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<div>Form <b>990</b></div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div><b>Return of Organization Exempt From Income Tax</b></div> <div><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></div> <div><div>▶ Do not enter social security numbers on this form as it may be made public</div><div>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div></div>	<div>OMB No 1545-0047</div> <div><b>2015</b></div> <div><b>Open to Public Inspection</b></div>
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<b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>									
<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ALBRIGHT CARE SERVICES					<b>D</b> Employer identification number  23-1887138			
	Doing business as RIVERWOODS NORMANDIE RIDGE ALBRIGHT LIFE					<b>E</b> Telephone number  (570) 522-3880			
	Number and street (or P O box if mail is not delivered to street address) 90 MAPLEWOOD DRIVE				Room/suite				
	City or town, state or province, country, and ZIP or foreign postal code LEWISBURG, PA 17837					<b>G</b> Gross receipts \$ 50,689,350			
	<b>F</b> Name and address of principal officer SHAUN T SMITH 90 MAPLEWOOD DRIVE LEWISBURG, PA 17837					<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
<b>J Website:</b> ▶ WWW.ALBRIGHTCARE.ORG									
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						<b>L</b> Year of formation 1912		<b>M</b> State of legal domicile PA	

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities ALBRIGHT CARE SERVICES OPERATES CONTINUING CARE RETIREMENT COMMUNITIES PROVIDING HOUSING, HEALTHCARE, AND OTHER RELATED SERVICES TO ELDERLY RESIDENTS THROUGH THE OPERATION OF VARIOUS NURSING, PERSONAL CARE AND INDEPENDENT LIVING FACILITIES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	800
6	Total number of volunteers (estimate if necessary)	6	433	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	751,820	605,687
	9	Program service revenue (Part VIII, line 2g)	50,881,015	49,093,218
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,038	-543,055
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,884,679	866,638
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,569,552	50,022,488
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,040,514	21,943,043
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 276,399		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,704,806	27,537,021
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	48,745,320	49,480,064
	19	Revenue less expenses Subtract line 18 from line 12	4,824,232	542,424
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	79,742,329	91,229,139
21		Total liabilities (Part X, line 26)	50,354,380	60,558,262
22		Net assets or fund balances Subtract line 21 from line 20	29,387,949	30,670,877

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

<b>Sign Here</b>	*****		2016-05-12		
	Signature of officer		Date		
	JACQUELINE DANCHO TREASURER/CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name JEFFREY J PETRELL CPA	Preparer's signature JEFFREY J PETRELL CPA	Date 2016-05-12	Check <input type="checkbox"/> if self-employed	PTIN P00138808
	Firm's name ▶ ARNETT CARBIS TOOTHMAN LLP			Firm's EIN ▶ 55-0486667	
	Firm's address ▶ 5700 CORPORATE DRIVE STE 650  PITTSBURGH, PA 15237			Phone no (412) 635-6270	

## 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

TO CREATE THE HIGHEST QUALITY OF LIFE BY ENCOURAGING PURPOSEFUL LIVING THROUGH PERSONALIZED, PROGRESSIVE AND COMPASSIONATE COMMUNITIES DEEPLY ROOTED IN SERVING OTHERS

