ements.			
	Complete if the organization an 990, Part X, line 21.			·	
1a	Is the organization an agent, trustee, cu				
	included on Form 990, Part X?				. ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	(III and complete the fo	ollowing table:		
-	in 100, Oxplain the arrangement in 1 arry	an and complete the n	onowing table.		Amount
_	Deginning belongs			10	7 1110 01111
C.	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount o	n Form 990, Part X, line	e 21, for escrow or c	ustodial account liabil	lity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part >	KIII. Check here if the e	xplanation has been	provided on Part XIII	$\square$
Par	t V Endowment Funds.				
	Complete if the organization an	swered "Yes" on Fo	m 990, Part IV, lin	e 10.	
			ior year (c) Two yea		ack (e) Four years back
10	<u> </u>	(1)	(4, 1, 1)	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
	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				
9	Provide the estimated percentage of the o	purrent year and balance	o (lino 1g. column (	a)) hold ac:	
_		<u>-</u>	be time 19, column (a	a)) Helu as.	
а	Board designated or quasi-endowment				
b		%			
С	Temporarily restricted endowment ▶	%			
	The percentages on lines 2a, 2b, and 2c s				
3a	Are there endowment funds not in the po	ssession of the organ	ization that are held	and administered for	the
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
h	If "Yes" on line 3a(ii), are the related organ				
ь 4	Describe in Part XIII the intended uses of				.   3b
			owinioni lunus.		
Part	, , ,		000 5 : "./ "	44 0 =	0 D 1 V " 16
	Complete if the organization an				
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land	0	0		0
b	Buildings	0	0	0	0
	Leasehold improvements	0			0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

4,441

0

21,245

. ▶

0

0

Schedule D (Form 990) 2016 Page 3

Part VII	Investments - Other Securities.				
	Complete if the organization answere	ed "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(G) (H)					
	o) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
r art viii	Complete if the organization answere	ed "Yes" on Fo	rm 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	20 103 0111 01	(b) Book value		thod of valuation:
	(a) Bosomption of invocations		(b) Book value	, ,	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	o) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.			_	
	Complete if the organization answere		rm 990, Part IV, lin	e 11d. See Form	
	(a) Des	cription			(b) Book value
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					
(7) (8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (E	3) line 15.)			
Part X	Other Liabilities.	, ,			
	Complete if the organization answere	ed "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.		,		, ,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes		0		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	p) must equal Form 990, Part X, col. (B) line 25.)		0		
	uncertain tax positions. In Part XIII, provide the				
organization	s liability for uncertain tax positions under FIN	40 (ASC 740). Che	eck nere it the text of t	rie rootnote has bee	ın provided in Part XIII 🔽

Schedule D (Form 990) 2016 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 586,051 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments . . . . . 2a 13,456 109,614 Donated services and use of facilities h Recoveries of prior year grants . . . 0 Other (Describe in Part XIII.) . . . . . 0 Add lines 2a through 2d . . . . 2e 123,070 3 3 Subtract line 2e from line 1 . . . . . 462,981 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 0 Add lines 4a and 4b 4c 0 Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) 5 462,981 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . 1 682,320 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 109.614 Prior year adjustments 2b 0 Other losses . . . . . . . . . 2c 0 Other (Describe in Part XIII.) . . . . . 0 Add lines 2a through 2d . . 2е 109,614 3 3 Subtract line 2e from line 1 . . . . . . . . 572,706 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) . . . . . . . . . . . . . 4b 0 Add lines 4a and 4b 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 572,706 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part X, Line 2 - Uncertainty in income taxes - HNF has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. Periods ending June 30, 2014 and subsequent remain subject to examination by applicable taxing authorities.

### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Inspection Employer identification number

Herec							
Par			es Outside	the United States. Comp	olete if the organiza	tion answe	red "Yes" on
1	For grantmakers. Does the	organization					
					criteria used to av	vard the	
	grants or assistance?					[	✓Yes
General Information on Activities Outside the United States. Complete if the organization answered Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?				and other			
	_		<b>.</b>		3	<b>J</b>	
General Information on Activities Outside the United States. Complete if the organization answered "Yes Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
3					· ·		
	(a) Region	offices in the	employees, agents, and independent contractors	region (by type) (such as, fundraising, program services, investments, grants to recipients	a program service describe specific ty	ce, pe of	(f) Total expenditures for and investments in the region
(1)	Sch F Stmt 1						
	John John 1						
(2)							
(3)							
(4)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(17) 3a	Sub-total						
b	Total from continuation						
	sheets to Part I						
С	Totals (add lines 3a and 3b)	0	0				71,482

Par	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)			Sch F, Stmt 2								
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
2	by the IRS, or	for which the		ed above that are reclassified a section ties	501(c)(3) equivale				0		

Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2016 Page 4

#### Part IV **Foreign Forms** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ✓ No ☐ Yes Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) . . . Yes ✓ No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ✓ No Yes Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing ☐ Yes ✓ No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes **✓** No Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

✓ No

Yes

Schedule F (Form 990) 2016 Page **5** 

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - The organization distributes grants according to received grant proposals that are carefully reviewed by the
organization's medical and scientific advisors and board of directors for scientific rigor and financial fairness. The recipients are required to
submit progress and financial spending reports on a quarterly basis. There are some exceptions for funds that are directed to Contract
Research Organizations and/or scientists at academic institutions that are contracted for immediate result research.
research of games and of solerings are deductions that are confidence of the confide

Schedule F, Part V, Statement 1

**Hereditary Neuropathy Foundation Inc** 

Form: **Schedule F (2016)** EIN: **13-4137654** 

Page: 1

Part I, Line 3

### **Accounts and Activities Outside the United States**

		Offices	Employees	Total
Region	Europe (including Iceland and Greenland)	0	0	71,482
Activities	Program Services			
Services	To conduct research activities			
-	Total:	0	0	71,482

Schedule F, Part V, Statement 2

**Hereditary Neuropathy Foundation Inc** 

Form: Schedule F (2016)

Page: 2

Patt II, Line 1

Grants To Organization Outside US

Cash Grant Non-Cash Assistance

Region Europe (including Iceland and Greenland) 71,482 0

**Grant** To conduct research activities.

Cash Disbursement Check

Desc. of Non-Cash Asst.

Valuation

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public

Open to Public Inspection

Name of the organization Employer identification number **Hereditary Neuropathy Foundation Inc** 13-4137654 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1

(b) Event #2

(c) Other events

(d) Total events

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			HELP	Bike NY	3	(add col. (a) through	
		İ	(event type)	(event type)	(total number)	col. <b>(c)</b> )	
ē							
Revenue	1	Gross receipts	52,114	40,424	44,037	136,575	
ě	•	Gross receipts	52,114	40,424	44,037	130,575	
Œ	_	Lanca Orachilla di ana					
	2	Less: Contributions	43,910	40,424	24,599	108,933	
	3	Gross income (line 1 minus					
		line 2)	8,204	0	19,438	27,642	
	4	Cash prizes	0	0	0	0	
		•					
	5	Noncash prizes	0	0	0	0	
	•	rteneden prizee					
Se		Double of the cities and the					
ns	6	Rent/facility costs	0	0	0	0	
Direct Expenses							
Ě	7	Food and beverages	0	0	0	0	
ç							
)ire	8	Entertainment	0	0	0	0	
		İ					
	9	Other direct expenses .	5,515	8,152	11,473	25,140	
	·	outer amout expenses .	0,010	0,102	11,470	23,140	
	40	Direct expense cumment Add	d lines 4 through 0 in a	aluman (d)		05.140	
	10	Direct expense summary. Ad				25,140	
_	11	Net income summary. Subtra				2,502	
Pa	rt III		•	red "Yes" on Form 99	0, Part IV, line 19, or	reported more	
		than \$15,000 on Form 99	90-EZ, line 6a.				
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(a) bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))	
e e		İ					
æ	1	Gross revenue					
_		Greet revenue :					
	0	Cook prizos					
Direct Expenses	2	Cash prizes					
en	_						
хb	3	Noncash prizes					
H H							
G G	4	Rent/facility costs					
ā							
	5	Other direct expenses .					
			Yes %	☐ Yes %	☐ Yes %		
	6	Volunteer labor	□ No	□ No	□ No		
	U	Volunteer labor					
	_	5: .		1 (1)	_		
	7	Direct expense summary. Ad	a lines 2 through 5 in c	oiumn (a)	•		
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)			
9	E	Enter the state(s) in which the or	ganization conducts ga	ming activities:			
	a Is the organization licensed to conduct gaming activities in each of these states?						
		f ((N) = 1) =					
	. '						
	-						
10		Were any of the organization's g	aming licenses revoked	ı, suspended, or termina	ated during the tax year	? . $\square$ Yes $\square$ No	
	<b>b</b> 1	f "Yes," explain:					

Schedu	ule G (Form 990 or 990-EZ) 2016			Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?	/	Yes	☐ No
13	formed to administer charitable gaming?	Ш	Yes	No
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	I		
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
С	amount of gaming revenue retained by the third party ► \$			
J	in 100, onto hame and address of the time party.			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_	Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year ▶ \$	r		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info See instructions			d

