

For calendar year 2015 or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name: Shape Up US IncEIN: 26-0051941

Name line 2: \_\_\_\_\_

Address: 16356 N Thompson Peak Pky 1056

Telephone No: \_\_\_\_\_

City, State, and Zip Code: SCOTTSDALE AZ 85260-

Email address: \_\_\_\_\_

Web site address: \_\_\_\_\_

Fiduciary name, if applicable: \_\_\_\_\_

Name of officer signing return: Jyl SteinbackTitle of officer/trustee/fiduciary signing return: Director

Group exemption number: \_\_\_\_\_

Check if exemption application is pending: ☐Accounting method: Cash: ☒ Accrual: ☐ Other: ☐ Specify: \_\_\_\_\_List states desired: AZ \_\_\_\_\_**Type of exempt organization:**

- ☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
- ☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
- ☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
- ☐ Exempt organization with unrelated business income (Form 990-T)

Preparer ID: 00757634Preparer name: Coleen HagerFirm's name: Coleen Hager CPA LLCAddress: 3407 E Dahlia DrCity, State, ZIP Code: PHOENIX AZ 85032Time in this return: 333 minutes

Date: \_\_\_\_\_

PTIN: P00757634Self-employed: ☐Firm's EIN: 45-1013149Phone: 602-482-6109

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

Open to Public  
InspectionDepartment 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.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2016 calendar year, or tax year beginning , and ending		<b>D</b> Employer identification number	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization Shape Up US Inc Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 16356 N Thompson Peak Pky 1056 City or town State ZIP code SCOTTSDALE AZ 85260- Foreign country name Foreign province/state/county Foreign postal code	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ▶		<b>E</b> Telephone number	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>F</b> Group Exemption Number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 32,176.	

<b>Part I</b> Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2 Program service revenue including government fees and contracts . . . . .	2	32,176.
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		
c Less: direct expenses from gaming and fundraising events . . . . .	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d		
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less: cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8 Other revenue (describe in Schedule O) . . . . .	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	32,176.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	43.
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
	13 Professional fees and other payments to independent contractors . . . . .	13	4,726.
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	3,588.
	15 Printing, publications, postage, and shipping . . . . .	15	1,832.
	16 Other expenses (describe in Schedule O) . . . . .	16	43,027.
	17 Total expenses. Add lines 10 through 16 . . . . . ▶	17	53,216.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(21,040.)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	2,037.
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	(19,003.)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)



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

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .	<b>33</b>	X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). . . . .	<b>34</b>	X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b> X	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b> 21,101.	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed. ▶ AZ		
<b>42 a</b> The organization's books are in care of ▶ Jyl Steinback Telephone no. ▶ Located at ▶ 16356 n Thom City SCOTTSDALE ST AZ ZIP + 4 ▶ 85254-		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country: ▶	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>45 b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). . . . .	<b>45b</b>	X

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

	Yes	No
<b>46</b>		X

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

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . . **47** Yes No X
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** Yes No X
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** Yes No X
- b** If "Yes," was the related organization a section 527 organization? . . . . . **49b** Yes No
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name NONE				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

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

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

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

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer		Date	
	Jyl Steinback		Director	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	Coleen Hager			
	Firm's name ▶ Coleen Hager CPA LLC		Firm's EIN ▶ 45-1013149	
	Firm's address ▶ 3407 E Dahlia Dr PHOENIX AZ 85032		Phone no. 602-482-6109	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Shape Up US Inc

Employer identification number

26-0051941

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	301306.		132002.	36011.	32176.	501495.
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	301306.		132002.	36011.	32176.	501495.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						501495.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . . .	301306.		132002.	36011.	32176.	501495.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	301306.		132002.	36011.	32176.	501495.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00%

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Name of the organization

Shape Up US Inc

Employer identification number

26-0051941

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Jyl Steinback	Director	Operation	X			21,101.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						▶ \$ 21,101.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016



## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Shape Up US Inc

Employer identification number

26-0051941

Page 1 Line 16

Commissions 6259 Advertising 1956 Auto 2471 Bank Chrg 1306

Computers 1522 Dues & Subs 440 Training 284 Insurance 1816

Interest 86 Office Supplies 1279 Repair & Main 133 Event Fee

4250 Supplies 8858 License 10 Telephone 2100 Travel 4867

Page 1 Line 16 Cont

Meals & Ent 1179 Curriculum Dev 1990 IRS penalties 2222

Rounding -1

Page 2 Line 24

Loan from Director 21101.