**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 \$ 41,833,360 including grants of \$ )	(Revenue \$ 49,818,950 )
	<p>ALBRIGHT CARE SERVICES, INC (ACS)ACS IS A PENNSYLVANIA NONPROFIT CORPORATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO SECTION 501(A) OF THE CODE ACS IS A FAITH-BASED SERVICE ORGANIZATION PROVIDING HOUSING, HEALTH CARE, AT-HOME SERVICES, AND LIFE (LIVING INDEPENDENTLY FOR ELDERS) SERVICES TO OLDER ADULTS IN CENTRAL PENNSYLVANIA TODAY THE VARIOUS DIVISIONS INCLUDE RIVERWOODS SENIOR LIVING COMMUNITY IN LEWISBURG, NORMANDIE RIDGE SENIOR LIVING COMMUNITY IN YORK, ALBRIGHT LIFE OF LYCOMING/CLINTON COUNTIES, ALBRIGHT LIFE OF LANCASTER COUNTY, AND ALBRIGHT LIFE LEBANON COUNTY ACS SERVES THE ENTIRE SUSQUEHANNA VALLEY OF PENNSYLVANIA THE CORPORATION IS AFFILIATED WITH THE CENTRAL PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH THROUGH HISTORY AND FAITH ACS IS GOVERNED BY A VOLUNTEER BOARD OF TRUSTEES WHICH ESTABLISHES POLICY AND LONG-RANGE PLANNING FOR THE ORGANIZATION THE MAJORITY OF BOARD MEMBERS MUST BE UNITED METHODISTS THE BOARD INCLUDES ONE RESIDENT FROM EACH SENIOR LIVING COMMUNITY ACS HAS MANY SERVICES IT PROVIDES TO THE ELDERLY THE FOLLOWING DESCRIBES THE DETAILS OF THE ACS SERVICES IT PROVIDES IN A NONPROFIT SETTING RIVERWOODS SENIOR COMMUNITY CONSISTS OF THE FOLLOWING NURSING CARE CENTER THE 226-BED NURSING CARE CENTER CONTAINS BOTH SKILLED NURSING CARE (CONSTANT 24-HOUR CARE AND SUPERVISION) AND INTERMEDIATE AND CUSTODIAL NURSING CARE (LIMITED NURSING CARE AND 24-HOUR SUPERVISION FOR THOSE WHO ARE HOME-BOUND BUT NOT ROOM-BOUND) AND SHORT-TERM REHABILITATION RESIDENTS OF THE NURSING CARE CENTER PAY A MONTHLY FEE FOR ROOM, BOARD, AND INDIVIDUAL SERVICES UTILIZED DURING THE MONTH THE NURSING CARE CENTER IS MEDICARE AND MEDICAID CERTIFIED AS PART OF RIVERWOODS' SKILLED NURSING SERVICES, A SPECIALIZED REHABILITATION PROGRAM IS OFFERED TO RIVERWOODS RESIDENTS AS WELL AS TO THE SURROUNDING COMMUNITY LOCATED IN THE NURSING CARE CENTER, THIS EXTENSIVE THERAPY PROGRAM SPECIALIZES IN TREATING THE UNIQUE NEEDS OF PEOPLE IN TRANSITION BETWEEN THE HOSPITAL AND HOME AND OFFERS A HOME-LIKE SETTING WHERE RESIDENTS CAN RECUPERATE WITH UNLIMITED VISITING HOURS PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES ARE PROVIDED BY THIS UNIQUE PROGRAM RIVERVIEW MANOR RIVERVIEW MANOR IS A ONE-STORY BUILDING WITH APARTMENTS, A LAUNDRY, CRAFT AREA, LIBRARY AND LOUNGES ALL APARTMENTS HAVE KITCHENETTES AND PRIVATE BATHS AND ARE CONNECTED TO THE EMERGENCY CALL SYSTEM RESIDENTS FURNISH THEIR OWN PRIVATE APARTMENTS AND PAY A MONTHLY FEE FOR ROOM, BOARD, AND SERVICES PERSONAL CARE AND RESIDENTIAL LIVING ARE AVAILABLE AT RIVERVIEW MANOR THE PERSONAL CARE CENTER HOUSES THOSE RESIDENTS WHO NEED ASSISTANCE WITH DAILY ACTIVITIES BUT DO NOT REQUIRE 24-HOUR CARE GARDEN COTTAGES THERE ARE 53 GARDEN COTTAGES AVAILABLE FOR RESIDENTS WHO ARE NOT DEPENDENT ON SERVICES FROM THE NURSING CARE CENTER RESIDENTS PAY AN ENTRANCE FEE AND A MONTHLY RENTAL FEE WHICH ALSO COVERS ROUTINE AND OUTSIDE MAINTENANCE SERVICES A VARIETY OF ENHANCED SERVICES ARE OFFERED AT A NOMINAL PRICE HELPING RESIDENTS LIVE INDEPENDENTLY RIDGECREST COURT AND COMMONS RIDGECREST COURT AND COMMONS HAS 64 APARTMENT-STYLE, RESIDENTIAL LIVING HOMES RESIDENTS PAY AN ENTRANCE FEE AND A MONTHLY RENTAL FEE WHICH ALSO COVERS ROUTINE AND OUTSIDE MAINTENANCE SERVICES RIDGECREST COURT OFFERS AMENITIES FOR ALL RIVERWOODS RESIDENTS NORMANDIE RIDGE COMMUNITY CONSISTS OF THE FOLLOWING NURSING CARE CENTER THE NURSING CARE CENTER OPENED IN 1992 AND INCLUDES BOTH SKILLED AND INTERMEDIATE NURSING CARE RESIDENTS PAY A MONTHLY ROOM AND BOARD CHARGE PLUS FEES FOR ANY SERVICES UTILIZED FOR THEIR CARE THE NURSING CARE CENTER IS MEDICARE