DLN: 93493286011037 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

Open to Public

Department of the Treasury

foundations)

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

nterna	l Reve	nue Service	F Information about	t Form 990 and its instructions is at w	WW IKS GOV	<u> </u>		Inspection
F	or the	e 2016 c		ning 01-01-2016 , and ending 12-	-31-2016			
		pplicable	C Name of organization LAST CHANCE FOR PATIENT CHOICE			D Employ	er identif	ıcatıon number
	dress o me ch	change				05-062	8214	
	tial ret	-	Doing business as					
Fin		nınated		<u>_</u>		E Telephor	na numhar	
		return	Number and street (or P O box if ma 1111 SAN MARNAN DR	all is not delivered to street address) Room/	/suite			
□ Арі	olicatio	on pending	City or town, state or province, coun	itry, and ZIP or foreign nostal code		(319) 2	35-7100	
			WATERLOO, IA 50701	try, and 211 of foreign postar code		G Gross re	ceints \$ 5	2 649
			F Name and address of principa	l officer	H(a) I	s this a group re	•	2,043
			JOHN GALLAGHER		1 ' '	s this a group re ubordinates?	curri roi	□Yes ☑ No
			1111 SAM MARNAN DR WATERLOO, IA 50701		н (ь) А	re all subordinat	es	☐ Yes ☐No
Tax	-exen	npt status	☐ 501(c)(3) ☐ 501(c)() ◀(insert no) 4947(a)(1) or 2 527		ncluded? f "No," attach a l	ist (see	
W	ebsit	e: >		1317(4)(1741 = 327		roup exemption	•	•
(Forn	n of or	ganızatıon	✓ Corporation ☐ Trust ☐ Associ	ciation ☐ Other ▶	L Year of	formation 2005	M State	of legal domicile IA
Pa	1 1	_	mary scribe the organization's mission of	r most significant activities				
	(DRGANIZA	ATION IS SET UP TO EDUCATE ANI	D ADVOCATE WITH RESPECT TO QUAL				
ų				IING FREE PATIENT CHOICE IN SELEC	TION OF PRO	OVIDERS OF ME	DICAL SE	RVICES AND
₹	<u> </u>	EQUIPMEN	N I					
=	_							
GOVERNANCE	-							
5				continued its operations or disposed of				
ಶ ^				g body (Part VI, line 1a)			3	5
a			,	the governing body (Part VI, line 1b)			4	5
ACHAIGES &			, ,	endar year 2016 (Part V, line 2a) .			5	0
ž			,	essary)			6	
				VIII, column (C), line 12			7a	0
	b	Net unrei	lated business taxable income from	n Form 990-T, line 34	· · ·	n : v	7b	
		C t t t	have and weath (Death)(III lose the			Prior Year	225	Current Year
랼			tions and grants (Part VIII, line 1h			61,8	335	52,649
Rəvenue		-	service revenue (Part VIII, line 2g	,				0
ç			ent income (Part VIII, column (A), venue (Part VIII, column (A), lines	, ,				0
			, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A), line 12)	,	61,8	335	52,649
			nd similar amounts paid (Part IX, c		'			0
			• • • • • • • • • • • • • • • • • • • •	blumn (A), line 4)				
"				nefits (Part IX, column (A), lines 5–10	, 		-	0
Sex			onal fundraising fees (Part IX, colu		′ 			0
Expenses			raising expenses (Part IX, column (D), li				_	
ᇫ			penses (Part IX, column (A), lines	· -		52,:	117	57,588
			penses Add lines 13–17 (must equ	•		52,:		57,588
		•		om line 12			718	-4,939
X o					Begin	ning of Current Y		End of Year
Net Assets of Fund Balances								
Bal	20	Total ass	ets (Part X, line 16)			39,4	483	34,544
2 2			ollities (Part X, line 26)					0
		_	ts or fund balances Subtract line 2	11 from line 20		39,4	483	34,544
	t II		ature Block	ned this return, including accompanyii				4b - b - 4 - 4
				Declaration of preparer (other than o				
	nowle		•					
		*****	*			2017-10-05		
Sign		Signati	ure of officer			Date		
lere	:	10HN (GALLAGHER PRESIDENT					
			or print name and title					
			Print/Type preparer's name	Preparer's signature	Date		PTIN	
aic	i] J	OHN M ADAMS	JOHN M ADAMS	2017-10-04	Check L if self-employed	P00423147	7
	oare	er 🗜	Firm's name ADAMS EVENSON & CC	CPA'S		Firm's EIN ▶ 47-	0993646	
-	On	1 5	Firm's address ► 333 W FOURTH			Phone no (319)	232-1943	
		<u> </u>	WATERLOO, IA 50701					
/1=v +	he IR	S discuss	this return with the preparer show	vn above? (see instructions)				′es 🗌 No

