

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning **JAN 1, 2017**, and ending **JUN 30, 2017**

Name of foundation
INTEGRATIVE HEALTH SOLUTIONS FOUNDATION, INC.

Number and street (or P O box number if mail is not delivered to street address)
3 REVERE ROAD

City or town, state or province, country, and ZIP or foreign postal code
WOBURN, MA 01801

Room/suite

A Employer identification number
45-3831582

B Telephone number
781-835-8504

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply:
 Initial return
 Final return
 Address change
 Initial return of a former public charity
 Amended return
 Name change

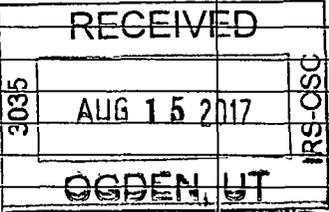
H Check type of organization:
 Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust
 Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ **0.**

J Accounting method:
 Cash
 Accrual
 Other (specify) _____
 (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		0.	0.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	500.	0.	0.	500.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 1	5,002.	0.	0.	5,002.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy	73.	0.	0.	73.
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 2	8,192.	0.	0.	8,192.
	24 Total operating and administrative expenses. Add lines 13 through 23	13,767.	0.	0.	13,767.
	25 Contributions, gifts, grants paid	22,173.			22,173.
26 Total expenses and disbursements. Add lines 24 and 25	35,940.	0.	0.	35,940.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-35,940.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			0.		

SCANNED AUG 16 2017



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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

	Beginning of year	End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets			
1 Cash - non-interest-bearing	20,960.		
2 Savings and temporary cash investments			
3 Accounts receivable ▶			
Less: allowance for doubtful accounts ▶			
4 Pledges receivable ▶			
Less: allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other disqualified persons			
7 Other notes and loans receivable ▶			
Less: allowance for doubtful accounts ▶			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment: basis ▶			
Less accumulated depreciation ▶			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment: basis ▶			
Less accumulated depreciation ▶	10,678.	0.	0.
15 Other assets (describe ▶ _____)			
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	31,638.	0.	0.
Liabilities			
17 Accounts payable and accrued expenses	12,000.		
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe ▶ _____)	3,698.	0.	
23 Total liabilities (add lines 17 through 22)	15,698.	0.	
Net Assets or Fund Balances			
Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted	15,940.	0.	
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	15,940.	0.	
31 Total liabilities and net assets/fund balances	31,638.	0.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	15,940.
2 Enter amount from Part I, line 27a	-35,940.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 3	20,000.
4 Add lines 1, 2, and 3	0.
5 Decreases not included in line 2 (itemize) ▶	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	0.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	383,540.	34,475.	11.125163
2014			
2013			
2012			
2011			
2	Total of line 1, column (d)		11.125163
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		11.125163
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5		12,805.
5	Multiply line 4 by line 3		142,458.
6	Enter 1% of net investment income (1% of Part I, line 27b)		0.
7	Add lines 5 and 6		142,458.
8	Enter qualifying distributions from Part XII, line 4		35,940.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)	}		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.	
3 Add lines 1 and 2	3	0.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.	
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	0.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax <input type="checkbox"/> 0. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? STMT 4 STMT 5	X	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.HEALTHSOLUTIONSFUNDATION.ORG</u>	X	
14 The books are in care of ► <u>LAURA LEVENSALE</u> Telephone no. ► <u>781-835-8504</u> Located at ► <u>3 REVERE ROAD, WOBURN, MA</u> ZIP+4 ► <u>01801</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here		X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
Organizations relying on a current notice regarding disaster assistance check here N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945-5(d). N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LAURA LEVENSALE 3 REVERE ROAD WOBURN, MA 01801	PRESIDENT 2.00	0.	0.	0.
JOHN LEVENSALE 3 REVERE ROAD WOBURN, MA 01801	TREASURER 2.00	0.	0.	0.
MARY RUSSO 230 TOTTEN POND ROAD WALTHAM, MA 02451	DIRECTOR 2.00	0.	0.	0.
MARTHA JONES 45 BIRCH HILL ROAD BELMONT, MA 02478	CLERK 1.00	500.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 6	35,940.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	3,000.
c	Fair market value of all other assets	1c	10,000.
d	Total (add lines 1a, b, and c)	1d	13,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	13,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	195.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,805.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	317.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5	2a	
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	35,940.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	35,940.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,940.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (if an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.	0.	0.	0.	0.
b 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII, line 4 for each year listed	35,940.	383,540.	0.	0.	419,480.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	35,940.	383,540.	0.	0.	419,480.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		31,638.			31,638.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		31,638.			31,638.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income	0.				0.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

INTEGRATIVE HEALTH SOLUTIONS FOUNDATION,
INC.

Form 990-PF (2016)

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Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
WAKE FOREST UNIVERSITY HEALTH SCIENCES C/O CONTROLLERS OFFICE, MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157	NONE	PC	PERFORM BRAIN STUDIES ON VETERANS AND TRAUMA VICTIMS	22,173.
Total				▶ 3a 22,173.
b Approved for future payment				
NONE				
Total				▶ 3b 0.

