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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE

Doing business as

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

100 ABINGTON EXECUTIVE PARK

Room/suite

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

CLARKS SUMMIT, PA 18411

F Name and address of principal officer

WILLIAM CONABOY
100 ABINGTON EXECUTIVE PARK
CLARKS SUMMIT,PA 18411

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.ALLIED-SERVICES.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1988

M State of legal domicile

PA

Part I	Summary																																										
Activities & Governance	1 Briefly describe the organization's mission or most significant activities OPERATE A REHABILITATIVE HOSPITAL WHICH PROVIDES ALL TYPES OF REHABILITATIVE SERVICES																																										
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>9</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>8</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>560</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>64</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	9	4	Number of independent voting members of the governing body (Part VI, line 1b)	8	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	560	6	Total number of volunteers (estimate if necessary)	64	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0																								
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>25,134,549</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>3,868,465</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>21,266,084</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	25,134,549	21	Total liabilities (Part X, line 26)	3,868,465	22	Net assets or fund balances Subtract line 21 from line 20	21,266,084																														
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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

Sign Here

Signature of officer

2016-05-02

Date

WILLIAM CONABOY PRESIDENT/CEO

Type or print name and title

Print/Type preparer's name

JULIUS C GREEN CPA JD

Preparer's signature

JULIUS C GREEN CPA JD

Date

Check ☐ if self-employed

PTIN P00350393

Firm's name

BAKER TILLY VIRCHOW KRAUSE LLP

Firm's EIN

39-0859910

Phone no

(215) 972-0701

Firm's address

1650 MARKET STREET SUITE 4500
PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

OUR MISSION IS THAT WE ARE COMMITTED TO THE PEOPLE OF OUR COMMUNITY, TO HELP THEM OVERCOME CHALLENGES AND REACH THEIR GREATEST POTENTIAL BY PROVIDING QUALITY CARE, PEOPLE ORIENTED SERVICES, AND COMFORT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒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 expenses 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 \$ 22,697,872 including grants of \$) (Revenue \$ 36,313,776)

OPERATED A REHABILITATON HOSPITAL, LICENSED FOR 71 BEDS THAT PROVIDED VARIOUS TYPES OF REHABILITATION SERVICES DURING 2015, THE HOSPITAL HAD 18,386 PATIENT DAYS, OF WHICH 76% WERE MEDICARE THE TOTAL OCCUPANCY FOR THE REHABILITATION HOSPITAL WAS 55% THE HOSPITAL ALSO OPERATED A 21 BED SKILLED NURSING TRANSITIONAL UNIT DURING 2015, THE TRANSITIONAL UNIT HAD 7,023 PATIENT DAYS TOTAL OCCUPANCY FOR THE TRANSITIONAL UNIT WAS 91% SERVICES WERE PROVIDED TO PATIENTS WHO MET CERTAIN CRITERIA WITHOUT CHARGE OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES CHARGES FORGONE FOR SERVICES RENDERED AND SUPPLIES FURNISHED UNDER THE CHARITY CARE POLICY AMOUNTED TO \$109,625 DURING THE YEAR ENDED JUNE 30, 2015

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 22,697,872

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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	No
c 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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section 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	9	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section 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	No
10b	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	Yes
11b	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	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	DAVID ARGUST

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS J MELONE CPA CHAIRMAN	1 00 5 00	X		X				0	0	0
(2) WILLIAM P CONABOY ESQ VICE CHAIRMAN	10 00 30 00	X		X				0	504,527	160,394
(3) SHERRY DAVIDOWITZ TREASURER	1 00 1 00	X		X				0	0	0
(4) MICHAEL J ARONICA MD SECRETARY	1 00 4 00	X		X				0	0	0
(5) ROBERT POMENTO DIRECTOR	1 00 1 00	X						0	0	0
(6) KENNETH KROGULSKI CFA DIRECTOR	1 00 6 00	X						0	0	0
(7) JOSEPH SAVITZ ESQ DIRECTOR	1 00 1 00	X						0	0	0
(8) RICHARD WEINBERGER DO DIRECTOR	1 00 1 00	X						0	0	0
(9) THOMAS G SPEICHER DIRECTOR	1 00 4 00	X						0	0	0
(10) MICHAEL AVVISATO ASSISTANT SECRETARY & TREASURER	10 00 30 00			X				0	292,813	67,839
(11) MARIA BERLYN ASSISTANT VICE PRESIDENT	40 00					X		113,674	0	3,662
(12) MICHAEL RAYMOND STAFF PHYSICIAN	40 00					X		141,711	0	6,416
(13) ANN SULLIVAN ASSISTANT VICE PRESIDENT	40 00					X		123,353	0	8,343
(14) KAREN KEARNEY ASSISTANT VICE PRESIDENT	40 00					X		164,392	0	12,794

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROSLYN ROWAN EXECUTIVE DIRECTOR	40 00					X		107,887	0	2,697

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	651,017	797,340	262,145

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▶7

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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	(B) Description of services	(C) Compensation
WILKES BARRE GENERAL HOSPITAL PO BOX 1618 KINGSTON, PA 18704	MEDICAL SERVICES	273,204
GEISINGER VIEWMONT HEALTH ASSOCIATES PO BOX 934 SCRANTON, PA 18501	LAB SERVICES	162,272
UNITED AMERICAN SECURITY LLC PO BOX 4582 CAROL STREAM, IL 60197	SECURITY SERVICES	138,033
MULROONEY AND SPORER INC 103 BIRCH DRIVE ROARING BROOK TWP, PA 18444	ELECTRICAL CONTRACTOR	137,843
PARIS HEALTHCARE LINEN SERVICE PO BOX 103 DUBOIS, PA 15801	LINEN SERVICE	132,579

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶9

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	249,111			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	249,111			
Program Service Revenue	Business Code					
	2a	NET PATIENT SERVICE REV	623000	35,366,335	35,366,335	
	b	PA ASSESSMENT REVENUE	623000	947,441	947,441	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	36,313,776			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	144,901			144,901
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	(i) Real (ii) Personal					
	6a	Gross rents	23,391			
	b	Less rental expenses	22,612			
	c	Rental income or (loss)	779			
	d	Net rental income or (loss)	779			779
	(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory	7,308,627			
	b	Less cost or other basis and sales expenses	6,725,761			
	c	Gain or (loss)	582,866			
	d	Net gain or (loss)	582,866			582,866
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code					
	11a	CAFETERIA SALES	722210	141,877		141,877
	b	ABSTRACT REVENUE	561000	28,350		28,350
	c	FITNESS MAINTENANCE INCOME	900099	12,172		12,172
	d	All other revenue		13,278		13,278
	e	Total. Add lines 11a-11d	195,677			
	12	Total revenue. See Instructions	37,487,110	36,313,776	0	924,223

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 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	18,697,112	13,767,411	4,929,701	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	355,418	261,708	93,710	
9	Other employee benefits	1,965,070	1,446,958	518,112	
10	Payroll taxes	1,374,545	1,012,131	362,414	
11	Fees for services (non-employees)				
a	Management				
b	Legal	7,308		7,308	
c	Accounting	45,231		45,231	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,496,259	1,099,407	4,396,852	
12	Advertising and promotion	9,134		9,134	
13	Office expenses	545,771	174,380	371,391	
14	Information technology				
15	Royalties				
16	Occupancy	1,220,590	308,267	912,323	
17	Travel	23,815	14,692	9,123	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,172	35,752	16,420	
20	Interest	5,909		5,909	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	824,822	824,822		
23	Insurance	329,381		329,381	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	1,572,351	1,572,351		
b	EQUIPMENT & REPAIRS	1,516,613	140,371	1,376,242	
c	PA MODERN ASSESSMENT	936,829	936,829		
d	PENSION SETTLEMENT LOSS	706,564		706,564	
e	All other expenses	1,882,718	1,102,793	779,925	
25	Total functional expenses. Add lines 1 through 24e	37,567,612	22,697,872	14,869,740	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 Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

			(A)		(B)
			Beginning of year		End of year
Assets	1	Cash—non-interest-bearing	1,300	1	1,700
	2	Savings and temporary cash investments	3,112,855	2	2,990,085
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,549,258	4	3,140,585
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	57,756	8	61,522
	9	Prepaid expenses and deferred charges	91,526	9	85,149
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a27,251,681		
	b	Less accumulated depreciation	10b20,432,813	6,722,345	10c6,818,868
	11	Investments—publicly traded securities	9,456,280	11	9,816,059
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,143,229	15	1,945,236
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,134,549	16	24,859,204
Liabilities	17	Accounts payable and accrued expenses	2,052,481	17	2,196,641
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	416,784	23	366,826
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,399,200	25	1,466,265
	26	Total liabilities. Add lines 17 through 25	3,868,465	26	4,029,732
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	21,266,084	27	20,829,472
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	21,266,084	33	20,829,472
	34	Total liabilities and net assets/fund balances	25,134,549	34	24,859,204

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,487,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,567,612
3	Revenue less expenses Subtract line 2 from line 1	3	-80,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,266,084
5	Net unrealized gains (losses) on investments	5	-356,110
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	20,829,472

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE	Employer identification number 23-2262852
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, 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)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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.	1	
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).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
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 II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) 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 .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
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).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section 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.		
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.		

Section 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).		