AND MEDICAID CERTIFIED PERSONAL CARE CENTER THE PERSONAL CARE CENTER IS A BUILDING WITH APARTMENTS, A LAUNDRY, CRAFT AREA, LIBRARY AND LOUNGES ALL APARTMENTS HAVE KITCHENETTES AND PRIVATE BATHS AND ARE CONNECTED TO THE EMERGENCY CALL SYSTEM RESIDENTS FURNISH THEIR OWN PRIVATE APARTMENTS AND PAY A MONTHLY FEE FOR ROOM, BOARD, AND SERVICES THE PERSONAL CARE CENTER HOUSES THOSE RESIDENTS WHO NEED ASSISTANCE WITH DAILY ACTIVITIES BUT DO NOT REQUIRE 24-HOUR CARE GARDEN COTTAGES RESIDENTS LIVING IN THE GARDEN COTTAGES ARE NOT DEPENDENT ON THE NURSING CARE CENTER FOR SERVICES THE RESIDENTS PAY AN ENTRANCE FEE AND A MONTHLY FEE WHICH ALSO COVERS ROUTINE AND OUTSIDE MAINTENANCE SERVICES A VARIETY OF ENHANCED SERVICES ARE OFFERED AT A NOMINAL FEE TO KEEP RESIDENTS OF THE GARDEN COTTAGES LIVING INDEPENDENTLY AS LONG AS POSSIBLE MANCHESTER COURT AND COMMONS MANCHESTER COURT AND COMMONS HAS 75 APARTMENT-STYLE RESIDENTIAL LIVING HOMES RESIDENTS PAY AN ENTRANCE FEE AND A MONTHLY RENTAL FEE WHICH ALSO COVERS ROUTINE AND OUTSIDE MAINTENANCE SERVICES MANCHESTER COURT AND COMMONS OFFERS MANY AMENITIES FOR ALL NORMANDIE RIDGE RESIDENTS SHORT-TERM REHABILITATION THE SHORT-TERM REHABILITATION UNIT AT NORMANDIE RIDGE SPECIALIZES IN TREATING THE UNIQUE NEEDS OF PEOPLE WHO ARE IN TRANSITION BETWEEN THE HOSPITAL AND HOME THE UNIT OFFERS A HOME-LIKE SETTING WHERE GUESTS CAN RECUPERATE WITH UNLIMITED VISITING HOURS ALBRIGHT LIFE CONSISTS OF THE FOLLOWING LIFE (LIVING INDEPENDENTLY FOR ELDERS) IS PENNSYLVANIA'S VERSION OF THE NATIONALLY-RECOGNIZED PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) ACS HAS BEEN DESIGNATED BY THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE AS THE PROVIDER OF LIFE PROGRAM SERVICES IN LANCASTER, LYCOMING/CLINTON, AND LEBANON COUNTIES THE PARTICIPANTS IN THE LIFE PROGRAM ARE PERSONS OVER THE AGE OF 55 WHO WOULD QUALIFY TO RECEIVE THEIR CARE IN A NURSING FACILITY, BUT WHO PREFER INSTEAD TO LIVE AT HOME EACH LIFE PROGRAM IS BASED AT THE LIFE CENTER (WITH A HEALTH CARE CLINIC AND ADULT DAY CARE SITE), WHICH IS THE HUB OF THE LIFE PROGRAM AT THE CENTER, PARTICIPANTS RECEIVE DIRECT ATTENTION FOR THEIR MEDICAL, REHABILITATION, AND PSYCHOSOCIAL NEEDS THEY MEET WITH MEMBERS OF THE INTERDISCIPLINARY LIFE CARE TEAM, GET HELP WITH PERSONAL CARE, AND PARTICIPATE IN SOCIAL AND RECREATIONAL ACTIVITIES THE LIFE PRIMARY CARE PHYSICIAN AND THE INTERDISCIPLINARY LIFE CARE TEAM COORDINATE AND CASE-MANAGE THE FAMILIAR ELEMENTS OF A TRADITIONAL HEALTH CARE SYSTEM SUCH AS PRIMARY, ACUTE, HOME, AND LONG-TERM FACILITY SERVICES WHEN NEEDED SO THAT LIFE PARTICIPANTS AND THEIR CAREGIVERS RECEIVE APPROPRIATE CARE AND SUPPORT THIS COMPREHENSIVE PROGRAM EMPHASIZES PREVENTATIVE CARE, WHICH IS GENERALLY MORE EFFECTIVE AND LESS COSTLY THAN FRAGMENTED TRADITIONAL HEALTH CARE, THUS RESPONDING TO THE DEMANDS OF PARTICIPANTS, FAMILIES, HEALTH CARE PROVIDERS, AND THE GOVERNMENT PROGRAMS THAT PAY FOR THE CARE THE ALBRIGHT LIFE CENTER IN LYCOMING/CLINTON COUNTIES OPENED IN JUNE 2008 ALBRIGHT LIFE OF LANCASTER OPENED IN OCTOBER 2008 THE ALBRIGHT LIFE CENTER IN LEBANON COUNTY OPENED IN OCTOBER 2011 MEALS ON WHEELS PROGRAM ACS OPERATES THE MEALS ON WHEELS PROGRAM FOR OVER 170 ELDERLY INDIVIDUALS WITHIN THE COMMUNITY THE MEALS ON WHEELS PROGRAM PROVIDE ELDERLY INDIVIDUALS THE ABILITY TO GET THEIR ONLY MEAL OF THE DAY ACS OVERSEES THIS PROGRAM WHICH IS ALSO STAFFED WITH VOLUNTEERS THAT PREPARE AND DELIVER THE MEALS EACH OF THE ABOVE DIVISIONS OF ACS SUPPORT ITS VISION OF PROVIDING A CONTINUUM OF CARE THAT FULFILLS HUMAN NEED, BUILDS COMMUNITY, WORKS THROUGH PARTNERSHIPS AND LIVES OUT THE CHRISTIAN FAITH THE SERVICES PROVIDED BY ACS ARE AVAILABLE TO ELDERLY PERSONS THROUGHOUT THE SUSQUEHANNA VALLEY</p>	

