IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning $\ JUL\ 1$, 2016, and ending $\ JUN\ 30$, 20 $\ 17$

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number 74-2624477 HEALTH FOR ALL, INC. Name and title of officer GLEN DAVIS TREASURER Type of Return and Return Information (Whole Dollars Only) | Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____1004240. **1a** Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here **b** Balance Due (Form 8868, line 3c) ______ 5b _____ 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize Ingram, Wallis & Company, P.C. to enter my PIN ERO firm name as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 70720227558 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

Extended to May 15, 2018

ggn

Address change

Doing business as

Name change

Initial return

Final return/

termin-ated

Return of Organization Exempt From Income Tax

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

74-2624477

Open to Public Inspection

8

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

JUL 1, 2016 and ending JUN 30, A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number

HEALTH FOR ALL, INC.

Number and street (or P.O. box if mail is not delivered to street address) E Telephone number PO BOX 5913

979-774-4272 1096466. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BRYAN, TX 77805 H(a) Is this a group return

Applica-F Name and address of principal officer: GLEN DAVIS Yes X No for subordinates? pending PO BOX 5913, BRYAN, TX 77805 H(b) Are all subordinates included? Yes No

4947(a)(1) or Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► www.hlth4all.org **H(c)** Group exemption number ▶

K Form of organization: X Corporation Association Other > L Year of formation: 1987 M State of legal domicile: TX

Activities & Governance

Briefly describe the organization's mission or most significant activities: TO PROVIDE AND EXPAND ACCESS TO FREE, HIGH QUALITY AND COMPREHENSIVE, PRIMARY AND PREVENTIVE HEALTH

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

19 Number of voting members of the governing body (Part VI, line 1a) <u>19</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6

0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b

Prior Year Current Year 1060637. 998553. Contributions and grants (Part VIII, line 1h) Revenue 2210. 1800. Program service revenue (Part VIII, line 2g) -48575. -23981. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 40068. 27868. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1054340. 1004240. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 198370. 246840. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 822838. 773174. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

1021208. 1020014. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33132. -15774.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year**

725750. 711933. Total assets (Part X, line 16) 26176. 28133. 21 Total liabilities (Part X, line 26) 699574. 683800. Net assets or fund balances. Subtract line 21 from line 20

Part II | Signature Block

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.

Signature of officer Date Sign GLEN DAVIS, TREASURER

Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature James D. Ingram, P00163299 Paid Wallis & Company, P.C. Firm's name

▶ Ingram, 74-2073801 Preparer Firm's EIN

Firm's address 2100 East Villa Maria Rd, Ste. 100 Use Only Phone no. (979) 776-2600 Bryan, TX 77802 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Page 2

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO PROVIDE AND EXPAND ACCESS TO FREE, HIGH QUALITY AND COMPREHENSIVE	3 ,
	PRIMARY AND PREVENTIVE HEALTH CARE FOR LOW INCOME, MEDICALLY UNISU	RED
	INDIVIDUALS IN THE BRAZOS VALLEY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		s X No
		, <u></u>
_	If "Yes," describe these new services on Schedule O.	s X No
3	3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	; L <u>A</u> No
	If "Yes," describe these changes on Schedule O.	
4	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.	
4a	(Code:) (Expenses \$	1800. ₎
	HEALTH FOR ALL PROVIDES FREE, HIGH QUALITY AND COMPREHENSIVE, PRIMA	ARY
	AND PREVENTIVE HEALTH CARE FOR LOW INCOME, MEDICALLY UNISURED	
	INDIVIDUALS IN THE BRAZOS VALLEY.	
4b	(Code:) (Expenses \$	
	(code	′
4-		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 938001.	