Form 990-PF (2016)

FORM 990-PF	ACCOUNTING FEES			STATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	5,002.	0.	0.	5,002.	
TO FORM 990-PF, PG 1, LN 16B	5,002.	0.	0.	5,002.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE	49.	0.	0.	49.	
STATE FILING FEE	125.	0.	0.	125.	
BANK CHARGE	240.	0.	0.	240.	
MOVING EXPENSE	7,500.	0.	0.	7,500.	
INSURANCE	278.	0.	0.	278.	
TO FORM 990-PF, PG 1, LN 23	8,192.	0.	0.	8,192.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION			AMOUNT
ADJUSTMENT FOR EXCESS OF FAIR MARKET VALUE OF ASSETS CONTRIBUTED OVER AMOUNT			20,000.
TOTAL TO FORM 990-PF, PART III, LINE 3			20,000.

FORM 990-PF	STATEMENT CONCERNING LIQUIDATION, TERMINATION, ETC. - PART VII-A, LINE 5	STATEMENT	4
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EXPLANATION

THE ORGANIZATION HAS CEASED ALL OPERATIONS AND HAS DISTRIBUTED OR COMMITTED TO DISTRIBUTE ALL ASSETS REMAINING AFTER PAYING ALL REMAINING EXPENSES. THE REMAINING ASSETS TO BE DISTRIBUTED CONSIST OF APPROXIMATELY \$2,173 IN CASH AND OFFICE EQUIPMENT AND SUPPLIES WITH AN ESTIMATED VALUE OF \$20,000. THE RECIPIENT OF THESE ASSETS IS WAKE FOREST UNIVERSITY HEALTH SCIENCES C/O CONTROLLERS OFFICE, MEDICAL CENTER BOULEVARD, WINSTON SALEM, NC 27157. A COPY OF THE BOARD OF DIRECTORS AUTHORIZATION OF THIS IS

ATTACHED.

THE FINAL DISTRIBUTION OF ASSETS IS EXPECTED TO OCCUR IN AUGUST OF 2017.

FORM 990-PF	DISSOLUTION STATEMENT	STATEMENT	5
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NAME OF RECIPIENT

WAKE FOREST UNIVERSITY HEALTH SCIENCES

ADDRESS OF RECIPIENT

CONTROLLERS OFFICE, MEDICAL CENTER BOULEVARD
WINSTON SALEM, NC 27157

FAIR MARKET VALUE
OF ASSETS

22,173.

EXPLANATION OF DISTRIBUTED ASSETS

CASH OF 2,173 AND EQUIPMENT AND OFFICE SUPPLIES WITH A VALUE OF \$20,000

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	6
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ACTIVITY ONE

EXPENSES WERE INCURRED IN DISSOLVING THE ORGANIZATION AND PRESERVING THE MAXIMUM AMOUNT OF REMAINING ASSETS AFTER ALL LIABILITIES AND DEBTS WERE PAID AND THESE ASSETS WERE DONATED TO WAKE FOREST UNIVERSITY HEALTH SCIENCES. THIS IS A SECTION 501(C)(3) ORGANIZATION THAT WILL CONTINUE THE

FOUNDATION'S EXEMPT PURPOSE OF RESEARCH AND TREATMENT OF
VETERANS AND OTHER VICTIMS OF TRAUMA.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

35,940.

**INTEGRATIVE HEALTH SOLUTIONS FOUNDATION, INC.
VOTE OF BOARD OF DIRECTORS BY UNANIMOUS CONSENT**

By a vote of unanimous written consent by the Board of Directors of Integrative Health Solutions Foundation, Inc. (hereafter "IHSF") on NOV 1st, 2016 it was

Voted: to ratify that Laura Levensaler is the President of IHSF, John Levensaler is the Treasurer of IHSF, and Martha H. Jones is the Clerk of IHSF, and that each Officer's term expires at the next annual meeting;

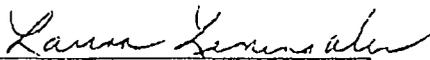
Voted: to ratify that Laura Levensaler, John Levensaler, Martha H. Jones, and Mary Russo are the four Directors of IHSF, and that each Director's term expires at the next annual meeting;

Voted: that IHSF begin the process to voluntarily dissolve by hiring an attorney and an accountant to prepare a dissolution petition and other necessary documents, on such terms as are approved by the President to the Office of the Attorney General of the Commonwealth of Massachusetts and the Massachusetts Supreme Judicial Court, pursuant to M.G.L. c 180, §11A(d);

Voted: that IHSF cease providing services to clients on or before December 31, 2016; and further

Voted: that the Officers of IHSF be and hereby are each authorized, empowered and directed in the name of IHSF to execute and deliver any and all documents to any other regulatory agency, including but not limited to, the Massachusetts Secretary of the Commonwealth, the office of the Attorney General of Massachusetts, the Internal Revenue Service, and the Massachusetts Department of Revenue, and to do all things which they, in their discretion, seem necessary or advisable to implement the foregoing resolutions.