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ 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.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a 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 that these activities constituted substantially all of its activities.			
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 activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to 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

2014

Open to Public Inspection

Name of the organization JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE	Employer identification number 23-2262852
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

(ii) related organizations

3a(ii)
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		299,615		299,615
b Buildings		21,882,546	16,283,089	5,599,457
c Leasehold improvements				
d Equipment		5,069,520	4,149,724	919,796
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,818,868

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	37,153,612
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-356,110
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-356,110
3	Subtract line 2e from line 1	3	37,509,722
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-22,612
c	Add lines 4a and 4b	4c	-22,612
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	37,487,110

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	37,590,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	22,612
e	Add lines 2a through 2d	2e	22,612
3	Subtract line 2e from line 1	3	37,567,612
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	37,567,612

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	ALLIED ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2015 AND 2014. ALLIED'S FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX FOR YEARS PRIOR TO 2012 ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -22,612
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 22,612

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE

Employer identification number
23-2262852

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a Yes	
b	If "Yes," did the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	200	119,178		119,178	0 320 %
b Medicaid (from Worksheet 3, column a)		750	1,610,414	664,289	946,125	2 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	1	950	1,729,592	664,289	1,065,303	2 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		100	75,230		75,230	0 200 %
j Total Other Benefits		100	75,230		75,230	0 200 %
k Total . Add lines 7d and 7j	1	1,050	1,804,822	664,289	1,140,533	3 060 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	209,081	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	119,178	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	23,492,505	
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	20,376,062	
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	3,116,443	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
	☒ Cost accounting system			
	☐ Cost to charge ratio			
	☐ Other			

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

JOHN HEINZ INSTITUTE OF REHABILITATION

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) WWW ALLIED-SERVICES ORG/ABOUT-US		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW ALLIED-SERVICES ORG/ABOUT-US		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

JOHN HEINZ INSTITUTE OF REHABILITATION

Name of hospital facility or letter of facility reporting group

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>200 000000000000%</u>		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☐ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance discount		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a ☒ The FAP was widely available on a website (list url) <u>WWW ALLIED-SERVICES ORG</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>WWW ALLIED-SERVICES ORG</u>		
c ☐ A plain language summary of the FAP was widely available on a website (list url) <u>WWW ALLIED-SERVICES ORG</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☐ Other (describe in Section C)		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
e ☐ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

JOHN HEINZ INSTITUTE OF REHABILITATION

Name of hospital facility or letter of facility reporting group		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a ☒ Notified individuals of the financial assistance policy on admission			
b ☒ Notified individuals of the financial assistance policy prior to discharge			
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☒ Other (describe in Section C)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	No
a ☒ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☒ Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	THE MAJORITY OF THE NET COMMUNITY BENEFIT EXPENSES, UNREIMBURSED MEDICAID, WERE CALCULATED USING OUR INTERNAL COST ACCOUNTING SYSTEM, WHICH ADDRESSES ALL PATIENT SEGMENTS CHARITY CARE WAS CALCULATED USING A COST-TO-CHARGE RATIO ALL OTHER AMOUNTS ARE CALCULATED AS DIRECT EXPENSE AND REVENUE AS RECORDED ON THE GENERAL LEDGER

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	COMMUNITY BENEFIT PERCENTAGE IS NET COMMUNITY BENEFIT EXPENSE DIVIDED BY TOTAL EXPENSE LESS PROVISION FOR DOUBTFUL COLLECTIONS THE AMOUNT OF BAD DEBT EXPENSE WAS \$431,837

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ALLIED REHAB HOSPITAL AND THE JOHN HEINZ REHAB HOSPITAL HAVE A LONG-STANDING TRADITION OF CONTRIBUTING TO HEALTHIER COMMUNITIES BY INITIATING PROGRAMS SUCH AS A HEALTH EDUCATION SEMINARS AND PUBLIC INFORMATION SESSIONS, AND OFFERING OUR CLINICAL EXPERTISE IN REHABILITATION MEDICINE FOR THE GREATER BENEFIT OF THE COMMUNITY SOME EXAMPLES OF ALLIED REHAB AND JOHN HEINZ REHAB HOSPITAL FOR COMMUNITY BUILDING ACTIVITIES DURING THE YEAR -USE OF FACILITY SPACE AND/OR PRINTING SERVICES BY NONPROFIT ORGANIZATIONS SUCH AS THE COMMONWEALTH MEDICAL COLLEGE, ST JOSEPH'S CENTER, CATHOLIC SOCIAL SERVICES, THE BLIND ASSOCIATION (LUZERNE COUNTY), THE MYASTHENIA GRAVIS SUPPORT GROUP, PARKINSON'S SUPPORT GROUP, STROKE SURVIVORS SUPPORT GROUP, THE MULTIPLE SCLEROSIS SUPPORT GROUP, NEPA AGING NETWORK ALLIANCE, KEYSTONE COMMUNITY RESOURCES, DIABETES EDUCATION CLASSES, THE ASSOCIATION OF FUNDRAISING PROFESSIONALS, THE MINOOKA LIONS CLUB AUTISM FUND, BOYS & GIRLS' CLUB OF SCRANTON, THE NEPA LONG TERM CARE ASSOCIATION, LACKAWANNA COLLEGE/COMMUNITY CONCERTS, THE NORTHEAST REGIONAL CANCER INSTITUTE, VOLUNTARY ACTION CENTER, LEADERSHIP LACKAWANNA, UNICO CHARITABLE FOUNDATION, WOMEN'S RESOURCE CENTER, THE JUNIOR LEAGUE OF SCRANTON, BROADWAY THEATRE OF SCRANTON AND SUSAN G KOMEN FOUNDATION- NEPA AFFILIATE, AND FOSTER PARENTS OF LACKAWANNA COUNTY GROUP -HOSPITAL STAFF DELIVERED HEALTH EDUCATION PRESENTATIONS AND SCREENINGS DURING THE YEAR, IN CONJUNCTION WITH PUBLIC HEALTH FAIRS, COMMUNITY SERVICE AND SCHOOL EVENTS CONSUMERS WERE SCREENED FOR STROKE RISK, BALANCE DISORDERS/FALL RISK, GENERAL FITNESS (FOR BEGINNING RUNNERS/ATHLETES) AND ACL INJURY RISK (FOR PRE-TEEN AND TEEN ATHLETES) HEALTH EDUCATION SESSIONS COVERED YOUTH SPORTS FITNESS, PREVENTION OF HEAD INJURY/CONCUSSION (FOR COACHES AND TRAINERS) AND NEW ASSESSMENT TECHNOLOGIES, LYMPHEDEMA RISK AND MANAGEMENT, AND DIABETES MANAGEMENT AND AGING -IN OCTOBER, 2014, HEINZ REHAB HOSPITAL SPONSORED AN ON-SITE PASTORAL CARE CONFERENCE ENTITLED "LIFE AFTER TRAUMA PHYSICAL, EMOTIONAL, AND SPIRITUAL EFFECTS" FOR AREA SOCIAL WORKERS, CASEWORKERS, NURSES, CLERGY, AND CONSUMERS THE PROGRAM EXPLORED NEW APPROACHES TO COUNSELING AND RECOVERY FOR CHILDREN AND ADULTS WHO HAVE EXPERIENCED PSYCHOLOGICAL OR PHYSICAL TRAUMA -SPONSORSHIP OF COMMUNITY HEALTH EDUCATION EVENTS INCLUDED THE INDIVIDUAL ABILITIES IN MOTION (ADAPTIVE SPORTS) EVENT IN NOVEMBER, 2014, THE UNIVERSITY OF SCRANTON HEALTHY AGING CONFERENCE, APRIL 2015, AND THE SCRANTON HALF-MARATHON, APRIL, 2015, AND THE OCTOBER, 2014, UNIVERSITY OF SCRANTON 13TH ANNUAL DISABILITY CONFERENCE - PEDIATRIC SERVICES PROVIDED THROUGH EACH REHAB HOSPITAL INCLUDES A SIGNIFICANT PERCENTAGE OF CHARITY CARE FOR THE UNDERINSURED THE REHAB HOSPITALS ALSO HAVE CREATED AND SUPPORTED DEVELOPMENTAL PROGRAMS THROUGHOUT THE YEAR FOR CHILDREN WITH A VARIETY OF DISABILITIES, WITH SPECIAL EMPHASIS ON CHILDREN WITH ASD DIAGNOSES AND CHILDREN WITH DYSLEXIA -THE DEPAUL SCHOOL FOR CHILDREN WITH LEARNING DISABILITIES IS A EXAMPLE OF A NECESSARY EDUCATION-BASED PROGRAM, FOR WHICH ALLIED REHAB HOSPITAL HAS UNDERWRITTEN THE EXTRAORDINARY ANNUAL COST SINCE 1991 THIS PRIMARY SCHOOL SERVED OVER 70 LOCAL CHILDREN WITH DYSLEXIA AND RELATED LEARNING DISABILITIES THE COST TO ALLIED SERVICES INSTITUTE FOR REHAB MEDICINE IN 2014-15 WAS \$136,949

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS CALCULATED BASED ON ACTUAL WRITE-OFFS THROUGHOUT THE YEAR AND IS ESTIMATED AT COST USING THE COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 3	THE ORGANIZATION APPLIES THE COST TO CHARGE RATIO TO THE GROSS CHARITY CARE WRITE-OFFS TO ESTIMATE THE AMOUNT OF THE COST OF BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 4	ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTABLE BASED ON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS THE ALLOWANCE FOR DOUBTFUL COLLECTIONS IS ESTIMATED BASED UPON A PERIODIC REVIEW OF THE A/R AGING, PAYOR CLASSIFICATIONS AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES

Form and Line Reference	Explanation
PART III, LINE 8	DUE TO OUR STATUS AS A REHABILITATION HOSPITAL, THERE IS NO SHORTFALL FOR MEDICARE REIMBURSEMENT PURPOSES