Form **8868**

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <u>Shape Up US Inc</u>	Employer identification number (EIN) or <u>26-0051941</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>16356 N Thompson Peak Pky 1056</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>SCOTTSDALE AZ 85260-</u>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Jyl Steinback

Telephone No. ► \_\_\_\_\_ Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box. . . . . ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 16 or

► ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

During the preparation of the 2016 990EZ there were several bookkeeping errors found due to multiple changes in accountants over the last several years.

We have amended the 2015 and 2016 to reflect the corrections.

Please contact Coleen Hager CPA if you have any questions.

For the ☒ calendar year 2016 or ☐ fiscal year beginning \_\_\_\_\_ 2016 and ending \_\_\_\_\_ 20 \_\_\_\_\_.

<b>CHECK ONE:</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amended	Name <b>Shape Up US Inc</b>		Employer Identification Number (EIN) <b>26-0051941</b>	
	Address – number and street or PO Box <b>16356 N Thompson Peak Pky 1056</b>			
Business Telephone Number (with area code)	City, Town or Post Office <b>SCOTTSDALE</b>		State <b>AZ</b>	ZIP Code <b>85260-</b>

- 68** Check box if: ☐ This is a first return ☐ Name change ☐ Address change  
A Date Arizona operations began: **01/08/2002**  
B Nature of Arizona activities: **Health and Fitness Education**  
C Federal form filed: ☐ 990 ☒ 990-EZ ☐ Other (specify) \_\_\_\_\_

Check box if return filed under extension:  
**82** 82F ☐

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

**88****81** PM**66** RCVD**Nonprofit Medical Marijuana Dispensary (NMMD) only –**

- D ☐ NMMD Registry Identification Number: \_\_\_\_\_  
E What type of entity is the dispensary?  
☐ Corporation ☐ Limited Liability Company (LLC) ☐ Partnership ☐ S corporation  
☐ Sole Proprietorship  
F If the dispensary is an LLC, what is the federal tax classification?  
☐ Corporation ☐ Disregarded Entity ☐ Partnership ☐ S corporation  
If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information:  
name, address, TIN, and ownership percentage at the end of the tax year.  
G Federal form filed: ☐ 1040 ☐ 1041 ☐ 1065 ☐ 1120 ☐ 1120-S ☐ Other (specify) \_\_\_\_\_

**Sources of Income**

1	Gross sales from business activities .....	1	32,176	00
2	Less cost of goods sold or of operations: Include itemized statement .....	2		00
3	Gross profit from business activities: Subtract line 2 from line 1.....	3	32,176	00
4	Interest .....	4		00
5	Dividends .....	5		00
6	Rents and royalties .....	6		00
7	Gain or (loss) from sales of assets, excluding inventory items .....	7		00
8	Dues, assessments, etc., from members .....	8		00
9	Dues, assessments, etc., from affiliates.....	9		00
10	Contributions, gifts, grants, etc., received .....	10		00
11	Other income: Include itemized statement .....	11		00
12	Total income: Add lines 3 through 11 .....	12	32,176	00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.....	13		00
14	Salaries and wages other than amounts included on line 2 .....	14		00
15	Interest .....	15		00
16	Taxes .....	16		00
17	Rent expense .....	17	3,588	00
18	Depreciation: Include schedule .....	18		00
19	Miscellaneous expenses: Include itemized statement .....	19	49,585	00
20	Total expenses: Add lines 13 through 19 .....	20	53,173	00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6.....	21	43	00
22	Disbursements from principal for exempt purposes from page 2, line B6 .....	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule .....	23		00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23.....	24		00
25	Accumulation of income at beginning of year .....	25		00
26	Accumulation of income at end of year: Add lines 24 and 25.....	26		00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions .....	27		00
----	--	----	--	----

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1) Shape Up US Inc	EIN 26-0051941
--	-------------------

## SCHEDULE A Disbursements From Current Income for Exempt Purposes

A1	Dues, assessments, etc., to affiliates .....	A1		00	
A2	Contributions, gifts, grants, etc., paid .....	A2	43	00	
A3	Benefit payments to or for members or their dependents:				
A3a	Death, sickness, hospitalization, disability, or pension benefits .....	A3a		00	
A3b	Other benefits .....	A3b		00	
A4	Dividends and other distributions to members, shareholders, or depositors .....	A4		00	
A5	Other .....	A5		00	
A6	Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	A6	43	00	