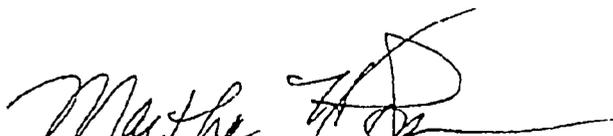
This action of IHSF is hereby approved and affirmed by the Board of Directors this ___ day of NOV 1st, 2016.



Laura Levensaler
Director



John Levensaler
Director

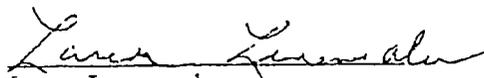


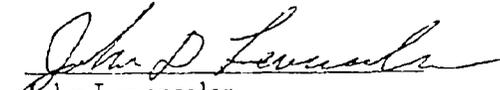
Martha H. Jones
Director

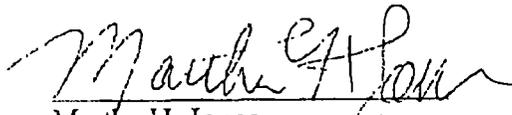


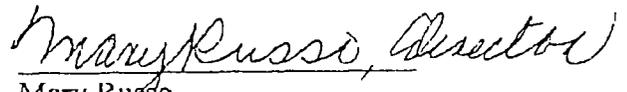
Mary Russo
Director

This action of IHSF is hereby approved and affirmed by the Board of Directors on
December 9, 2016.


Laura Levensaler
Director


John Levensaler
Director


Martha H. Jones
Director


Mary Russo
Director

**INTEGRATIVE HEALTH SOLUTIONS FOUNDATION, INC.
VOTE OF BOARD OF DIRECTORS BY UNANIMOUS CONSENT**

By a vote of unanimous written consent by the Board of Directors of Integrative Health Solutions Foundation, Inc. (hereafter "IHSF") on December 9, 2016 it was

- Voted:* that IHSF be voluntarily dissolved by the presentation of a dissolution petition and other necessary documents, on such terms as are approved by the President to the Office of the Attorney General of the Commonwealth of Massachusetts and the Massachusetts Supreme Judicial Court, pursuant to M.G.L. c. 180, §11A(d);
- Voted:* that the Officers of IHSF be and hereby are each authorized, empowered and directed in the name of IHSF to execute and deliver any and all documents to any other regulatory agency, including but not limited to, the Massachusetts Secretary of the Commonwealth, the office of the Attorney General of Massachusetts, the Internal Revenue Service, and the Massachusetts Department of Revenue, and to do all things which they, in their discretion, seem necessary or advisable to implement the foregoing resolutions;
- Voted:* that Laura Levensaler and John Levensaler be employed until the Massachusetts Supreme Judicial Court orders IHSF dissolved. Laura and John will complete all necessary work to dissolve the organization, including pay all expenses, prepare financial reports and accounts, inventory all assets, move, store, and transfer all remaining assets to Wake Forest University, provide for the storage of corporate records, execute and deliver a dissolution petition and all other necessary documents to Office of the Attorney General of the Commonwealth of Massachusetts and the Massachusetts Supreme Judicial Court, and complete all other work related to the dissolution of IHSF and its complete windup. Laura Levensaler and John Levensaler shall be paid based on their regular salaries through December 31, 2016. The Board of Directors hereby approves additional compensation for Laura Levensaler in the amount of \$14,000 and for John Levensaler in the amount of \$8,000 for the work described above beginning on January 1, 2017 and concluding when IHSF is dissolved
- Voted:* that the Officers of IHSF are hereby authorized to transfer all of the remaining assets, after the payment of all debts and liabilities, to Wake Forest University, a non-profit organization located in Winston-Salem, NC, 27109-7227, Federal Tax ID #56-0532138, to be transferred after approval by the Massachusetts Supreme Judicial Court, for the organization's general purposes.

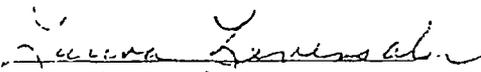
**First Amendment to the Bylaws of
Integrative Health Solutions Foundation, Inc.**

Pursuant to the authority granted to the Board of Directors by Article X of the Bylaws of Integrative Health Solutions Foundation, Inc., the Board of Directors hereby amends said Bylaws by deleting Article IV, Section 3 in its entirety.

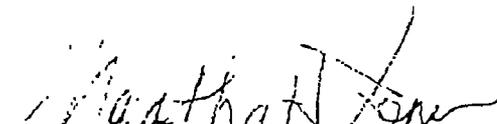
The Board of Directors further amends said Bylaws by inserting the following Article IV, Section 3 to replace the original Article IV, Section 3.

3. Term Each Director shall hold office for a term of two (2) years, or until his or her successor has been elected. There shall be no limit to the number of consecutive terms a Director may serve.

This amendment to the Bylaws of Integrative Health Solutions Foundation, Inc. is hereby approved by the Board of Directors on December 9, 2016 by unanimous written consent of the Board of Directors.


Laura Levensaler
Director


John Levensaler
Director


Martha H. Jones
Director


Mary Russo
Director