Form and Line Reference	Explanation
PART III, LINE 9B	ELIGIBILITY FOR CHARITY IS DETERMINED PRIOR TO COLLECTION AND AT ANY TIME DURING THE COLLECTION PROCESS COLLECTIONS ARE PURSUED UP TO THE POINT THAT A PATIENT COMPLETES AND IS APPROVED FOR CHARITY CARE ONCE CHARITY CARE IS APPROVED, NO FURTHER COLLECTION EFFORTS ARE MADE IF A PATIENT QUALIFIES FOR FULL CHARITY CARE, THERE ARE NO FURTHER COLLECTION EFFORTS IF A PATIENT QUALIFIES FOR PARTIAL CHARITY CARE, REGULAR COLLECTION PRACTICES ARE FOLLOWED THERE IS A STANDARD TIMELINE FOR THE COLLECTION PROCESS BASED UPON THE DOLLAR VALUE OF THE ACCOUNT IT BEGINS WITH MONTHLY STATEMENTS TO COLLECTION CALLS AND COLLECTION LETTERS TO SENDING ACCOUNTS TO COLLECTION AGENCIES TO LEGAL ACTION (BASED UPON THE DOLLAR VALUE) THIS PROCESS IS SUSPENDED WHEN A PATIENT INDICATES THEY ARE UNABLE TO PAY THE INVOICE BASED UPON FINANCIAL ISSUES

Form and Line Reference	Explanation
PART VI, LINE 2	THE REHABILITATION HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) & IMPLEMENTATION STRATEGY WAS ADOPTED IN MAY OF 2013, AND INCLUDED EXTENSIVE ANALYSIS OF REGIONAL POPULATION HEALTH INDICATORS AND TRENDS. IN JANUARY, 2014, A PUBLIC CHNA COMMUNITY FEEDBACK SESSION WAS HOSTED BY GEISINGER HEALTH SYSTEM AT GEISINGER COMMUNITY MEDICAL CENTER IN SCRANTON. ALLIED SERVICES WAS AMONG THE HEALTHCARE SYSTEMS REPRESENTED. THE SESSION WAS PROMOTED AND ADVERTISED IN LOCAL MEDIA, AND WAS OPEN TO MEMBERS OF THE GENERAL PUBLIC. REGIONAL HEALTH PROVIDERS, HUMAN SERVICE PERSONNEL AND CONSUMERS EXCHANGED INFORMATION CONCERNING REGIONAL HEALTH NEEDS, RESOURCES AND TRENDS. MUCH OF THE DISCUSSION FOCUSED ON THE NEED FOR EXPANDED MENTAL HEALTH SERVICES AND RELATED OUTREACH. (MENTAL ILLNESS AND ADDICTION HAD BEEN IDENTIFIED IN THE 2013 STUDY AS THE REGION'S MOST PRESSING HEALTHCARE NEED.) OUR HOSPITALS ALSO KEEP ABREAST OF LOCAL HEALTH NEEDS AND TRENDS BY REVIEWING PUBLICATIONS ISSUED BY THE FOLLOWING PENNSYLVANIA AGENCIES: HEALTH, HUMAN SERVICES, AGING & LONG-TERM LIVING, AND HEALTH CARE COST CONTAINMENT COUNCIL. ALSO, REPORTS FROM THE PENNSYLVANIA HEALTH CARE ASSOCIATION, REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION, U.S. CENSUS BUREAU, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES' (HEALTHY PEOPLE 2020 PROGRAM, CENTER FOR MEDICARE & MEDICAID SERVICES) AND RWJ DARTMOUTH HEALTH ATLAS HELP US TO COMPARE REGIONAL STATISTICS AND TRENDS WITH NATIONAL BENCHMARKS.

Form and Line Reference	Explanation
PART VI, LINE 3	UPON REGISTRATION OR ADMISSION, PATIENTS WHO MAY HAVE A SELF PAY BALANCE ARE ADVISED ABOUT ALLIED'S FINANCIAL ASSISTANCE PROGRAM AS AN OPTION THE APPLICATION PROCESS TO QUALIFY, ALONG WITH ALL OF THE REQUIREMENTS NECESSARY TO APPLY ARE EXPLAINED APPLICATIONS ARE HANDED TO THESE PATIENTS IN PERSON OR THEY ARE ADVISED THAT THE APPLICATION MAY BE DOWNLOADED VIA ALLIED'S WEBSITE ADDITIONALLY, WHEN PATIENTS ARE CONTACTED ABOUT NON PAYMENT OF THEIR SELF PAY BY THE PATIENT FINANCE DEPARTMENT, THEY ARE AGAIN ADVISED OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM AS A VIABLE OPTION AND ENCOURAGED TO APPLY IF THEY ARE UNABLE TO AFFORD THEIR MEDICAL BILL INTREPRETER SERVICES ARE MADE AVAILABLE TO NON ENGLISH SPEAKING PATIENTS VIA TELEPHONE OR IN PERSON ALL PATIENTS DURING THE ADMISSION PROCESS ARE OFFERED EDUCATION AND ASSISTANCE WITH REGARD TO THEIR ELIGIBILITY FOR VARIOUS FEDERAL, STATE OR LOCAL GOVERNMENTAL PROGRAMS, AS WELL AS OUR CHARITY CARE PROGRAM COPIES OF OUR CHARITY CARE GUIDELINES AND UNCOMPENSATED CARE APPLICATION ARE AVAILABLE UPON REQUEST

Form and Line Reference	Explanation
PART VI, LINE 4	OVER 80% OF OUR ALLIED AND JOHN HEINZ PATIENTS RESIDE IN LUZERNE OR LACKAWANNA COUNTIES ACCORDING TO JULY, 2014 U S CENSUS ESTIMATES ("AMERICAN COMMUNITY SURVEY"- PEPSR5H) ESTIMATES, THESE COUNTIES HAD A COMBINED POPULATION OF 540,259 PERSONS ACCORDING TO THE SAME SOURCE, 92 1% OF AREA RESIDENTS SELF-IDENTIFIED AS CAUCASIAN/WHITE, 5 1% AS BLACK OR AFRICAN AMERICAN, 1 9% AS ASIAN, 7% AS AMERICAN/ALASKAN NATIVE, AND 1% AS NATIVE HAWAIIAN/PACIFIC ISLANDER IN ADDITION, ABOUT 8 2% OF ALL RESPONDENTS IDENTIFIED THEMSELVES AS OF HISPANIC/LATINO ORIGIN THE REGIONAL POPULATION IS SIGNIFICANTLY OLDER THAN THAT OF PENNSYLVANIA 18 6% OF ALL REGIONAL RESIDENTS WERE AGE 65 OR OLDER, COMPARED TO ONLY 16 4% FOR THE COMMONWEALTH OVERALL MEDIAN HOUSEHOLD INCOME IN OUR REGION IS COMPARATIVELY LOW, AT \$46,044 FOR LACKAWANNA COUNTY AND \$44,402 FOR LUZERNE COUNTY, COMPARED TO \$52,548 FOR PENNSYLVANIA THESE DEMOGRAPHICS HAVE SIGNIFICANT IMPLICATIONS IN TERMS OF HEALTHCARE ACCESS---E G, GENERAL HEALTH AND DISABILITY STATUS, HEALTH INSURANCE STATUS, AND ELIMINATION OF LANGUAGE AND CULTURAL BARRIERS IN HEALTHCARE SETTINGS WE CONTINUE TO EMPHASIZE SENIOR SAFETY AND INDEPENDENCE, ACCIDENT/DISABILITY PREVENTION AND RELATED WELLNESS TOPICS IN OUR COMMUNITY OUTREACH ACTIVITIES

Form and Line Reference	Explanation
PART VI, LINE 5	ALLIED SERVICES WAS FOUNDED OVER 50 YEARS AGO WHEN A GROUP OF SCRANTON AREA CHARITIES BEGAN COLLABORATING TO CREATE NEW OPPORTUNITIES AND BETTER SERVICES FOR NORTHEASTERN PENNSYLVANIANS WITH DISABILITIES TODAY, WITH OVER 3200 EMPLOYEES IN 23 COUNTIES, ALLIED SERVICES IS THE REGION'S LEADING PROVIDER OF POST-ACUTE CARE AND RESIDENTIAL CARE TO PERSONS WITH DISABILITIES AND CHRONIC ILLNESSES ALLIED SERVICES IS A CONTINUUM OF POST-ACUTE AND COMMUNITY-BASED PROGRAMS UNITED BY A COMMON AIM TO IMPROVE THE HEALTH, INDEPENDENCE AND LIFE QUALITY OF OUR CONSUMERS OUR PROGRAMS INCLUDE INPATIENT AND OUTPATIENT MEDICAL REHABILITATION, SKILLED NURSING CARE, TRANSITIONAL REHABILITATION, HOME HEALTH CARE, IN-HOME SERVICES, HOSPICE, VOCATIONAL REHABILITATION, RESIDENTIAL PROGRAMS FOR ADULTS WITH DEVELOPMENTAL OR BEHAVIORAL DISABILITIES AND SENIOR ASSISTED LIVING EACH DAY, THESE SERVICES TOUCH THE LIVES OF SOME 5,000 PERSONS MEDICAL REHABILITATION HOSPITALS IN SCRANTON AND WILKES-BARRE ARE THE CORE AND MOST WIDELY RECOGNIZED COMPONENT OF THE ALLIED SYSTEM COMPLEMENTED BY A NETWORK OF 13 OUTPATIENT CLINICS IN A FOUR-COUNTY AREA, OUR HOSPITALS PROVIDE COMPREHENSIVE REHABILITATION SERVICES FOR SPINAL CORD AND NEUROLOGICAL INJURIES/DISEASE, STROKE, TRAUMATIC BRAIN INJURY, AND OTHER LIFE-CHANGING ILLNESSES AND INJURIES BEYOND PROVIDING DIRECT CARE AND SUPPORT SERVICES TO ADULTS AND CHILDREN, ALLIED'S RESOURCES (CLINICIANS, FACILITIES, EXPERTISE, MANAGEMENT) SERVE THE LARGER REGION THROUGH -THE EDUCATION AND TRAINING OF HEALTH PROFESSIONALS---THROUGH SYMPOSIA, INTERNSHIP AND EDUCATIONAL OPPORTUNITIES OFFERED TO PHYSICIANS, PHARMACISTS, NURSES AND OTHER HEALTH CAREERS -ORGANIZED PEER SUPPORT AND HEALTH EDUCATION FOR PERSONS AFFECTED BY TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, PEDIATRIC DISABILITIES, PARKINSON'S DISEASE AND OTHER CONDITIONS -ACCREDITED, IN-SCHOOL INJURY PREVENTION PROGRAMS FOR SCHOOL CHILDREN, TEACHERS AND COACHES-AFFORDABLE WELLNESS/EXERCISE PROGRAMS AND FACILITIES FOR PERSONS WITH DISABILITIES, CHRONIC ILLNESS, LIMITED MOBILITY-EXTRAMURAL SOCIAL AND RECREATIONAL PROGRAMS FOR KIDS WITH AUTISM SPECTRUM DISORDERS AND FOR THEIR FAMILIES -LEADERSHIP, VOLUNTEER SERVICE AND IN-KIND SUPPORT FOR LOCAL HEALTH CARE CHARITIES---E G , NORTHEAST REGIONAL CANCER INSTITUTE, AMERICAN HEART ASSOCIATION, ALZHEIMER'S ASSOCIATION, MUSCULAR DYSTROPHY ASSOCIATION, LEUKEMIA & LYMPHOMA SOCIETY, PARKINSON'S FOUNDATION, RONALD MCDONALD HOUSE CHARITIES OF NORTHEASTERN PENNSYLVANIA, THE COMMONWEALTH MEDICAL COLLEGE AND MANY OTHERS -THE DEPAUL SCHOOL, AN ACCREDITED, YEAR-ROUND EDUCATIONAL PROGRAM FOR CHILDREN WITH DYSLEXIA AND OTHER LEARNING DISABILITIES-OPENING OUR FACILITIES---E G , MEETING AND DINING FACILITIES, GROUNDS, AND PEDIATRIC GYMS--TO AREA NONPROFIT AND VOLUNTEER GROUPS THAT SERVE OUR COMMUNITY THE NEIGHBORS, BUSINESSES AND GRANT-MAKERS THAT SUPPORT ALLIED ARE CRUCIAL TO ITS SUCCESS THEIR GENEROSITY ALLOWS THE US TO PROVIDE CARE TO THE UNINSURED AND UNDER-INSURED, CORRECT DEFICIENCIES AND FILL GAPS IN THE REGION'S HEALTH AND HUMAN SERVICE SYSTEMS, ENSURE CONTINUITY OF CARE WHEN PROGRAM FUNDING (E G , FROM PUBLIC GRANTS OR THIRD-PARTY PAYERS) IS INTERRUPTED, AND OFFER PATIENTS THE LATEST, MOST EFFECTIVE MEDICAL AND REHAB TECHNOLOGIES