[illegible][illegible]

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b>	<b>41,833,360</b>
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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 Yes	
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 Yes	
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 Yes	
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	No
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 Yes	
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	Yes	
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	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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.	68	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
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.	800	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
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)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	No
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	No
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 17		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	<b>9</b>		No

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	PA
<b>18</b> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	JACQUELINE DANCHO TREASURERCFO 90 MAPLEWOOD DRIVE LEWISBURG, PA 17837 (570) 522-3880

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

**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

[illegible]



## Part VII

[illegible]

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,281,585	0	78,282

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 ► 10

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
	<b>3</b>		No
<b>4</b>	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> . . . . .		
	<b>4</b>	Yes	
<b>5</b>	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> . . . . .		
	<b>5</b>		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
HEPCO CONSTRUCTION  62 H S DRIVE SELINGROVE, PA 17870	CONSTRUCTION	2,781,401
SODEXO INC & AFFILIATES  PO BOX 360170 PITTSBURGH, PA 15251	DIETARY MANAGEMENT	2,485,598
STEWART & TATE INC  950 SMILE WAY YORK, PA 17404	ARCHITECTURE	2,259,597
SELECT MEDICAL REHABILITATION SVCS  PO BOX 643920 PITTSBURGH, PA 15264	REHABILITATION SVCS	1,236,458
FUNCTIONAL PATHWAYS  10133 SHERILL BLVD-STE 200 KNOXVILLE, TN 37932	REHABILITATION SVCS	1,106,370