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2016)				Page 2
Par	t IIII Statement	of Program Service Acc	omplishments		-
	Check If Sched	lule O contains a response or	note to any line in this Part III		🗹
1	Briefly describe the or	ganızatıon's mıssıon			
DRG/	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$) (Revenue \$) See Additional Data (Code) (Expenses \$ including grants of \$) (Revenue \$)		D DISABLED WITH		
PARI	ICULAR EMPHASIS ON	MAINTAINING FREE PATIEN	CHOICE IN SELECTION OF PROVIDER	RS OF MEDICAL SERVICES AND) EQUIPMENT
	Did the sussination :				
2	-	, , ,	•		□v
	•				□ Yes ☑ No
2	•			n/ nrogram	
3	-	- .	gnificant changes in now it conducts, a	ny program	☐ Yes ☑ No
					⊥ Yes ⊻ No
	,	-			
4					
				its and anocations to others, th	ic total
4a	•) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	ORGANIZATION IS SET U	JP TO EDUCATE AND ADVOCATE	VITH RESPECT TO QUALITY MEDICAL CARE I	FOR THE ELDERLY AND DISABLED V) WITH PARTICULAR
	ORGANIZATION IS SET U	JP TO EDUCATE AND ADVOCATE		FOR THE ELDERLY AND DISABLED V) NITH PARTICULAR
	ORGANIZATION IS SET LEMPHASIS ON MAINTAIN	JP TO EDUCATE AND ADVOCATE VIING FREE PATIENT CHOICE IN SE	VITH RESPECT TO QUALITY MEDICAL CARE I	FOR THE ELDERLY AND DISABLED V) WITH PARTICULAR
4d	ORGANIZATION IS SET L EMPHASIS ON MAINTAIN	UP TO EDUCATE AND ADVOCATE VING FREE PATIENT CHOICE IN SE	WITH RESPECT TO QUALITY MEDICAL CARE I LLECTION OF PROVIDERS OF MEDICAL SERV	FOR THE ELDERLY AND DISABLED V) WITH PARTICULAR

or X as applicable

Section 501(c)(3) organizations.

Checklist of Required Schedules Part IV Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 for public office? If "Yes," complete Schedule C, Part I

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11d

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11f

12a

12b

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Page 3

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Nο

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Nο

No

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Νo

No

21

29

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20b

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24a

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24c

24d

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Νo Nο

Nο Νo

Nο

No

orm	990 (2016)				Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V		. ,		Ш
	Enterable growth and are Day 2 of Ferma 1000 Februar 0 of each analysis like	٦		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam (gambling) winnings to prize winners?		1 c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by				
	this return	o			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
٦-	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	- ⊢	3a 3b		INO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov		30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	.	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAI	₹)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
			5c		
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on _	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts which has deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as				
•	required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo		[
_	1098-C?	_	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time du the year?	ırıng	8		
٥-	Did the sponsoring organization make any taxable distributions under section 4966?	-	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	- ⊢	9b		
	Section 501(c)(7) organizations. Enter	-	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-			
	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	١.	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
_	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule 0	[:	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
4 -	Did the organization receive any payments for indoor tanning services during the tax year?	1:	14a		No
4a		L.			