## SCHEDULE B Disbursements From Principal for Exempt Purposes

B1	Dues, assessments, etc., to affiliates .....	B1		00	
B2	Contributions, gifts, grants, etc., paid .....	B2		00	
B3	Benefit payments to or for members or their dependents:				
B3a	Death, sickness, hospitalization, disability, or pension benefits .....	B3a		00	
B3b	Other benefits .....	B3b		00	
B4	Dividends and other distributions to members, shareholders, or depositors .....	B4		00	
B5	Other .....	B5		00	
B6	Total: Add lines B1 through B5. Enter total here and on page 1, line 22 .....	B6		00	

## SCHEDULE C Balance Sheet

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

Assets				(a) Beginning of Year		(b) End of Year	
C1	Cash .....			00	C1		00
C2a	Accounts receivable .....	C2a		00			
C2b	Less allowance for doubtful accounts .....	C2b		00			
C2c	Line C2a less line C2b. Enter difference in column (b) .....			00	C2c		00
C3a	Other notes and loans receivable: Include schedule .....	C3a		00			
C3b	Less allowance for doubtful accounts .....	C3b		00			
C3c	Line C3a less line C3b. Enter difference in column (b) .....			00	C3c		00
C4	Inventories .....			00	C4		00
C5	Investments (securities): Include schedule .....			00	C5		00
C6	Investments (other): Include schedule .....			00	C6		00
C7a	Land, buildings, and equipment; basis .....	C7a		00			
C7b	Less accumulated depreciation: Include schedule .....	C7b		00			
C7c	Line C7a less line C7b. Enter difference in column (b) .....			00	C7c		00
C8	Other assets (describe): .....			00	C8		00
C9	Total assets: Add lines C1 through C8 .....			00	C9		00
Liabilities							
C10	Accounts payable and accrued expenses .....			00	C10		00
C11	Mortgages and other notes payable: Include schedule .....			00	C11		00
C12	Other liabilities (describe): .....			00	C12		00
C13	Total liabilities: Add lines C10 through C12 .....			00	C13		00
Net Assets							
C14	Capital stock or trust principal .....			00	C14		00
C15	Paid-in or capital surplus .....			00	C15		00
C16	Retained earnings or accumulated income .....			00	C16		00
C17	Total net assets: Add lines C14 through C16 .....			00	C17		00
C18	Total liabilities and net assets: Add lines C13 and C17 .....			00	C18		00



PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) <b>Shape Up US Inc</b>	EIN <b>26-0051941</b>
---	--------------------------

<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
<b>Please Sign Here</b>	_____ OFFICER'S SIGNATURE	_____ DATE	_____ TITLE
<b>Paid Preparer's Use Only</b>	_____ PAID PREPARER'S SIGNATURE	_____ DATE	<b>85032</b> PAID PREPARER'S PTIN
	<b>Coleen Hager CPA LLC</b> FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		<b>P00757634</b>
	<b>3407 E Dahlia Dr</b> FIRM'S STREET ADDRESS		FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN <b>45-1013149</b>
	<b>PHOENIX</b> CITY	<b>AZ</b> STATE	FIRM'S TELEPHONE NUMBER <b>602-482-6109</b> ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Shape Up US Inc

Employer identification number

26-0051941

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	301306.		132002.	36011.	32176.	501495.
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	301306.		132002.	36011.	32176.	501495.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						501495.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . . .	301306.		132002.	36011.	32176.	501495.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	301306.		132002.	36011.	32176.	501495.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00%

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Name of the organization

Shape Up US Inc

Employer identification number

26-0051941

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Jyl Steinback	Director	Operation	X			21,101.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . .						▶ \$ 21,101.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Shape Up US Inc

Employer identification number

26-0051941

Page 1 Line 16

Commissions 6259 Advertising 1956 Auto 2471 Bank Chrg 1306

Computers 1522 Dues & Subs 440 Training 284 Insurance 1816

Interest 86 Office Supplies 1279 Repair & Main 133 Event Fee

4250 Supplies 8858 License 10 Telephone 2100 Travel 4867

Page 1 Line 16 Cont

Meals & Ent 1179 Curriculum Dev 1990 IRS penalties 2222

Rounding -1

Page 2 Line 24

Loan from Director 21101.