Form 990 (2016) HEALTH FOR ALL, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	441.		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2016) HEALTH FOR ALL, IN Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	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," complete Schedule J	23		х
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 complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016) HEALTH FOR ALL, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1a 1 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize winners? 1c 2 8 c Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 8 b If at least one is reported on line 2a, did the organization filed in required federal employment tax returns? 2b 1 Note. If the sum of lines 1a and 2a is greater than 250, you may be required the federal employment tax returns? 2b 3 b If 1 least one is reported on line 2a, did the organization filed in required federal employment tax returns? 3a 3b 3d 3d 3d 3d 3d 3d 3d		Check if Schedule O contains a response of note to any line in this Part v					Ш
be Enter the number of Forms W-2G included in line 1a. Enter 0-1 finot applicable. Oil the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. By If at least one is reported on line 2a, did the organization file all required feederal employment tax returns? Abol. If the sum of lines 1 and all 2s is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization all 2s is greater than 250, you may be required to e-file (see instructions) 3b. If Yas, 's test lift dea Form 990 Tor this year? 'No! **On file 76, provided an explanation in Schedule O 3c. If Yas, 's test the name of the foreign country'. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Swas the organization party to a prohibled tax shelter transaction at any time during the tax year? 5a. If Yas, 's ten be a or 5b, did the organization that it was or is a party to a prohibled tax shelter transaction? 5b. If Yas, 's time 5a or 5b, did the organization that it was or is a party to a prohibled tax shelter transaction? 5c. If Yas, 'to line 5a or 5b, did the organization that it was or is a party to a prohibled tax shelter transaction? 5c. If Yas, 'to line 5a or 5b, did the organization that it was or is a party to a prohibled tax shelter transaction? 5c. If Yas, 'to line 5a or 5b, did the organization that it was or is a party to a prohibled tax shelter transaction? 5c. If Yas, 'to line 5a or 5b, did the organization that was or is a party to a prohibled tax shelter transaction? 5c. If Yas, 'to line 5a or 5b, did the organization that was or is a party to a prohibled tax shelter tran						Yes	No
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(agambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization bave unrelated business gross income of \$1,000 or more during the year? 3a Did the organization and 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 accounts (FBAR). 5b If 'Yes, 'enter the name of the foreign country: ▶ 5c Was the organization and the organization file if was a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If 'Yes,' did the organization that were not accountable or the value of the general solicit any contributions that may receive deductible contributions under section 170(c). 5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 5d Uffice organization state in endity the donor of the value of the goods or services provided? 5d If 'Yes,' i				<u> </u>			
2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements. 2a 8 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization leave interest doublesses gross income of St. (000 or more during the year? 3a Did the organization have unreated business gross income of St. (000 or more during the year? 3a Did the organization fave unreated business gross income of St. (000 or more during the year authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," inter the name of the foreign country. b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party nority the organization file for the State organization at the organization and it was or is a party to a prohibited stax shelter transaction? 5b Did any taxable party nority the organization file Form 1888 T? 5c Did see the organization and party to a prohibited stax shelter transaction at any time during the tax year? 5c Did to the sea of St. did the organization file Form 1888 T? 5c Did see the organization shell report that the sor is a party to a prohibited stax shelter transaction? 5c Did the organization shell many receive deductible as charitable contributions? 6c Did the organization shell report to the value of the party to a prohibited sax shelter transaction? 6c Did the organization shell report to the value of the poods or services provided? 6c Did the organization sell, exchange, or otherwise dispose of trangible personal penetic tortact? 7c Did the organization sell, exchange, or otherwise dispose of trangible personal property for which it wa	С						
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14a Did the organization receive any payments for indoor tanning services during the tax year?	С	Enter the amount of reserves on hand	13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	L	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		Х
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	X	
b	Other officers or key employees of the organization	15b		X
	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		X
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 status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	NANCY RHODES - 979-774-4272			
	PO BOX 5913, BRYAN, TX 77805			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Leave this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	1	(C)				, iou	(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JERRY GASTON	4.00	x						0.	0.	0.
CHAIR (2) JANE SELL	4.00	^						0.	0.	0.
CHAIR ELECT	4.00	X						0.	0.	0.
(3) GEORGE MANN	4.00							0.	•	<u></u>
SECRETARY	4.00	X						0.	0.	0.
(4) DEBRA MATTHEWS	4.00									
TREASURER		Х						0.	0.	0.
(5) LISA HALPERIN	4.00									
PAST CHAIR		Х						0.	0.	0.
(6) KATIE PEKAREK	2.00									
MEMBER		Х						0.	0.	0.
(7) KATIE BLALOCK	2.00									
MEMBER		Х						0.	0.	0.
(8) KYLE HAWTHORNE	2.00							_	_	_
MEMBER		Х						0.	0.	0.
(9) BOB STRAWSER	2.00	l							•	•
MEMBER		Х						0.	0.	0.
(10) GLEN DAVIS	2.00	١							•	•
MEMBER	0.00	Х						0.	0.	0.
(11) ZACH MARBACH	2.00	,,							0	0
MEMBER	2 00	Х						0.	0.	0.
(12) ASHLEY ADAIR	2.00	x						0.	0.	0
MEMBER (13) TRAVIS HEARN	2.00	^						0.	0.	0.
MEMBER	2.00	x						0.	0.	0.
(14) ELIZABETH BRUMLEVE	2.00	Δ						0.	· ·	
MEMBER	2.00	Х						0.	0.	0.
(15) KATHY DEFIGUEIREDO	2.00							_		
MEMBER		х						0.	0.	0.
(16) RUSTY SURETTE	2.00									
MEMBER		Х						0.	0.	0.
(17) DEBORAH O'BRIANT	2.00									
MEMBER		Х						0.	0.	0.
632007 11-11-16										Form 990 (2016)