Form and Line Reference	Explanation
PART VI, LINE 6	WITHOUT EXCEPTION, OUR AFFILIATE ORGANIZATIONS/PROGRAMS EACH PLAY UNIQUE AND CRITICAL FUNCTIONS IN OUR REGION'S CONTINUUM OF CARE FOR PERSONS WITH DISABILITIES AND THE AGED. THESE INCLUDE ALLIED SKILLED NURSING & REHABILITATION CENTER, SCRANTON. THE CENTER IS HOME TO SOME 340 PERSONS WHOSE CHRONIC ILLNESS AND/OR SEVERE DISABILITIES DEMAND ROUND-THE-CLOCK, SKILLED CARE. THE CENTER IS RECOGNIZED FOR ITS SERVICES TO MEDICALLY-COMPLEX, TECHNOLOGY-DEPENDENT PATIENTS, INCLUDING THOSE WHO NEED RESPIRATORS, HEMODIALYSIS OR SPECIALIZED PROGRAMS FOR DEMENTIA. ABOUT 70% TO 80% OF SNRC RESIDENTS ARE ECONOMICALLY DISADVANTAGED (MEDICALLY-ELIGIBLE). A FAR HIGHER PERCENTAGE THAN MOST LONG-TERM CARE ORGANIZATIONS IN THE REGION AND STATE. THESE ATTRIBUTES MAKE THE CENTER AN ESSENTIAL HEALTH CARE RESOURCE FOR A GROWING POPULATION OF SENIORS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA, AS WELL AS THEIR PHYSICIANS, CAREGIVERS AND FAMILIES. ALLIED TERRACE. THE TERRACE IS A MODERN, WELL-APPOINTED, FULL SERVICE ASSISTED LIVING FACILITY FOR SENIORS WHO ARE ABLE TO LIVE INDEPENDENTLY IF PROVIDED WITH HELP FOR MEALS, HOUSEKEEPING, LAUNDRY AND PERSONAL CARE. CONSISTENT WITH NATIONAL AND REGIONAL TRENDS, THE TERRACE IS SERVING THE FAST-GROWING COMMUNITY OF SENIORS WHO ARE SUCCESSFULLY "AGING IN PLACE", THANKS TO INTENSIVE, HIGH-QUALITY SUPPORT SERVICES---E.G., MEDICATION MANAGEMENT, IN-HOME HEALTH AND PERSONAL CARE---TO ENSURE THEIR CONTINUED HEALTH AND SAFETY. IN THIS WAY, ALLIED TERRACE IS EXTENDING AND ENRICHING THE LIVES OF ITS 60 RESIDENTS, WHILE REDUCING THEIR RISK (AND POTENTIAL COSTS) OF INJURY, DEBILITATION, ACUTE ILLNESS, HOSPITALIZATION OR INSTITUTIONALIZATION. ALLIED CONTINUING CARE RETIREMENT COMMUNITY. ALLIED CCRC WAS FORMED IN 2006 FOR THE PURPOSES OF PROVIDING INDEPENDENT LIVING SERVICES. IN SPACE LEASED FROM ALLIED TERRACE, SENIORS WHO ARE CAPABLE OF INDEPENDENTLY MANAGING ACTIVITIES OF DAILY LIVING---MEAL PREPARATION, LIGHT HOUSEKEEPING, SELF-CARE, ETC---OCCUPY THESE UNITS, WHILE ENJOYING FULL ACCESS TO THE TERRACE'S SOCIAL AND RECREATIONAL OPPORTUNITIES. TWO INDIVIDUALS OCCUPIED CCRC UNITS DURING THIS PERIOD. VOCATIONAL SERVICES. FOR OVER 50 YEARS, ALLIED'S VOCATIONAL SERVICES PROGRAMS HAVE PROVIDED TRAINING AND GAINFUL EMPLOYMENT TO TEENS AND ADULTS WITH PHYSICAL, INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. EACH YEAR, OVER 500 PARTICIPANTS ARE INVOLVED IN PROJECTS THAT ENHANCE THEIR SKILLS, EMPLOYABILITY AND SELF-RELIANCE. WHILE OUR VOCATIONAL PROGRAMS DRAW UPON STATE AND FEDERAL TRAINING DOLLARS, THE JOBS THEMSELVES DEPEND UPON A CONTINUAL SUPPLY OF WORK FROM BUSINESS AND INDUSTRY PARTNERS, FOR SERVICES SUCH AS PACKAGING, LIGHT ASSEMBLY, SORTING, SCANNING, MAILING, CLEANING AND LANDSCAPING. ONGOING COMMUNITY FUNDRAISING ENSURES THAT ALLIED MAINTAINS THE SKILLED STAFF, SPECIALIZED EQUIPMENT AND FACILITIES TO KEEP THIS DIVERSE "ENTERPRISE" PRODUCTIVE AND GROWING. THE RESULT: TRAINING, JOB, EDUCATIONAL AND SOCIAL OPPORTUNITIES FOR DISABLED INDIVIDUALS WHO MIGHT OTHERWISE BE ISOLATED AND IDLE AT HOME. DEVELOPMENTAL SERVICES. FOR ADULTS WHO HAVE BOTH INTELLECTUAL AND PHYSICAL DISABILITIES/ILLNESSES, ALLIED'S INTERMEDIATE CARE FACILITY IS A COMFORTABLE, SAFE RESIDENTIAL ENVIRONMENT WHERE SKILLED NURSING AND PERSONAL SUPERVISION ARE AVAILABLE "24-7". RESIDENTS RECEIVE MEALS, PERSONAL CARE (DRESSING, BATHING, GROOMING, ETC.), MEDICAL AND MEDICATION MANAGEMENT, SOCIAL AND RECREATIONAL PROGRAMS IN A HOME-LIKE SETTING. FOR CONSUMERS WHO ARE ABLE TO LIVE MORE INDEPENDENTLY, ALLIED OFFERS A RANGE OF COMMUNITY LIVING OPTIONS IN SMALL GROUP HOMES THROUGHOUT THE REGION. IN ALL PROGRAM SETTINGS, HOWEVER, OUR DEVELOPMENTAL PROGRAMS HAVE MET A GROWING REGIONAL DEMAND FOR RESIDENTIAL CARE FOR OLDER ADULTS WHOSE INTELLECTUAL AND COMPLEX PHYSICAL DISABILITIES/MEDICAL CONDITIONS DEMAND MORE INTENSIVE, SPECIALIZED LEVELS OF CARE. AT THE URGING OF LOCAL AND REGIONAL AUTHORITIES, ALLIED HAS ASSUMED THIS ROLE. WITH A LONG AND SUCCESSFUL TRACK RECORD IN MEDICAL REHAB, LONG-TERM CARE, SKILLED NURSING AND PROGRAM MANAGEMENT, ALLIED SERVICES IS UNIQUELY QUALIFIED TO MEET THE NEED. BEHAVIORAL SERVICES. SIMILARLY, OUR BEHAVIORAL SERVICES HAVE EXPANDED BOTH GEOGRAPHICALLY AND PROGRAMMATICALLY IN RECENT YEARS, PROVIDING SPECIALIZED RESIDENTIAL AND COMMUNITY-BASED SERVICES TO THE CHRONICALLY MENTALLY ILL. STAFF MEMBERS WORK WITH CONSUMERS AS THEY RE-CONNECT WITH JOBS, FAMILIES, PEER AND COMMUNITY RESOURCES. AS THEY PURSUE SOBRIETY, PHYSICAL AND MENTAL HEALTH, AND INDEPENDENT LIVING THROUGH AN INTENSIVE PROGRAM OF COUNSELING AND BEHAVIORAL SUPPORTS, THE PROGRAM ATTACKS LONGSTANDING PATTERNS OF MENTAL HEALTH CRISES, HOSPITALIZATION AND/OR INSTITUTIONALIZATION (AND RELATED "COSTS" TO INDIVIDUALS AND COMMUNITIES). ALLIED PROJECT OPPORTUNITY. LOCATED IN JERMYN, (LACKAWANNA COUNTY) PA, THE SIX UNITS OF HOUSING ARE MANAGED BY ALLIED'S BEHAVIORAL HEALTH DIVISION. INDIVIDUALS WHO ARE RECOVERING FROM CHRONIC MENTAL HEALTH PROBLEMS FIND SAFE, PLEASANT, AFFORDABLE A