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 ► 53

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	145,121				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	460,566				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			605,687			
Program Service Revenue			Business Code					
	2a	NET RESIDENT SERVICES REVENUE	623000	49,093,218	49,093,218			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			49,093,218			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		99,619			99,619
4		Income from investment of tax-exempt bond proceeds . . . . .						
5		Royalties . . . . .						
6a		(i) Real		(ii) Personal				
		76,340						
		b Less rental expenses		0				
		c Rental income or (loss)		76,340				
d		Net rental income or (loss) . . . . .		76,340			76,340	
7a		(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses		642,674				
		c Gain or (loss)		-642,674				
d		Net gain or (loss) . . . . .		-642,674			-642,674	
8a		Gross income from fundraising events (not including \$ 145,121 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
a		10,928						
b		Less direct expenses . . . . .		24,188				
c		Net income or (loss) from fundraising events . . . . .		-13,260				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .						
a								
b		Less direct expenses . . . . .						
c	Net income or (loss) from gaming activities . . . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .							
a								
b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code						
11a	OTHER OPERATING REV		900099	637,236	637,236			
b	GAIN ON REAL ESTATE TAX RESOLUTIO		900099	77,826			77,826	
c	OTHER INCOME - RW AUXILLARY		900099	60,395	60,395			
d	All other revenue . . . . .			28,101	28,101			
e	Total. Add lines 11a-11d . . . . .			803,558				
12	Total revenue. See Instructions . . . . .			50,022,488	49,818,950	0	-402,149	

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	691,923		691,923	
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	16,700,099	13,342,989	3,139,915	217,195
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,701	13,858	8,843	
9 Other employee benefits	3,278,040	2,547,124	689,454	41,462
10 Payroll taxes	1,250,280	984,482	249,849	15,949
11 Fees for services (non-employees)				
a Management				
b Legal	94,708		94,708	
c Accounting				
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)	4,478,068	4,389,523	88,545	
12 Advertising and promotion	402,238	402,238		
13 Office expenses	1,131,167	788,641	340,733	1,793
14 Information technology				
15 Royalties				
16 Occupancy	2,371,614	1,475,685	895,929	
17 Travel	328,000	272,769	55,231	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	153,785	9,016	144,769	
20 Interest	826,146	826,146		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,027,992	3,027,992		
23 Insurance	435,932	435,932		
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 SERVICES	6,207,451	6,207,451		
b PHARMACY	2,678,988	2,678,988		
c DIETARY	2,281,213	2,281,213		
d EQUIPMENT RENTAL & MAIN	1,355,980	1,090,416	265,564	
e All other expenses	1,763,739	1,058,897	704,842	
25 Total functional expenses. Add lines 1 through 24e	49,480,064	41,833,360	7,370,305	276,399
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			36,563	1	63,965
	2	Savings and temporary cash investments			8,476,449	2	8,328,088
	3	Pledges and grants receivable, net			0	3	147,807
	4	Accounts receivable, net			3,050,113	4	3,240,379
	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			338,079	8	325,962
	9	Prepaid expenses and deferred charges			792,765	9	684,113
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	92,793,783			
	b	Less: accumulated depreciation	10b	41,221,909	45,228,517	10c	51,571,874
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11.			19,787,775	12	24,388,198
	13	Investments—program-related. See Part IV, line 11.				13	
Liabilities	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			2,032,068	15	2,478,753
	16	Total assets. Add lines 1 through 15 (must equal line 34).			79,742,329	16	91,229,139
	17	Accounts payable and accrued expenses			6,339,984	17	6,840,731
	18	Grants payable				18	
	19	Deferred revenue			5,694,790	19	5,883,628
	20	Tax-exempt bond liabilities			17,883,411	20	17,143,103
	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			3,115,702	23	12,238,522
Net Assets or Fund Balances	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.			17,320,493	25	18,452,278
	26	Total liabilities. Add lines 17 through 25.			50,354,380	26	60,558,262
		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			14,151,693	27	14,483,859
	28	Temporarily restricted net assets			8,750,154	28	9,272,151
	29	Permanently restricted net assets			6,486,102	29	6,914,867
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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			29,387,949	33	30,670,877
	34	Total liabilities and net assets/fund balances			79,742,329	34	91,229,139