(18) JESSICA SARIX 2.00 Inline 19 Sub-total 2.10 Interpretation Total (add lines than 41:0) Total	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			9-
Total number of independent contractors (including but not limited to those listed above) who received more than \$10,000 of compensation from the organization of th					(0	C)						(F)	
Nour Port	Name and title	Average	(do not check more than one box, unless person is both an) than	one	Reportable	Reportable			ted
Sub-total							on is both an		· ·		;		
Note Part			_	CCI ai	10 2 0) i i de	1					
Compensation Section		, ,	direct				p					•	
(18) JSSSICK SAHM 2,00 X			tee or	ustee			ensate		_		0	rganiza	ation
(18) JSSSICK SAHM 2,00 X		1 ~	al trus	onal tr		loyee	comb				1		
(18) JSSSICK SAHM 2,00 X			udividu	ıstituti	fficer	ey emp	lighest mploye	ormer			Or	ganıza	tions
The Sub-total Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section	(18) JESSICA SAHM	2.00	<u> </u>	<u> </u>	0	<u>×</u>	工も	Г.					
X	MEMBER		Х						0.	0	•		0.
1b Sub-total	(19) BILL MCGUIRE	2.00							_	_			
X X 74417. 0. 0. 0.		40.00	X						0.	0	•		0.
1b Sub-total		40.00	₩.		\				74417	_			0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No	EXECUTIVE DIRECTOR		X		A		╁	-	/441/•	U	•		0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			1										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No											+		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			1										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			4										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No							_						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			1										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No							\vdash				+		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			1										
c Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c)	1b Sub-total	1					1		74417.	0	•		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No								•		0	•		
Yes No Yes	d Total (add lines 1b and 1c)								74417.	0	•		0.
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None (B) (C) Compensation Yes No Yes No 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	· · · · · · · · · · · · · · · · · · ·	ot limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportable			,
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Bescription of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization											Voc	
line 1a? If "Yes," complete Schedule J for such individual 4 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of stax year.	2 Did the organization list any former officer	director or tr	ıcto	م اده	w or	mnla	21/00	٥٢	highest compensated o	mployee en		162	NO
4 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than											3		x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	•		le co	amo	ensa	atior	า า and	d otl	her compensation from	the organization			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	•	•							•	•	4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than													
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		plete Schedul	e J f	or s	uch	pers	son				. 5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	· · · · · · · · · · · · · · · · · · ·									*			
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than											nsatio	n from	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		trie caleridar y	ear	enai	ng v	VILII	Or W	/14/11/		year.		(C)	
		address	N	INC	Ξ					services			on
								_					
								\dashv					
	-							\dashv					
	·	•	ot li	mite	d to		_	stec	d above) who received n	nore than			