Form and Line Reference	Explanation
PART VI, LINE 6	CCOMMODATIONS AT PROJECT OPPORTUNITY, SUBSIDIZED BY THE HUD SECTION 8 PROGRAM HOME HEALTH & IN-HOME SERVICES. THESE PROGRAMS PROVIDE ESSENTIAL MEDICAL AND SUPPORT SERVICES TO PERSONS WITH DISABILITIES THROUGHOUT A 23-COUNTY AREA OF NORTHEASTERN/CENTRAL PENNSYLVANIA. REGISTERED NURSES, PHYSICAL AND OCCUPATIONAL THERAPISTS, PERSONAL CARE AND HOME CARE WORKERS HELP KEEP THEM HEALTHY AND SAFE AT HOME. ACTIVITIES RANGE FROM MAKING MEALS OR DOING HOUSEHOLD CHORES, OR MONITORING THE PATIENT'S PHYSICAL AND MENTAL HEALTH, TO ADDRESSING MEDICAL OR POST-SURGICAL NEEDS SUCH AS WOUND DRESSING, MEDICATION MANAGEMENT, ETC. THE HEALTH EDUCATION, MEDICAL SUPPORT, PRACTICAL ASSISTANCE AND CASE MANAGEMENT PROVIDED BY IN-HOME AND HOME HEALTH PROFESSIONALS ARE ESSENTIAL TO THE HEALTH, LIFE QUALITY AND INDEPENDENCE OF THEIR CONSUMERS. ABSENT SUCH PROGRAMS, EXTENDED HOSPITALIZATIONS, RE-HOSPITALIZATION AND/OR INSTITUTIONALIZATION WOULD BE UNAVOIDABLE. ALLIED HOSPICE. ALLIED HOSPICE WAS ESTABLISHED IN 2015 TO EXTEND THE ASIHS CONTINUUM TO INDIVIDUALS WHO HAVE LIFE-LIMITING ILLNESSES. THE PROGRAM WILL DELIVER PALLIATIVE CARE AND A FULL COMPLEMENT OF SUPPORTIVE/COUNSELING SERVICES. CORE SERVICES INCLUDE MEDICAL DIRECTION BY THE HOSPICE PHYSICIAN, NURSING SERVICES UNDER SUPERVISION OF A REGISTERED NURSE FUNCTIONING WITHIN A PLAN OF CARE DEVELOPED BY THE HOSPICE INTERDISCIPLINARY TEAM IN CONSULTATION WITH THE PHYSICIAN, MEDICAL SOCIAL SERVICES BY A QUALIFIED SOCIAL WORKER UNDER THE DIRECTION OF A PHYSICIAN, COUNSELING INCLUDING SPIRITUAL, BEREAVEMENT, AND DIETARY. BEREAVEMENT SERVICES ARE AVAILABLE TO FAMILY MEMBERS AND OTHERS IDENTIFIED IN THE PLAN OF CARE FOR UP TO ONE YEAR FOLLOWING THE DEATH OF THE PATIENT. ALLIED SERVICES FOUNDATION. THE FOUNDATION IS THE COMMUNITY RELATIONS AND FUNDRAISING ARM OF ALLIED SERVICES. THE FOUNDATION'S FUNDRAISING APPEALS, SPONSORSHIP AND GRANT SOLICITATIONS GENERATE SUPPORT FOR ALLIED'S PEDIATRIC PROGRAMS, DEPAUL SCHOOL, VOCATIONAL PROGRAMS AND OTHER COMMUNITY SERVICES. THIS DEPARTMENT ALSO COORDINATES THE COMMUNITY VOLUNTEERS AND EMPLOYEE VOLUNTEERS WHO HELP TO RAISE FUNDS AND PROVIDE IN-KIND, NON-MEDICAL SERVICES TO OUR RESIDENTS, PATIENTS AND CONSUMERS. PUBLIC RELATIONS, OUTREACH, INTERNAL COMMUNICATIONS, CHARITABLE FUND COMPLIANCE AND ACCOUNTABILITY ARE ALSO AMONG THE FOUNDATION'S DUTIES.

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	PA

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE PRESENTS THE RESEARCH METHODS USED AND STAKEHOLDER GROUPS INTERVIEWED DURING THE PREPARATION OF THE CHNA RESEARCH METHODSSURVEYS IN AUGUST OF 2012, A HOUSEHOLD SURVEY OF LACKAWANNA AND LUZERNE COUNTY RESIDENTS WAS COND UCTED IN ORDER TO GAIN AN UNDERSTANDING OF THE COUNTIES' HEALTH NEEDS THE SURVEY WAS SENT TO 12,000 RESIDENTS, WHOSE ADDRESSES WERE DRAWN AT RANDOM BY A COMMERCIAL RANDOM SAMPLING ORGANIZATION OF THOSE MAILED, 2,014 (17 PERCENT) WERE RETURNED AND MARKED "UNDELIVERABLE " BY THE POST OFFICE DUE TO INACCURATE OR PARTIAL ADDRESSES OR BECAUSE THE RECIPIENT HAD M OVED AND THERE WAS NO FORWARDING ADDRESS FIFTEEN WERE DEEMED UNUSABLE ANOTHER FIFTEEN SU RVEYS WERE RECEIVED AFTER THE DEADLINE AND WERE NOT INCLUDED IN THE ANALYSIS THE NUMBER OF SURVEYS WAS CHOSEN TO EXCEED 5 PERCENT OF THE HOUSEHOLDS AND ACCOUNT FOR UNUSABLE SURVEYS THE MINIMUM GOAL WAS A 95 PERCENT CONFIDENCE INTERVAL, WITH A 5 PERCENT MARGIN OF ERROR THIS WOULD HAVE REQUIRED A MINIMUM OF 377 RESPONSES THE INSTITUTE SURPASSED THAT GOAL BY RECEIVING A TOTAL OF 1,457 USEABLE SURVEYS RETURNED, RESULTING IN A 12.1 PERCENT RESPONSE RATE, WHICH IS SLIGHTLY LESS THAN A 3 PERCENT MARGIN OF ERROR ADDITIONALLY, 200 SPANISH LANGUAGE SURVEYS WERE PREPARED AND DISTRIBUTED TO LOCAL HISPANIC CHURCHES AND FREE MEDICAL CLINICS IN LACKAWANNA AND LUZERNE COUNTIES A LOCAL HOUSING AGENCY ALSO HELPED DISTRIBUTE SPANISH LANGUAGE SURVEYS OVERALL, FOUR PERCENT OF THE HISPANIC POPULATION RESPONDED ANO THER 200 SURVEYS WERE DISTRIBUTED TO AFRICAN AMERICAN AND OTHER MINORITY OR IMMIGRANT POPU LATIONS THESE SURVEYS WERE DISTRIBUTED THROUGH LOCAL YOUTH ORGANIZATIONS AND FREE MEDICAL CLINICS OVERALL, THREE PERCENT OF THE AFRICAN AMERICAN POPULATION RESPONDED THE SURVEY WAS PREFACED WITH THE PURPOSE, INSTRUCTIONS, AND AN INFORMED CONSENT THE INFORMED CONSENT INDICATED THE SURVEY'S PURPOSE, CONTACT INFORMATION FOR THE CONSULTANTS AND THE SPONSORIN G ORGANIZATION, ALONG WITH LANGUAGE EXPLAINING THE RESPONDENT'S RIGHT TO ASK QUESTIONS AND THE RIGHT TO SKIP QUESTIONS THE INFORMED CONSENT INDICATED THAT ALL RESPONSES WOULD BE K EPT CONFIDENTIAL AND PRESENTED IN AGGREGATE FORM THE CONSENT INDICATED THAT THE ONLY PART IES THAT WOULD SEE THE INDIVIDUAL SURVEYS WERE THE PROJECT CONSULTANTS THIS INFORMED CONS ENT MET ALL FEDERAL STANDARDS ESTABLISHED FOR THE PROTECTION OF HUMAN SUBJECT RIGHTS IN RE SEARCH THE WILKES UNIVERSITY INSTITUTIONAL REVIEW BOARD (IRB) REVIEWED AND APPROVED ALL O F THE PRIMARY RESEARCH INSTRUMENTS AND INFORMED CONSENTS THE SURVEY RESPONSES WERE UPLOAD ED INTO THE STATISTICAL PACKAGES FOR THE SOCIAL SCIENCES (SPSS) SPSS IS AN INTEGRATED SOF TWARE PROGRAM USED FOR THE ANALYTICAL DATA ANALYSIS A VERIFICATION PROCESS WAS PERFORMED THROUGH FACT CHECKING THE DATA ENTERED INTERVIEWS A TOTAL OF SIXTEEN INTERVIEWS WERE COND UCTED WITH 26 STAKEHOLDERS THE FOLLOWING GROUPS WERE REPRESENTED -MAJOR EMPLOYERS -FEDER ALLY QUALIFIED HEALTH CENTER AND A FREE MEDICAL CLINIC -PENNSYLVANIA DEPARTMENT OF PUBLIC HEALTH -SOCIAL SCIENTISTS/RESEARCHERS -PHILANTHROPIST AND HEALTH POLICY ADVISOR -DISEASE-B BASED ORGANIZATION -SOCIAL SERVICE ORGANIZATION -MENTAL AND BEHAVIORAL HEALTH ORGANIZATIONS -EPIDEMIOLOGY/ENVIRONMENTAL SPECIALISTS -PRIMARY CARE PHYSICIAN -SURGEON -MEDICAL TECHNOL OGIST/CLINICAL LABORATORY -INSURER CARE WAS TAKEN TO INTERVIEW STAKEHOLDERS THAT EITHER RE PRESENTED THE ENTIRE STUDY REGION OR TO INTERVIEW REPRESENTATIVES FROM EACH COUNTY REPRESE NTING ONE OF THE AFOREMENTIONED AFFILIATIONS INTERVIEWS RANGED FROM 45 MINUTES TO THREE H OURS IN DURATION INTERVIEWS WERE SEMI-STRUCTURED PROMPTS WERE USED ON OCCASION AND EACH INTERVIEWEE HAD THE OPPORTUNITY TO ADD OPEN COMMENTS AT THE END INTERVIEWER NOTES AND PER IPHERAL MATERIAL PROVIDED BY THE INTERVIEWEE WERE USED IN THE SUMMATION OF THE INTERVIEW S ECTION FOCUS GROUPS THE INSTITUTE IDENTIFIED HIGH-PRIORITY STAKEHOLDERS REPRESENTING VARI OUS SEGMENTS OF THE COMMUNITY IN ORDER TO ASSESS THE UNIQUE HEALTH CARE NEEDS OF SPECIFIC GROUPS THE FOLLOWING FOCUS GROUPS WERE CONDUCTED -HISPANIC/LATINO COMMUNITY -AFRICAN AME RICAN COMMUNITY (2 SEPARATE GROUPS) -IMPOVERISHED -AGING -PHYSICALLY & MENTALLY CHALLENGED - YOUTH -CHRONIC DISEASE/PUBLIC HEALTH ORGANIZATIONS -MAJOR EMPLOYERS -BEHAVIORAL BASED (S UBSTANCE ABUSE) ORGANIZATIONS THE SESSIONS WERE ANALYZED USING BOTH INTERVIEWER NOTES AS WELL AS KEYWORD ANALYSIS THROUGH THE USE OF THE INSTITUTE'S QUALITATIVE ANALYSIS SOFTWARE THE SESSIONS WERE DIGITALLY RECORDED AND WILL BE STORED ON THE WILKES UNIVERSITY SECURE NE TWORK FOR 24 MONTHS FOLLOWING COMPLETION OF THE PROJECT SECONDARY DATA SECONDARY DATA WAS PROCURED FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH, THE U S CENSUS BUREAU AND THE CENTE R FOR RURAL PENNSYLVANIA, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), AND THE COUNTY HEALTH RANKINGS PREPARED BY THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE AND THE ROBERT WOOD JOHNSON FOUNDATION THE DATA