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	50,022,488
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,480,064
3	Revenue less expenses Subtract line 2 from line 1	3	542,424
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,387,949
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	740,504
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,670,877

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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		

Additional Data

Software ID:

Software Version:

EIN: 23-1887138

Name: ALBRIGHT CARE SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
KEITH S KUZIO ..... CHAIR	1 00 .....	X		X				0	0	0
GEORGEANN M ECKSTINE ..... VICE-CHAIR	1 00 .....	X		X				0	0	0
SUSAN MARTIN ..... TRUSTEE	1 00 .....	X						0	0	0
REV KAREN ATANASOFF ..... TRUSTEE	1 00 .....	X						0	0	0
REV KATHY HARVEY NELSON ..... TRUSTEE	1 00 .....	X						0	0	0
ROBERT BOOZ ..... TRUSTEE	1 00 .....	X						0	0	0
HOWARD BERTHOLD ..... TRUSTEE	1 00 .....	X						0	0	0
ROBERT J FUNK ..... TRUSTEE	1 00 .....	X						0	0	0
THOMAS C GRAVER JR ..... TRUSTEE	1 00 .....	X						0	0	0
ROBERT S HARDER ..... TRUSTEE	1 00 .....	X						0	0	0
CONNIE MAY ..... TRUSTEE	1 00 .....	X						0	0	0
DALE MOYER ..... TRUSTEE	1 00 .....	X						0	0	0
REV THOMAS STEGER ..... TRUSTEE	1 00 .....	X						0	0	0
REV GREGORY MYERS ..... TRUSTEE	1 00 .....	X						0	0	0
ROBERT RYAN ..... TRUSTEE	1 00 .....	X						0	0	0
REV KEITH SCHMUCK ..... TRUSTEE	1 00 .....	X						0	0	0
ANNE ZERBE ..... TRUSTEE	1 00 .....	X						0	0	0
GRETCHEN WAGONER ..... TRUSTEE	1 00 .....	X						0	0	0
SHAUN T SMITH ..... PRESIDENT/CEO	40 00 ..... 1 00			X				234,413	0	9,204
JACQUELINE DANCHO ..... TREASURER/CFO	40 00 ..... 1 00			X				180,588	0	8,889
DOUGLAS FLASHER ..... COO	40 00 ..... 1 00			X				175,833	0	8,855
CAROL KLOSE ..... CORPORATE SECRETARY	40 00 .....			X				65,797	0	8,344
LENNEA BROWN ..... EXEC DIR - RW	40 00 .....					X		122,789	0	8,599
BRYAN GUSHEN ..... PHARMACIST	40 00 .....					X		109,981	0	8,496
MATTHEW HAZEN ..... EXEC DIR - LIFE LANCASTER/LYCOMING-CLINTON/LEBANON	40 00 .....					X		127,653	0	8,622

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LOUANN SHIVELY ..... VP, REGULATORY AFFAIRS	40 00 .....					X		137,732	0	8,661
FRANCINE ASHBY ..... VP, FUND DEVELOPMENT	40 00 .....					X		126,799	0	8,612

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
--	--

Part IReason 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 (Form 990 or 990-EZ))
- 3

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 . . . . . ▶						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2015.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	▶ <input type="checkbox"/>	
b	33 1/3% support test—2014.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	▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2015.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	▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2014.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	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	545,279	527,020	3,074,469	751,820	605,687	5,504,275
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	42,450,748	45,608,586	48,082,951	50,881,015	49,093,218	236,116,518
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	42,996,027	46,135,606	51,157,420	51,632,835	49,698,905	241,620,793
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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						0
cAdd lines 7a and 7b						0
8Public support. (Subtract line 7c from line 6 )						241,620,793