Form 990 (2016) HEALTH Depart VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a					
irar oun		Membership dues						
S, G		Fundraising events						
ar /		Related organizations						
s, (Government grants (contribution		25000.				
rigi		All other contributions, gifts, grants						
t pd		similar amounts not included abov	e 1f	973553.				
	g	Noncash contributions included in lines	1a-1f: \$	113206.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	998553.			
				Business Code				
9	2 a	MEDICAL RECORDS	FEES	900099	1800.	1800.		
e Ž	b							
Sun	С							
eve	d		_					
Program Service Revenue	е							
₫	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			1800.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	1019.			1019.
	4	Income from investment of tax	exempt bond p	oroceeds >				
	5	Royalties		<u>,</u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u>,</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		25000.				
	С	Gain or (loss)		-25000.				
	d	Net gain or (loss)			-25000.	-25000.		
anue	8 a	Gross income from fundraising including \$	•					
Other Rever		contributions reported on line						
<u>ج</u> ا		Part IV, line 18	a	95094.				
ţ.	b	Less: direct expenses						
0		Net income or (loss) from fund			27868.			27868.
		Gross income from gaming act						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		Business Code				
Ţ	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1004240.	-23200.	0.	28887.

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 resport include amounts reported on lines 6b,	nse or note to any line in	this Part IX		X					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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, lines 15 and 16									
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	172388.	158500.	13888.						
7 8	Pension plan accruals and contributions (include	172300.	130300.	13000.						
U	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	59487.	31933.	27554.						
10	Payroll taxes	14965.	13786.	1179.						
11	Fees for services (non-employees):									
а	Management									
b	Legal									
С	Accounting	5800.		5800.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	369543.	369543.							
12	Advertising and promotion	1010	1085	0.7.4						
13	Office expenses	1949.	1075.	874.						
14	Information technology									
15	Royalties	104222.	90576.	13646.						
16	Occupancy	104222.	90576.	13040.						
17	Travel									
18	Payments of travel or entertainment expenses									
19	for any federal, state, or local public officials Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	25111.	20313.	4798.						
23	Insurance	9699.	5868.	3831.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	MEDICINES	102706.	102706.							
b	LAB FEES	71281.	71281.							
С	X-RAY	41849.	41849.							
d	MISCELLANEOUS	13449.	4453.	8996.						
е	All other expenses	27565.	26118.	1447.						
25	Total functional expenses . Add lines 1 through 24e	1020014.	938001.	82013.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									

____ if following SOP 98-2 (ASC 958-720)

Form 990 (2016) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			278372.	1	248567.
	2	Savings and temporary cash investments				2	10769.
	3	Pledges and grants receivable, net		30408.	3	65521.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for		•			
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sec					
ι		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5447.	9	3985.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	486035.			
	b	Less: accumulated depreciation		102944.	411523.	10c	383091.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	725750.	16	711933.		
	17	Accounts payable and accrued expenses			26176.	17	28133.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	r officer	s, directors, trustees,			
Ĭ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			26176.	26	28133.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			684838		650501
anc	27	Unrestricted net assets			674737.	27	658701.
Fund Balances	28	Temporarily restricted net assets			24837.	28	25099.
pu	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
Ä		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			C00554	32	<u> </u>
_	33	Total net assets or fund balances			699574.	33	683800.
	34	Total liabilities and net assets/fund balances			725750.	34	711933.

orm	990 (2016) HEALTH FOR ALL, INC.	74-262	4477	Page 1	2
Pa	rt XI Reconciliation 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		14240	
2	Total expenses (must equal Part IX, column (A), line 25)	2		20014	
3	Revenue less expenses. Subtract line 2 from line 1	3		L5774	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69	9574	•
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 0)	9		0	,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	68	33800	,
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>L</u>	╛
	<u> </u>			Yes No	2
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both:				
	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 t	he 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 Sci	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req				

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

Form **990** (2016)

3b

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEALTH FOR ALL, INC.