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	INCLUDE DEMOGRAPHIC AND ECONOMIC INDICATORS, HEALTH STATUS, INCIDENCE OF DISEASES, AND INS URANCE STATUS ADDITIONALLY, THE DATA WERE BENCHMARKED AGAINST STATEWIDE INDICATORS DATA REGARDING THE HEALTH CARE DELIVERY SYSTEM WAS PROCURED FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH, PENNSYLVANIA COST CONTAINMENT COUNCIL, THE LOCAL PARTICIPATING HOSPITALS, PENNSYLVANIA HEALTH CARE ASSOCIATION, AND THE U S DEPARTMENT OF HEALTH PATIENT PERCEPTION AN ELE CTRONIC SURVEY WAS DISTRIBUTED TO MEMBERS OF THE LACKAWANNA AND LUZERNE COUNTY MEDICAL SOC IETIES, MEMBERS OF WHICH ARE ALLOPATHIC (MD) AND OSTEOPATHIC (DO) PHYSICIANS FROM BOTH OR GANIZATIONS, 525 MEMBERS RECEIVED THE LINK THE RESPONSE RATE WAS 4 4 PERCENT, WHICH IS A VERY LOW RESPONSE RATE FOUR PRIMARY CARE AND SPECIALTY PHYSICIANS CONSENTED TO ONE-TO-ONE INTERVIEWS FINALLY, FOUR INDIVIDUALS OR PATIENTS PARTICIPATED IN ONE-TO-ONE INTERVIEWS HOSPITAL DATA HOSPITAL UTILIZATION DATA AND PHYSICIAN/SPECIALTY DATA WERE PROVIDED BY EACH INSTITUTION DATA WAS PROVIDED FOR THE 2011 CALENDAR YEAR IT SHOULD BE NOTED HOWEVER, TH AT ALL THE INSTITUTIONS WERE ENGAGED IN MERGERS/ACQUISITIONS OR SYSTEM UPGRADES DURING THE TIME PERIOD, THEREFORE CURRENT PHYSICIAN COUNTS MAY BE DIFFERENT PATIENT EXPORT DATA ALL ONE HEALTH PROVIDED PATIENT EXPORT DATA DATA WAS PROVIDED FOR MEMBERS WHO LIVED IN LUZERN E AND LACKAWANNA COUNTIES BETWEEN 2009 AND 2011 FOR EACH REPORT, UTILIZATION DATA OUTSIDE AND INSIDE BLUE CROSS OF NORTHEASTERN PENNSYLVANIA'S THIRTEEN-COUNTY SERVICE AREA WAS PRE SENTED THE SERVICE AREA INCLUDES BRADFORD, CARBON, CLINTON, LACKAWANNA, LUZERNE, LYCOMING , MONROE, PIKE, SULLIVAN, SUSQUEHANNA, TIOGA, WAYNE AND WYOMING COUNTIES THE INFORMATION IN EACH FILE WAS AS FOLLOWS INPATIENT ADMISSIONS BY CLINICAL CONDITION AND ADMISSIONS BY CLINICAL CONDITION AND BY PROVIDER CITY AND STATE OF THE PROVIDER WERE PRESENTED WHEN AVAILABLE OUTPATIENT THE DATA INCLUDED A SUMMARY OF ALL OF NON-HOSPITAL VISITS BY CLINICAL CONDITION, DETAILS OF NON-HOSPITAL VISITS BY CLINICAL CONDITION AND BY PROVIDER TYPE, SUMM ARY OF THE HOSPITAL VISITS BY CLINICAL CONDITION, AND THE HOSPITAL VISITS BY CLINICAL COND ITION AND BY PROVIDER INCLUDING THE CITY, AND STATE WHEN AVAILABLE RELATIVE RISK SCORE T HIS FILE SHOWS THE RELATIVE RISK SCORE OF THOSE MEMBERS WHO HAD AT LEAST ONE IN-PATIENT AD MISSION OUTSIDE BCNEPA'S SERVICE AREA, COMPARED WITH THOSE MEMBERS WHO HAD IN-PATIENT ADMI SSIONS ONLY INSIDE THE SERVICE AREA THE HIGHER THE SCORE, THE HIGHER THE PATIENT RISK TH E COMPARISON SHOWED THAT THOSE MEMBERS WITH IN-PATIENT ADMISSIONS OUTSIDE THE SERVICE AREA HAD A SIGNIFICANTLY HIGHER RISK SCORE AND PRESUMABLY HAD SIGNIFICANTLY MORE COMPLEX ISSUE S THAN THOSE WHO HAD IN-PATIENT ADMISSIONS ONLY INSIDE THE SERVICE AREA ASSET MAP THE DAT A FROM THE ASSET MAP WAS SECURED THROUGH INTERNET SEARCHES OF PROVIDERS AND PROGRAMS, INFO RMATION FROM INTERVIEWEES AND FOCUS GROUP PARTICIPANTS AND THE PHONE BOOK THE MAP DETAILE D HEALTH CARE PROGRAMS, RESOURCES AND INITIATIVES COORDINATED BY NON-PROFIT ORGANIZATIONS AND GOVERNMENT THE CATEGORIES INCLUDED, BUT WERE NOT LIMITED TO AGING, DISEASE-BASED, TE EN PREGNANCY, SUICIDE, LOW-INCOME, BEHAVIORAL AND MENTAL HEALTH PROGRAMS AND SERVICES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	PART V, SECTION B, LINE 6A YES OTHER PARTICIPATING HOSPITALS INCLUDED GEISINGER COMMUNITY MEDICAL CENTER, CHS WYOMING VALLEY HEALTH CARE, MOSES TAYLOR HOSPITAL, REGIONAL HOSPITAL OF SCRANTON, COMMONWEALTH HEALTH SYSTEM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	PART V, SECTION B, LINE 6B YES, OTHER PARTICIPATING FACILITIES INCLUDED GREATER WILKES BARRE CHAMBER OF COMMERCE, THE COMMONWEALTH MEDICAL COLLEGE, BLUE CROSS OF NEPA, WILKES-BARRE HEALTH DEPARTMENT, PENNSYLVANIA DEPARTMENT OF HEALTH - NORTHEAST DISTRICT, PEACE AND JUSTICE CENTER, WYOMING VALLEY UNITED WAY, SCRANTON SCHOOL DISTRICT, MIGRANT WORKERS PROGRAM IN HAZLETON, MATERNAL AND FAMILY HEALTH SERVICES OF NEPA, LUZERNE COUNTY TASK FORCE ON DRUG AND ALCOHOL, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (PRIMARY CARE, GRADUATE HEALTH EDUCATION), UNIVERSITY OF SCRANTON, UNITED METHODIST HOMES, WESLEY VILLAGE, MISERICORDIA UNIVERSITY, GREATER HAZELTON HEALTH ALLIANCE, CLIN-MICRO IMMUNOLOGY LAB, THE LEAHY HEALTH CENTER /UNIVERSITY OF SCRANTON, THE ADVOCACY ALLIANCE, RUTH'S PLACE (EMERGENCY SHELTER, NEW COVENANT CHURCH, MT ZION BAPTIST CHURCH, TELESPOND SENIOR SERVICES, INC , ALLONE HEALTH MANAGEMENT SOLUTIONS, AND HEALTHY NORTHEAST PENNSYLVANIA INITIATIVE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	PART V, SECTION B, LINE 11 ALLIED HAS REVIEWED THE CHNA FROM ITS UNIQUE PERSPECTIVE AS A POST-ACUTE CARE ORGANIZATION, KEEPING IN MIND ITS CORE COMPETENCIES AND CHARITABLE MISSION SEVERAL OF THESE STRATEGIES CONTINUE OR BUILD UPON EXISTING PROGRAMS AND PRACTICES AREA 1 MENTAL HEALTHIMPLEMENTATION STRATEGIES 1 IMPROVE MENTAL HEALTH AWARENESS/SENSITIVITY A MONG DIRECT CARE AND SUPPORT STAFF THROUGH TRAINING PROGRAMS, IN-SERVICE OPPORTUNITIES AND PERIODIC UPDATES ON COMMUNITY MENTAL HEALTH RESOURCES THROUGH COMPLETION OF TRAINING BY D IRECT-CARE, CLINICAL AND CUSTOMER-CONTACT STAFF 2 PROVIDE CHARITABLE AND IN-KIND SUPPORT TO COMMUNITY MENTAL HEALTH INITIATIVES INCLUDING CRISIS INTERVENTION TRAINING FOR FIRST RE SPONDERS, NATIONAL ALLIANCE FOR MENTAL ILLNESS, SUICIDE PREVENTION, CRISIS INTERVENTION OR GANIZATIONS AND PEER SUPPORT ORGANIZATIONS THROUGH CONTINUED VOLUNTARY CONTRIBUTIONS TO TH ESE ORGANIZATIONS IN OUR COMMUNITY AREA 2 COMMUNITY HEALTH EDUCATION & HEALTH RESOURCE I NFORMATIONIMPLEMENTATION STRATEGIES 1 CONTINUE FREE HEALTH EDUCATION LECTURES, SCREENINGS , SUPPORT GROUPS AND OTHER COMMUNITY/PATIENT EDUCATION OPPORTUNITIES TO RESIDENTS OF LUZER NE & LACKAWANNA COUNTIES 2 CONTINUE FINANCIAL AND IN-KIND CONTRIBUTIONS (GUEST SPEAKERS, FACILITY USE, REFRESHMENTS, SUPPLIES, PATIENT EDUCATION MATERIALS) TO RECOGNIZED PROVIDERS OF HEALTH EDUCATION AND SUPPORTIVE SERVICES AREA 3 POPULATION DIVERSITY IMPLEMENTATION S TRATEGIES 1 ENSURE THAT PRE-ADMISSION ASSESSMENT, NURSING ASSESSMENT AND COMMUNICATION SH EET REFLECT CULTURAL/LANGUAGE COMMUNICATION INFORMATION AND UPDATES 2 ENSURE THAT CONTINU ING EDUCATION OF STAFF, ORIENTATION OF NEW STAFF, AND CLINICAL MATERIALS ADDRESS CULTURAL COMPETENCE AND DIVERSITY ISSUES 3 MAKE KEY PATIENT INFORMATION, COMPLIANCE, PATIENT AND C AREGIVER EDUCATION DOCUMENTS AVAILABLE IN SPANISH AREA 4 PROVIDER COMMUNICATION & COLLABO RATIONIMPLEMENTATION STRATEGIES 1 COMPLETE THE IMPLEMENTATION OF ASPIRE! EHR SYSTEM-WIDE TO IMPROVE THE ACCURACY, TIMELINESS, AND EFFECTIVE USE OF CLINICAL INFORMATION, AND TO ENA BLE INTEGRATED, MULTI-DISCIPLINARY DECISION MAKING, FOR SAFER AND MORE EFFECTIVE CARE 2 I NSTITUTE REAL TIME PATIENT TRACKING/REPORTING TO REFERRING PHYSICIANS, HOSPITALS, ETC 3 C ONTINUE OUTREACH TO PHYSICIANS, SPECIALISTS, CARE COORDINATORS, COMMUNITY HEALTH AND HOME HEALTH ORGANIZATIONS REGARDING ALLIED REHAB AND HEINZ REHAB PROGRAMSSEE FULL IMPLEMENTATIO N PLAN AT WWW.ALLIED-SERVCES.ORG/ABOUT-USTHE FOLLOWING CHNA-IDENTIFIED NEEDS WILL NOT BE A DDRESSED 1 THE PERCEPTION OF [POOR] QUALITY MUST BE ADDRESSED WITH MEDICAL PROFESSIONALS A ND RESIDENTS/PATIENTS 2 PHYSICIAN SKILLS, SUCH AS TIME MANAGEMENT AND CUSTOMER SERVICE, AR E NEEDED 3 PHYSICIAN SHORTAGE MUST BE ADDRESSED 4 LACKAWANNA AND LUZERNE COUNTIES FALL BE HIND THE COMMONWEALTH IN SEVERAL AREAS WITH REGARD TO HEALTH STATUS AND PHYSICIANS PER CAP ITA 5 THERE IS A PERCEPTION OF POOR QUALITY OF CARE WITHIN THE REGION 6 RESPONDENTS ARE DI SAPPPOINTED BY THE LACK OF RESPECT AND LACK OF COOPERATION WITHIN THE HEALTH CARE SYSTEM 7 RESEARCH AND INNOVATION IMPROVE PERCEPTIONS OF QUALITY 8 PRIMARY CARE PHYSICIANS SEE THAT THE QUALITY OF SPECIALISTS IS AN ISSUE 9 PRIMARY CARE PHYSICIANS SEE THE WAIT TIME TO SEE SPECIALISTS, COUPLED WITH TESTING, PROGNOSIS AND TREATMENT PLAN, AS A PROBLEM RESPONSE F OUNDED IN 2009, THE COMMONWEALTH MEDICAL COLLEGE (TCMC) HAS SERVED AS A CONVENER AND CATAL YST FOR COMMUNITY EFFORTS TO IMPROVE THE HEALTH OF NORTHEASTERN AND CENTRAL PENNSYLVANIANS TCMC WAS FOUNDED FOR THE EXPRESS PURPOSE OF INCREASING THE REGION'S SUPPLY OF PHYSICIANS AND SPECIALISTS, AND HAS RECEIVED WIDESPREAD PUBLIC SUPPORT MOREOVER, THE COLLEGE HAS TA KEN A LEADERSHIP ROLE IN REGIONAL POPULATION HEALTH RESEARCH AND NEEDS ASSESSMENTS (INCLUD ING THE 2012 CHNA) OUR SUPPORT OF TCMC INCLUDES OFFERING EXTENDED INTERNSHIP AND "SHADOWI NG" OPPORTUNITIES FOR MEDICAL STUDENTS, PRESENTATIONS, LECTURES, MENTORING OF MEDICAL STUD ENTS BY ALLIED CLINICIANS AND ADMINISTRATORS WITH REGARD TO THE FINDINGS LISTED ABOVE (IT EMS 1 THROUGH 9), ALLIED PREFERS TO COMPLEMENT AND INDIRECTLY SUPPORT, RATHER THAN DUPLICA TE, TCMC'S WORK AND CONTINUING EFFORTS TO EDUCATE HIGHLY-QUALIFIED PHYSICIANS THAT WILL SE RVE OUR REGION FURTHER, SOME OF THESE FINDINGS (E G , PHYSICIAN COMMUNICATION/ATTITUDES, PHYSICIAN-PATIENT COMMUNICATIONS, OUT-MIGRATION OF PATIENTS) --- MAY BE TARGETED FOR COLLA BORATIVE ACTION BY THE HEALTHY NORTHEAST PENNSYLVANIA INITIATIVE, THE INSTITUTE FOR PUBLIC POLICY & ECONOMIC DEVELOPMENT ALLIED IS A MEMBER OF BOTH OF THESE ORGANIZATIONS 10 THERE ARE A HIGH NUMBER OF OVERWEIGHT AND OBESE RESIDENTS 11 SUBSTANCE ABUSE IS A PROBLEM IN T HE REGION 12 SOCIAL SERVICE RESOURCES ARE DISJOINTED AND STRESSED RESPONSE AS NORTHEASTE RN PENNSYLVANIA'S LEADING PROVIDER OF CARE TO PERSONS WITH DISABILITIES AND CHRONIC ILLNES S, ALLIED SERVICES INTEGRATED HEALTH SYSTEM IS SERVING A POPULATION THAT IS DISPROPORTIONA TELY AFFECTED BY POOR PHYSICAL HEALTH, OBESITY, PO