-orm	990 (2016)			Page 6
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		Ш
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	\vdash		
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records MIKE MALLARO 1111 SAN MARNAN WATERLOO, IA 50701 (319) 235-7100			
	PHILE MALLARO IIII DAN MAKNAN WATERLOO, IA DU/UI (319) 235-/100	<u>_</u>		- (

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(C)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

X

χ ...

emplo

Highest compensatemployee

Former

(D)

Reportable

compensation

from the

organization

(W- 2/1099-

MISC)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

n

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee"

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

(B)

Average

hours per

week (list

any hours

for related

organizations

below dotted

line)

individual trustee or director

Institutional

Trustee

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

organization and any related organizations

of reportable compensation from the organization and any related organizations

(A)

Name and Title

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee



(1) JOHN GALLAGHER

PRESIDENT

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Form **990** (2016)

Par	t VIII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	est Compensate	d Employees (cont	tinued)	
	(A) Name and Tıtle	(B) Average hours per week (list any hours	than o	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-organizations (W-organizations)					v-	(F) Estimated amount of other compensation from the organization and			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relate organiza	ed
											\perp		
	Sub-Total	 art VII, Sectio	 n A .	• •			>						
d_T	Total (add lines 1b and 1c)	<u> </u>					▶						
2	Total number of individuals (including of reportable compensation from the		to thos	e list	ed al	bove	e) who	rece	eived more than \$10	00,000			
												Yes	No
3	Did the organization list any former			ee, k	ey e	mple	oyee, d	or his	ghest compensated	employee on			
	line 1a? If "Yes," complete Schedule 3			•	•	•		•		• •	3	1	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							4		No				
5	Did any person listed on line 1a receiv services rendered to the organization								-		5		No
Se	ection B. Independent Contract	ors											
1													

5	services rendered to the organization? If "Yes," complete Schedule I for such person		5	No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		ensa [.]	tion
	(A) Name and business address	(B) Description of services		(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶

Part		III Statement of	Revenue						rage 3
				a respo	nse or note to an	y line in this Part VII	I		🗆
				•		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	La Federated campaig	ne	1a	52,649		revenue		512-514
ats uts	֡֡֞֜֞֜֜֜֜֜֓֓֜֜֜֜֜֜֜֜֜֜֜֡֓֜֜֜֜֡֡֡֡֡֡֜֜֜֜֜֡֡֡֡֡֡	b Membership dues		1b	32,013				
rar		·							
ons, Gifts, Grants Similar Amounts		c Fundraising events		1c					
iifts a		d Related organizatio		1d					
E		e Government grants (co		1e					
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions and similar amounts n		1f					
tributio Other (above							
		g Noncash contribution in lines 1a-1f \$	ons included						
Cont and		h Total.Add lines 1a-1			•	52,649			
	╁				Busines				
Ĭ	2 <i>a</i>	1							
45	١.			-					
Service Revenue		ь ———							
Ę		d							
S				_					
Program		f All other program se	rvice revenue						
Æ	٥	Total.Add lines 2a-2i	f	. 1	•				
	3	Investment income (i	ncluding divid	ends, ı	nterest, and other	-			
		sımılar amounts) .				<u> </u>			
		Income from investme		•	•	•			
)	Royalties	(ı) Rea		(II) Personal	<u>▶</u>			
	6	a Gross rents	(I) Rea	'	(II) Personal				
		b Less rental expenses							
		c Rental income or							
		(loss)							
		d Net rental income o							
	,	a Gross amount	(ı) Securit	ies	(II) Other				
	'	from sales of assets other							
		than inventory							
		b Less cost or							
		other basis and sales expenses							
		C Gain or (loss)							
		d Net gain or (loss)			•				
ø.	0	a Gross income from f (not including \$	_	ents of					
E T		contributions reporte See Part IV, line 18		. a					
ě		b Less direct expense		ь					
<u>.</u>		c Net income or (loss)		L	ents				
Other Revenue	9	a Gross income from g	jaming activiti	es					
O		See Part IV, line 19		a					
		b Less direct expense	ic.	ь					
		c Net income or (loss)		L	es •				
		aGross sales of invent	tory, less						
		returns and allowand	ces	_ [
		b Less cost of goods s	14	a b					
				L					
		Net income or (loss) Miscellaneous		invent	Business Code				
	1	1a							
		b							
		c							
		d All other revenue .				+		+	
		e Total. Add lines 11a			>			1	
	1	2 Total revenue. See	Instructions					+	
	Ĺ			- •		52,64	9		Form 990 (2016)
									しついい プラび しとひまりま