Employer identification number 74-2624477

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	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					ii).		
4		A medical research organiz						the hospital's name	
		city, and state:	a operated	ngan onon man a moopha				and mospital o maine,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		nege of armiversity owner	а ог орога	iou by u g	overnmental and accord	700 III	
6		A federal, state, or local gov	•	aantal unit daaarihad in	coetion 17	70/6//4//4/	(v)		
	X	, ,	· ·				• •	nublic described in	
′	21	An organization that norma	-	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (Co	· ·	(4)(A)(-1) (Ol-t- D	. \				
8	Н	A community trust describe							
9		An agricultural research org				-	-	-	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the	name, city	, and state of the colleg	e or	
		university:							
10	ш	An organization that norma							
		activities related to its exen	•					•	
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•						
11	H	An organization organized a	-	•	-				
12	ш	An organization organized a	=	•	=		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	-					Check the box in	
		lines 12a through 12d that	• •			-			
а			· · · · · · · · · · · · · · · · · · ·		•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must c							
b			· ·					-	
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С							• •	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d							• • • • •		
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.			
f		er the number of supported o	-						
g		vide the following information			(iv) Is the orga	nization listed	(a) Among and of monopology	(vi) Amazumt of other	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)	
- Ota	<u> </u>								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	615181.	1109984.	948523.	1060637.	998553.	4732878.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		110000		101010		
4	Total. Add lines 1 through 3	615181.	1109984.	948523.	1060637.	998553.	4732878.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4520050
	Public support. Subtract line 5 from line 4.						4732878.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012 615181.	(b) 2013 1109984.	(c) 2014 948523.	(d) 2015 1060637.	(e) 2016 998553.	(f) Total 4732878.
	Amounts from line 4	013101.	1109984.	948523.	1000037.	990000.	4/3/0/0.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	905.	829.	560.	1425.	1019.	4738.
_	and income from similar sources	905.	049.	360.	1423.	1019.	4/30.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	64523.	80354.	85369.	84645.	96894.	411785.
44	assets (Explain in Part VI.)	04323.	00334.	03303.	04043.	70074.	5149401.
	Total support. Add lines 7 through 10	ata (aga inaterratio	200)			12	2142401.
	Gross receipts from related activities, First five years. If the Form 990 is for	-		d fourth or fifth to			
13	organization, check this box and stop	la a u a			-		
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2016 (I			olumn (fl)		14	91.91 %
	Public support percentage from 2015					15	92.10 %
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies	O .		,		,	
b	33 1/3% support test - 2015. If the co						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"		·	-	•	•	
b	10% -facts-and-circumstances test						
_	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organizatio		•	•	,		s ▶□

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.)

	qualify under the tests listed b A. Public Support	elow, please com	plete Part II.)				
	r (or fiscal year beginning in)	(a) 2012	(b) 2013	(6) 2014	(4) 2015	(a) 2016	(f) Total
-	rants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
, •	ership fees received. (Do not						
	e any "unusual grants.")						
	receipts from admissions, andise sold or services per-						
	, or facilities furnished in						
	tivity that is related to the						
_	cation's tax-exempt purpose						
	receipts from activities that						
	an unrelated trade or bus-						
	nder section 513						
	venues levied for the organ-						
	s benefit and either paid to						
•	ended on its behalf						
	lue of services or facilities						
	ed by a governmental unit to						
	anization without charge						
6 Total.	Add lines 1 through 5						
	ts included on lines 1, 2, and						
	ved from disqualified persons						
	included on lines 2 and 3 received r than disqualified persons that						
	ne greater of \$5,000 or 1% of the						
	n line 13 for the year						
c Add lin	es 7a and 7b						
	support. (Subtract line 7c from line 6.)						
Section E	3. Total Support			1			
-	r (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amoun	ts from line 6						
	ncome from interest,						
	ids, payments received on ies loans, rents, royalties						
and inc	come from similar sources						
b Unrelate	ed business taxable income						
(less se	ction 511 taxes) from businesses						
acquire	d after June 30, 1975						
c Add lin	es 10a and 10b						
	ome from unrelated business						
	es not included in line 10b, er or not the business is						
	ly carried on						
12 Other i	ncome. Do not include gain						
	from the sale of capital						
	(Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·						
	ve years. If the Form 990 is for	the organization	s first second this	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration
	this box and stop here	· ·				. , . ,	▶
	C. Computation of Publ						
	support percentage for 2016 (I			column (f))		15	%
	support percentage from 2015					16	/ 6
	D. Computation of Inves					1.01	,,,
	nent income percentage for 20					17	%
	nent income percentage from 2					18	
	% support tests - 2016. If the						
	nan 33 1/3%, check this box a						
	% support tests - 2015. If the						
	is not more than 33 1/3%, che						
	e foundation. If the organization						
-o riivalt	, ioaniaationi ii tiio oiyanizatto	n ala noi oneon a	207 OH III C 14, 18	a, or rab, orieck t	וווט טטא מווע סכב ווו	J.: 4010113	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
	1	
9a		
9a 9b		
9b		
9b		
9b 9c		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations		'	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sect</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions) T		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	· · · · · · · · · · · · · · · · · · ·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	· · · · · · · · · · · · · · · · · · ·	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	· · · · · · · · · · · · · · · · · · ·	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	[