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	VERTY, UNEMPLOYMENT, AND POOR MENTAL HEALTH AS MENTIONED ABOVE, A VARIETY OF DEPARTMENTS AND PROFESSIONS PLAY A PART IN HELPING OUR PATIENTS/CONSUMERS TO SECURE APPROPRIATE SERVICES FROM OTHER HEALTH, HUMAN SERVICE, SOCIAL SERVICE, AND HEALTH INSURANCE PROGRAMS ALLIED SUPPORTS (AND AVOIDS DUPLICATING) THE EFFORTS OF NONPROFITS THAT PROVIDE SOCIAL SERVICES, JOB TRAINING, SOBRIETY/SUBSTANCE ABUSE COUNSELING TO INDIVIDUALS, AND OF AGENCIES THAT PROMOTE REGIONAL ECONOMIC DEVELOPMENT OUR SUPPORT TAKES THE FORM OF VOLUNTARY CONTRIBUTIONS , FREE MEETING SPACE OR OTHER IN-KIND ASSISTANCE, AND "RELEASE TIME" FOR STAFF WHO WISH TO TAKE PART AS VOLUNTEERS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	PART V, SECTION B, LINE 20E PATIENTS ARE NOTIFIED OF ALLIED'S FINANCIAL ASSISTANCE PROGRAM UPON REGISTRATION WHEN THE PATIENT'S INSURANCE BENEFITS ARE BEING DISCUSSED FINANCIAL ASSISTANCE APPLICATIONS ARE AVAILABLE IN ALL OUTPATIENT CLINICS AND ON ALLIED'S WEBSITE EACH INVOICE SENT TO PATIENTS HAS A NOTE STATING THAT WE OFFER FINANCIAL ASSISTANCE AND A PHONE NUMBER TO CALL ALSO, WHEN PATIENTS CALL THIS OFFICE ABOUT THEIR BILL AND INDICATE IT IS A FINANCIAL HARDSHIP, FINANCIAL ASSISTANCE IS OFFERED DURING THE COLLECTION PROCESS, FINANCIAL ASSISTANCE IS OFFERED IF THE PATIENT INDICATES A HARDSHIP