### **SCHEDULE I** (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Hereditary Neuropathy Foundation Inc							13-4137654
Part I General Information of	on Grants and	d Assistance					
1 Does the organization maintain	n records to sub	stantiate the amo	unt of the grants o	r assistance, the	grantees' eligibility fo	r the grants or assistance	e, and
the selection criteria used to a	ward the grants	or assistance?					· · 🗹 Yes 🗌 No
2 Describe in Part IV the organiz	ation's procedu	res for monitoring	the use of grant fu	ınds in the United	States.		
<b>Grants and Other Ass</b> 990, Part IV, line 21, fo							vered "Yes" on Form
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 5	501(c)(3) and ac	⊥ vernment organiza	ations listed in the	ine 1 table			. • 1
3 Enter total number of other org							

Schedule I (Form 990) (2016) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance noncash assistance recipients cash grant FMV, appraisal, other) 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 - The organization distributes grants according to received grant proposals that are carefully reviewed by the organization's medical and scientific advisors and board of directors for scientific rigor and financial fairness. The recipients are required to submit progress and financial spending reports on a quarterly basis. There are some exceptions for funds that are directed to Contract Research Organizations and/or scientists at academic institutions that are contracted for immediate result research.

**Hereditary Neuropathy Foundation Inc** 

Form: **Schedule I (2016)** EIN: **13-4137654** 

Page: 1 Part II, Line 1

#### Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN		
			grant	cash asst
Name and address	The University of North Carolina at Chapel Hill	56-6001393	14,593	0
	Gene Therapy Center			
	7119 Thurston Bowles Box 7352			
	Chapel Hill, NC 27599			
IRC code section	501 C 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Research			

#### **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.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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

Name of the organization	Employer identification number
Hereditary Neuropathy Foundation Inc	13-4137654
Form 990, Part III, Line 4a - Therapeutic Research in Accelerated Discovery (TRIAD): HNF has been ins	trumental in the first pivotal phase 3
clinical trial to treat the most common type of Charcot-Marie-Tooth (CMT), CMT1A by helping to identif	
in the USA and ensuring the success of patient recruitment. HNF has also partnered with additional in	
develop clinical trial design for phase 2 trials and in the recruitment of patients. HNF designated additi	
Excellence and there are now 13 in total. HNF continues to collaborate on pre-clinical studies (both no	
therapy approaches) with researchers and industry to translate potential therapies for Charcot-Marie-1	
CMT6, as well as other rarer types of CMT. HNF officially launched the exercise clinical study in the ho	pes to validate an anti-gravity
running machine to improve quality of life for CMT patients.	
Form 000 Part III Line 4b Clabal Degistry for Inhanited Neuronathics (CDIA). JINE continues to even	ed the Clabel Degistry for Inherited
Form 990, Part III, Line 4b - Global Registry for Inherited Neuropathies (GRIN): HNF continues to expan	
Neuropathies (GRIN)'s with robust natural history and longitudinal data for all types of CMT and hered	
helps to identify the gaps in patient reported outcomes (PROs) that are hindering CMT patient care, sta	
diagnosis, therapy development and the need for improved clinical outcome measures and endpoints	to support clinical trials.
Form 000 Part III Line 4s. Delicat Forused Para Development, UNF uses guarded a cooped Fugure M	Joshington Dations Contared
Form 990, Part III, Line 4c - Patient-Focused Drug Development: HNF was awarded a second Eugene W	
Outcomes Research Institute (PCORI) Engagement Award to host a Patient-Centered Charcot-Marie-To	
Neuropathy Pressure Palsies (HNPP) Pain Summit bringing together top leaders in industry, researched	
patients/caregivers with the theme of the importance of addressing chronic pain for the patient communication.	unity. This program is an aspect of
HNF's patient-focused research initiative	
Form 000 Part VI Section A. Line 2. Chairman and Founday Allican Magra is the sister to Courtney U.	allott kov omnlovoo
Form 990, Part VI, Section A, Line 2 - Chairman and Founder Allison Moore is the sister to Courtney Ho	лен кеу етіріоуее.
Form 990, Part VI, Section B, Line 11b - Members of the Board of Directors are emailed a copy of the 9	20 prior to filing for review
1 orni 770, Part VI, Section B, Line 110 - Members of the Board of Directors are emailed a copy of the 7	of prior to ming for review.
Form 990, Part VI, Section B, Line 12c - Annually the Board of Directors are required to sign a conflict	of interest policy at its annual meeting
and if any conflicts arise, the matters are addressed at that time.	or interest policy at its armaar meeting
and if any connicts arise, the matters are addressed at that time.	
Form 990, Part VI, Section C, Line 19 - Governing documents are supplied upon request.	
Form 990, Part IX, Line 11g - Professional services related to program implementation for conference	event public relations and
communications.	

Schedule O, Statement 1

**Hereditary Neuropathy Foundation Inc** 

Form: Form 990 (2016) EIN: 13-4137654
Page: 1 Header Section

Reasonable Cause Explanations

Explanation

Organization and tax preparer scheduling conflict.