Pai	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions					
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
88	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2016

rai	IT V Type III Non-Functionally Integrated	a 509	v(a)(3) Supporting Orga	anizations _(continued)	
Sect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accompl	ish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers	exem	pt purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt p	ourpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requir				
6	Other distributions (describe in Part VI). See instruction	ons			
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to v	which t	he organization is responsive	9	
	(provide details in Part VI). See instructions				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
			(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
ect	tion E - Distribution Allocations (see instructions)			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reas	son-			
	able cause required- explain in Part VI). See instruction	ns			
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4				
5	, , ,				
	any. Subtract lines 3g and 4a from line 2. For result gr	reater			
	than zero, explain in Part VI. See instructions	01			
6	Remaining underdistributions for 2016. Subtract lines				
	and 4b from line 1. For result greater than zero, explai	ın ın			
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lines 3j	l			
ο	and 4c				
8	Breakdown of line 7:				
<u>a</u> h	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Schedule A Part VI	(Form 990 or 990-EZ) 2016 HEALTH FOR Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	explanations re 5, 9a, 9b, 9c, 1 section E, lines	equired by Part II, line 1a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	rt IV, Section B, lines 1 b; Part V, line 1; Part V	and 2; Part IV, Section , Section B, line 1e; Paı	C,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

74-2624477 HEALTH FOR ALL, INC. Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	s covered by the General Rule or a Special Rule.					
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

HEALTH FOR ALL, INC.

74-2624477

Part I	contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ST. JOSEPH HOSPITAL 2801 FRANCISCAN DRIVE BRYAN, TX 77802	\$102664.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	DIRECT RELIEF 27 S. LA PATERA LANE SANTA BARBARA, CA 93117	\$102437.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

HEALTH FOR ALL, INC.

74-2624477

Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	dditional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) ate received		
	MEDICINES AND MEDICAL SUPPLIES	_			
2					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2/31/16		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) ate received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) ate received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) ate received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) ate received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) ate received		
602452 10 1		Schedule R (Form 990, 990)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number 74-2624477 HEALTH FOR ALL, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEALTH FOR ALL, INC.

Employer identification number 74-2624477

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par		•	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
_	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
_	Annual of comments in consider the first incomments of the constant of the con	allian africal attacks and automatical and an area	attana a sa
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
0	Data and conservation assembly variety on line 2(d) sha	ve estisfy the requirements of eastion 17	O(b)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) about a particle 170(b)(4)(D)(i)(2		
0	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organization	•	
		ation's illiancial statements that describes	s the organization's accounting for
Par	conservation easements. rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" on Forn	•	Timer Cirmiai 71000101
12	If the organization elected, as permitted under SFAS 116 (A)		ement and halance sheet works of art
ıu	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		arios of pashe service, provide, in real count,
b	If the organization elected, as permitted under SFAS 116 (Al		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	radication, of rootal on in factorial loss of pr	able correct, provide the relieving amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	collections of A	rt, Histori	cal Tr	easures, d	or Othe	er Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the	following tha	at are a s	ignificant ι	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	Loa	n or exc	hange progra	ams				
b	Scholarly research	е	Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they t	further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa								·	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
		·	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai										
	2 - 111,	(a) Current year	(b) Prior		(c) Two year		(d) Three y	ears back	(e) Four ye	ears back
1 a	Beginning of year balance	(a) Garrent year	(2) 1 1101	you	(6))		(u)ss)	04.0 040.1	(0)	
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
e										
	and programs									
	Administrative expenses									
g	End of year balance		- (0	-1 (-	-\\ l= -1-1					
2	Provide the estimated percentage of the cur	rent year end baland		olumn (a	a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held a	nd administe	ered for t	he organiz	ation	T	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment fund	ls.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book v	/alue
		basis (investr	nent)	basis	(other)	dep	oreciation			
1a	Land									
b	Buildings							_		
С	Leasehold improvements	370	734.				2532			5409.
d	Equipment	115	301.				7762	19.	3'	7682.
e	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, column (l	3), <i>line 1</i>	(0c.)				383	3091.