15 Royalties 16 Occupancy

23 Insurance .

b c d

20 Interest 21 Payments to affiliates . . .

expenses on Schedule O)

25 Total functional expenses. Add lines 1 through 24e **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

e All other expenses

Form 990 (2016) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) ◪ Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (D) (A) Management and Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 9 Other employee benefits . 10 Payroll taxes . . 11 Fees for services (non-employees) a Management . . . **b** Legal . . c Accounting e Professional fundraising services See Part IV, line 17 f Investment management fees . **g** Other (If line 11g amount exceeds 10% of line 25, column 57,588 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . 13 Office expenses . 14 Information technology

18 Payments of travel or entertainment expenses for any

federal, state, or local public officials . 19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization . 24 Other expenses Itemize expenses not covered above (List

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

57,588

0

0

1

12

13

14

15

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17

18

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Liabilities 22

Fund Balances

ŏ 30

Assets 31

Net

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	34,628	1	29,334
Savings and temporary cash investments		2	
Diades and another manufalls and	4 955		E 210

2 3 Pledges and grants receivable, net . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net

Assets

Intangible assets

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Inventories for sale or use . . .

Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

Less accumulated depreciation 10b

10a Land, buildings, and equipment cost or other 11 Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

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Page **11**

5,210

34,544

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34.544

34,544

34.544

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			52,649
2	Total expenses (must equal Part IX, column (A), line 25)	2			57,588
3	Revenue less expenses Subtract line 2 from line 1	3			-4,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			39,483
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			34,544
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	İ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate beconsolidated basis, or both	asıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedi	ule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sinc	ıle			

За

3b

Form **990** (2016)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data



EIN: 05-0628214

Software ID:

Name: LAST CHANCE FOR PATIENT CHOICE

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE OTHER

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -		DLI	N: 93493286011037
SCHEDULE O (Form 990 or 990- EZ)	Complete to pro Form 990 o ▶ Information about	vide information for re r 990-EZ or to provide ▶ Attach to Form 99 Schedule O (Form 990	al Information to Form 990 or 990-EZ vide information for responses to specific questions on 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		
Internal Revenue Service Name of the organizat LAST CHANCE FOR PATIE				mployer ider 05-0628214	tification number
990 Schedule O,	Supplemental Information	n	<u>, </u>		
Return Reference			Explanation		
FORM 990 - ORGANIZATION'S MISSION	ORGANIZATION IS SET UP T E ELDERLY AND DISABLED V CTION OF PROVIDERS OF M	WITH PARTICULAR EMP	PHASIS ON MAINTAINING FR		

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, ORGANIZATION IS SET UP TO EDUCATE AND ADVOCATE WITH RESPECT TO QUALITY MEDICAL CARE FOR TH PAGE 2, E ELDERLY AND DISABLED WITH PARTICULAR EMPHASIS ON MAINTAINING FREE PATIENT CHOICE IN SELE CTION OF PROVIDERS OF MEDICAL SERVICES AND EQUIPMENT LINE 4D

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO REVIEW WAS OR WILL BE CONDUCTED PAGE 6, PART VI,

LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990. PAGE 6, PART VI.

LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART IX, LINE 11G