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION	PART V, SECTION B, LINE 22D SLIDING SCALE BASED ON POVERTY INCOME GUIDELINES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION PART V, SECTION B, LINE 16A WEBSITE	WWW.ALLIED-SERVICES.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
JOHN HEINZ INSTITUTE OF REHABILITATION PART V, SECTION B, LINE 16B WEBSITE	WWW.ALLIED-SERVICES.ORG

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE

Employer identification number
23-2262852

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM P CONABOY ESQ, VICE CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	504,527	0	0	149,991	10,403	664,921	0
2 MICHAEL AWISATO, ASSISTANT SECRETARY & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	292,813	0	0	56,801	11,038	360,652	0
3 KAREN KEARNEY, ASSISTANT VICE PRESIDENT	(i)	164,392	0	0	0	12,794	177,186	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 3	THE PRESIDENT, WILLIAM CONABOY, IS COMPENSATED BY ALLIED HEALTH CARE SERVICES (AHCS), A RELATED TAX-EXEMPT ORGANIZATION AHCS USES THE FOLLOWING METHODS TO DETERMINE HIS COMPENSATION COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4B	WILLIAM CONABOY, ESQ AND MICHAEL AVVISATO PARTICIPATE IN A RABBI TRUST NON-QUALIFIED DEFERRED COMPENSATION PLAN THERE WERE NO DISTRIBUTIONS FROM THE TRUST TO THE INDIVIDUALS DURING CALENDAR YEAR 2014

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.**

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE	Employer identification number 23-2262852
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE (THE "HOSPITAL") SHALL BE THOSE PERSONS WHO SERVE FROM TIME TO TIME AS MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF ALLIED SERVICES FOUNDATION (THE "FOUNDATION"), IN EACH CASE TO SERVE IN SUCH CAPACITY AT THE DISCRETION OF THE FOUNDATION, AND SUBJECT TO REMOVAL BY THE FOUNDATION AT ANY TIME, WITH OR WITHOUT CAUSE.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AS DOCUMENTED IN THE HOSPITAL'S BY LAWS, THE MEMBERS, AT THEIR ANNUAL MEETING, SHALL ELECT THE PRESIDENT OF THE BOARD FROM AMONG THE NOMINEES FOR SUCH OFFICE SUBMITTED TO THE MEMBERS BY THE PRESIDENT OF THE FOUNDATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS REVIEWED IN DETAIL BY THE CHAIRMAN OF THE BOARD AND THE CHAIRMAN OF THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS IS NOTIFIED AND GIVEN ACCESS TO THE 990 VIA A WEBLINK PRIOR TO FILING WITH THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALLIED SERVICES CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS DOWN TO DEPARTMENT HEADS AS WELL AS ANY STAFF THAT ARE INVOLVED IN THE PURCHASING PROCESS ALL COVERED PERSONS MUST COMPLETE AN ANNUAL CONFLICT STATEMENT IF A TRANSACTION IS PROPOSED INVOLVING A CONFLICT, THE BOARD INVESTIGATES ALTERNATIVES FOR THE TRANSACTION AND MAKES A DETERMINATION IF A MORE ADVANTAGEOUS ARRANGEMENT CAN BE MADE MEMBERS INVOLVED IN THE CONFLICT MUST ABSTAIN FROM VOTING ON SUCH MATTERS ANY VIOLATIONS OF THE POLICY ARE HANDLED AS NECESSARY FROM REPRIMAND TO TERMINATION FROM THE BOARD OR EMPLOYMENT, DEPENDING ON THE SEVERITY OF THE OFFENSE COMPLIANCE WITH THIS POLICY IS MONITORED BY THE VICE PRESIDENT OF HUMAN RESOURCES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALLIED PARTICIPATES IN MULTIPLE REGIONAL SALARY SURVEYS, TWO OF WHICH ARE THE SOCIETY OF HEALTHCARE HUMAN RESOURCES OF PENNSYLVANIA AND THE APPALACHIAN HEALTHCARE HUMAN RESOURCES SOCIETY, TO DETERMINE MARKET COMPETITIVENESS, AND CONSIDERS THE EXTERNAL MARKET AS A FACTOR IN THE JOB EVALUATION PROCESS. COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED BY A COMPENSATION COMMITTEE OF THE BOARD. INCREASES ARE RECOMMENDED BY THE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS BASED ON THE EXTERNAL SURVEYS AND INTERNAL REVIEWS. THIS PROCESS IS DOCUMENTED BY THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS. FOR ALL OTHER EMPLOYEES, ALLIED SERVICES FOLLOWS AN INTERNAL JOB EVALUATION PROCESS, ADMINISTERED BY A CROSS DIVISIONAL JOB EVALUATION TEAM COMPRISED OF DIRECTORS AND ASSISTANT VICE PRESIDENTS. THE JOB EVALUATION PROCESS IS BASED ON A FOURTEEN POINT FACTOR SYSTEM AND INTERNAL ALIGNMENT WITHIN JOB CLASSIFICATION. THE PROCESS IS DOCUMENTED AND LABOR GRADE RECOMMENDATIONS BASED ON BOTH INTERNAL AND EXTERNAL RESULTS ARE MADE TO THE DIVISIONAL VICE PRESIDENT AND VICE PRESIDENT OF HUMAN RESOURCES FOR FINAL APPROVAL.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 16,393 MANAGEMENT AND GENERAL EXPENSES 226 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,619 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 471 MANAGEMENT AND GENERAL EXPENSES 4,355,832 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,356,303 CONSULTING FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 40,794 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,794 MEDICAL STAFF FEES PROGRAM SERVICE EXPENSES 227,822 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 227,822 PHARMACY FEES PROGRAM SERVICE EXPENSES 120,895 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 120,895 LAB FEES PROGRAM SERVICE EXPENSES 243,920 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 243,920 RADIOLOGY FEES PROGRAM SERVICE EXPENSES 107,351 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 107,351 OUTSIDE MEDICAL SERVICES PROGRAM SERVICE EXPENSES 325,561 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 325,561 AMBULANCE FEES PROGRAM SERVICE EXPENSES 56,994 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 56,994

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE

Employer identification number
23-2262852

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

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

Cat No 50135Y

Schedule R (Form 990) 2014

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 23-2262852

Name: JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ALLIED SERVICES CONTINUING CARE 100 TERRACE LANE SCRANTON, PA 18508 20-4472148	PROVIDE INDEPENDENT LIVING SERVICES	PA	501(C)(3)	11A	ALLIED SERVICES FOUNDATION		No
(1) ALLIED HEALTH CARE SERVICES 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 24-0860110	PROVIDE HEALTH CARE SERVICES TO ELDERLY AND MENTALLY CHALLENGED	PA	501(C)(3)	3	ALLIED SERVICES FOUNDATION		No
(2) ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523682	INVESTED FUNDS FOR RELATED ENTITIES TO SUPPORT THEIR MISSIONS	PA	501(C)(3)	7	N/A		No
(3) ALLIED PROJECT OPPORTUNITY 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523680	PROVIDE LOW INCOME HOUSING	PA	501(C)(3)	9	ALLIED HEALTH CARE SERVICES		No
(4) ALLIED NORTHEAST APARTMENTS 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523679	PROVIDE LOW INCOME HOUSING	PA	501(C)(3)	9	ALLIED HEALTH CARE SERVICES		No
(5) ALLIED SERVICES INSTITUTE OF REHABILITATION MEDICINE 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523395	PROVIDE REHABILITATIVE SERVICES	PA	501(C)(3)	3	ALLIED SERVICES FOUNDATION		No
(6) ALLIED SERVICES PERSONAL CARE INC 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2862231	OPERATE A PERSONAL CARE FACILITY	PA	501(C)(3)	3	ALLIED SERVICES FOUNDATION		No
(7) ALLIED SERVICES SKILLED NURSING CENTER 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523688	OPERATE A SKILLED AND INTERMEDIATE NURSING FACILITY	PA	501(C)(3)	3	ALLIED SERVICES FOUNDATION		No
(8) THE BURNLEY WORKSHOP OF THE POCONOS INC 4219 MANOR DRIVE STROUDSBURG, PA 18360 23-1642528	OPERATE A VOCATIONAL REHABILITATION FACILITY	PA	501(C)(3)	7	ALLIED HEALTH CARE SERVICES		No
(9) RISK RETENTION GROUP 1327 ASHLEY RIVER ROAD BLDG C SUITE CHARLESTON, SC 29407 20-1177431	PROVIDE INSURANCE, CLAIMS DEFENSE, ADMINISTRATION & INDEMNITY TO AFFILIATES	SC	501(C)(3)	11C	ALLIED SERVICES FOUNDATION		No