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.			
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	on Form 990, Part IV, lin		e 12. Cost or end-of-year market value
		(b) BOOK VAIUE	(C) Method of Valuation.	Jost of end-of-year market value
	al derivatives		+	
	held equity interests		+	
(3) Other			+	
(A)			+	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	b) month and Fama 000 Part V and (D) line 40 \			
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of Valuation: (Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)			_	
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	•
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.			>
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin		t X, line 25.
<u>1. </u>	(a) Description of liability		(b) Book value	
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
	for uncertain tax positions. In Part XIII, provide		to the organization's financial st	atements that reports the
	ation's liability for uncertain tax positions under			

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per P	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total revenue, gains, and other support per audited financial statements			1	1071466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	9				
b	***************************************				
С	1 , 0				
d	7	2d			•
е				2e	0.
3	Subtract line 2e from line 1			3	1071466.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , ,		-67226.		
b	, , , , , , , , , , , , , , , , , , , ,				67226
_C	Add lines 4a and 4b			4c	-67226. 1004240.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		Evnonces nor	5 Doturn	
Pa	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per	Return	•
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin			1 4 1	1087240.
1	Total expenses and losses per audited financial statements			1	100/240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا			
a	***************************************			-	
b		1 4 1		-	
C			67226.		
d	, , , , , , , , , , , , , , , , , , , ,	' <u>-</u>			67226.
e				2e 3	1020014.
3	Subtract line 2e from line 1			3	1020014.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما			
a	, , , ,			-	
b	A stat Burner Annual Ale	•		40	0.
_ C	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			4c 5	1020014.
5 Pa	rt XIII Supplemental Information.	D.)		1 3 1	1020014.
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			4; Part X,	line 2; Part XI,
Pa:	rt XI, Line 4b - Other Adjustments:				
FUI	NDRAISING EXPENSES-INCLUDED IN PART VII	I LINE 8B			-67226.
Pa	rt XII, Line 2d - Other Adjustments:				
FUI	NDRAISING EXPENSES-INCLUDED IN PART VII	I LINE 8B			67226.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization HEALTH FOR ALL, INC. 74-2624477 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		of fundraising event contributions and gr	i			Jis greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Revenue			BRA ART			(add col. (a) through
			EVENT		2	col. (c))
			(event type)	(event type)	(total number)] 001. (0))
Sev.	1	Gross receipts	39719.		55375.	95094.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	39719.		55375.	95094.
	4	Cash prizes				
"	5	Noncash prizes				
ses			F 2 6 1			F261
per	6	Rent/facility costs	5361.			5361.
Direct Expenses			4004			4004
reci	7	Food and beverages	4204.			4204.
⊡	_		2172			2172
	8	Entertainment	2 4 2 2		52055.	2173.
	9	Other direct expenses				55488. 67226.
	10	, ,				27868.
Pa	11	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization	line 3, column (d)	. 000 Dort IV line 10 or	reported more than	2/000.
1 6	41 6 1	\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 OH FOHH 990-EZ, lifte 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				0.41 0		1
Re	1	Gross revenue				
	H.	GIOSS Teveride				
	9	Cash prizes				
ses	-	Cush ph200				<u> </u>
Direct Expenses	3	Noncash prizes				
Ä		Tronocci prizoc				
rec.	4	Rent/facility costs				
\Box		,				
	5	Other direct expenses				
		<u>.</u>	Yes %	Yes %	Yes %	
	6	Volunteer labor			No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
9	En	ter the state(s) in which the organization cond	ucts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b) If "	No," explain:				
		ere any of the organization's gaming licenses r			year?	Yes No
b) If "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2016 HEALTH FOR ALL, INC.	0 4	:4//	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a	+	%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
С	If "Yes," enter name and address of the third party:			
	Name N			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	daming manager compensation 🚩 🗸			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9,	, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule 0	G (Form 990 or 990-EZ)	HEALTH FOR A	ALL, INC.	74-2624477 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
-				

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2016

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization

HEALTH FOR ALL, INC.

 $Employer\ identification\ number \\ 74-2624477$

Par	rt I Types of Property		-				
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		+-
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amour	its
1	Art - Works of art						,
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	10769.	FMV AT 06/3	0/17	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory		1	100425		_	
20	Drugs and medical supplies	Х	1	102437.	RETAIL VALU	E	
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()	منسيام ما ما					
29	Number of Forms 8283 received by the organization completed Form 828		•				
	for which the organization completed Form 828	is, Part IV, I	Donee Acknowled	gement 29		Vac	No
200	During the year did the organization receive by	oontributio	on any proporty ror	aartad in Dart I linas 1 throu	ab 20 that it	Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date						
						30a	Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a	21
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31	Х
	Does the organization have a gift acceptance p						+
JŁa	contributions?					32a	X
h	If "Yes," describe in Part II.					JEU	
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	cked.		
	describe in Part II.	(0) 10	, 60 01 6106011	, .s. milon osianin (a) is one	,		

.HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016)	HEALTH	FOR	ALL,	INC.		74-2624477	Page 2
Part II	Supplementa	I Information	on. Pro	vide the ir	nformation re	equired by Part I, lines 30b, 32b, and		ation
	is reporting in Par	t I. column (b).	the nur	nber of co	ontributions,	the number of items received, or a co	ombination of both. Also com	plete
	this part for any a	dditional inforr	nation.					

74-2624477

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

HEALTH FOR ALL, INC.

Employer identification number 74-2624477

Form 990, Part I, Line 1, Description of Organization Mission: CARE FOR LOW INCOME, MEDICALLY UNINSURED INDIVIDUALS IN THE BRAZOS VALLEY Form 990, Part VI, Section B, line 11b: THE BOARD TREASURER, EXECUTIVE DIRECTOR AND ACCOUNTANT REVIEW THE FORM 990 BEFORE FILING Form 990, Part VI, Section B, Line 12c: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY HAVING BOARD MEMBERS FILL OUT FORMS AT THE FIRST BOARD MEETING OF EACH FISCAL YEAR Form 990, Part VI, Section B, Line 15a: THE PROCESS FOR HIRING THE CURRENT EXECUTIVE DIRECTOR WAS CONDUCTED, REVIEWED AND APPROVED BY HEALTH FOR ALL'S INDEPENDENT BOARD OF DIRECTORS. SALARY FOR THE EXECUTIVE DIRECTOR WAS COMPARED TO SIMILAR NON-PROFIT ORGANIZATIONS IN THE AREA. THE DELIBERATION AND DECISION WAS DOCUMENTED IN THE BOARD MINUTES. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC BY POSTING THEM ON ITS WEBSITE

Form 990, Part IX, Line 11g, Other Fees:

CONTRACTED SERVICES:

Name of the organization HEALTH FOR ALL, INC.	Employer identification number 74-2624477
Program service expenses	369543.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	369543.
Total Other Fees on Form 990, Part IX, line 11g, Col A	369543.
	_

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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, 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.

must u	se Form 7004 to request an extension of time to file incom-	e tax retur	ns.					
				Enter file	er's identifying	number		
Type o	Name of exempt organization or other filer, see instru-	Employer	Employer identification number (EIN) or					
	HEALTH FOR ALL, INC.		74-2624	4477				
File by the due date filing your	Number, street, and room or suite no. If a P.O. box, so	Social security number (SSN)						
return. Se instructio	ee Landers Lan							
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227	10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Tele	NANCY RHODES books are in the care of \blacktriangleright PO BOX 5913 - If phone No. \blacktriangleright 979-774-4272 e organization does not have an office or place of business		Fax No.			▶□		
If th	s is for a Group Return, enter the organization's four digit of	Group Exe	emption Number (GEN) I	f this is fo	r the whole gro	up, check this		
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extensi	on is for.		
1	request an automatic 6-month extension of time until	May	y 15, 2018 , to file	the exem	npt organizatior	ı return		
fo	or the organization named above. The extension is for the o	organizatio	on's return for:					
)	calendar year or X tax year beginning JUL 1, 2016	, an	d ending JUN 30, 2017					
2 If	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return I	Final retur	n			
3a If								
	onrefundable credits. See instructions.	,,		3a	\$	0.		
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			0.		
<u>e</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit.							
СЕ	Salance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,					
b	y using EFTPS (Electronic Federal Tax Payment System).	3с	\$	0.				

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.

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

Form 8868 (Rev. 1-2017)