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9Amounts from line 6	42,996,027	46,135,606	51,157,420	51,632,835	49,698,905	241,620,793
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,073	167,570	179,555	177,619	175,959	860,776
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	160,073	167,570	179,555	177,619	175,959	860,776
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )	744,914	623,560	609,074	1,738,820	803,558	4,519,926
13Total support. (Add lines 9, 10c, 11, and 12 )	43,901,014	46,926,736	51,946,049	53,549,274	50,678,422	247,001,495
14First 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

15Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	97.820 %
16Public support percentage from 2014 Schedule A, Part III, line 15	16	97.760 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.350 %
18Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.400 %
19a33 1/3% support tests—2015.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 ▶		
b33 1/3% support tests—2014.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 ▶		
20Private 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in <b>Part VI</b> 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.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in <b>Part VI</b> the role the organization’s supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>			
<div>2</div> <div>Activities Test <b>Answer (a) and (b) below.</b></div>			
<div>a</div> <div>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? <i>If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.</i></div>			
<div>b</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i></div>			
<div>3</div> <div>Parent of Supported Organizations <b>Answer (a) and (b) below.</b></div>			
<div>a</div> <div>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? <i>Provide details in Part VI.</i></div>			
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>			

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) <input type="checkbox"/>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**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," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ALBRIGHT CARE SERVICES

Employer identification number  
23-1887138

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on Form 990, Part VIII, line 1

► \$ 0

(ii)

Assets included in Form 990, Part X

► \$ 529,685

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 on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2015



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" on 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
<div>c</div> Beginning balance	<div>1c</div>
<div>d</div> Additions during the year	<div>1d</div>
<div>e</div> Distributions during the year	<div>1e</div>
<div>f</div> Ending balance	<div>1f</div>

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
<div>1a</div> Beginning of year balance	3,542,755	2,885,039	2,155,872	1,987,491	1,775,756
<div>b</div> Contributions	1,007,521	507,583	514,989	99,329	153,683
<div>c</div> Net investment earnings, gains, and losses	-98,465	150,133	214,178	69,052	58,052
<div>d</div> Grants or scholarships					
<div>e</div> Other expenditures for facilities and programs					
<div>f</div> Administrative expenses					
<div>g</div> End of year balance	4,451,811	3,542,755	2,885,039	2,155,872	1,987,491

2

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

a

Board designated or quasi-endowment

29 530 %

b

Permanent endowment

55 880 %

c

Temporarily restricted endowment

14 590 %

The percentages on 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)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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)	Accumulated (c)depreciation	(d)Book value
<div>1a</div> Land		1,638,813		1,638,813
<div>b</div> Buildings		65,154,227	27,834,116	37,320,111
<div>c</div> Leasehold improvements		1,067,800	401,043	666,757
<div>d</div> Equipment		14,290,876	10,002,659	4,288,217
<div>e</div> Other		10,642,067	2,984,091	7,657,976
<div>Total.</div> <div>Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</div>				51,571,874



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	49,958,180
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	24,188
e	Add lines 2a through 2d . . . . .	2e	24,188
3	Subtract line 2e from line 1 . . . . .	3	49,933,992
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	88,496
c	Add lines 4a and 4b . . . . .	4c	88,496
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	50,022,488

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	49,419,767
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	24,188
e	Add lines 2a through 2d . . . . .	2e	24,188
3	Subtract line 2e from line 1 . . . . .	3	49,395,579
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	84,485
c	Add lines 4a and 4b . . . . .	4c	84,485
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	49,480,064

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 V, LINE 4	ALBRIGHT CARE SERVICES REVIEWS AND UPDATES SPENDING CRITERIA OF THE ENDOWMENT FUNDS ANNUALLY IT IS THE ORGANIZATION'S OVERALL INTENT TO SPEND THE FUNDS BASED ON THE DONOR'S DIRECTIVE IN ADDITION,THE ORGANIZATION HAS ADOPTED A CURRENT STRATEGY TO MAINTAIN GROWTH UNTIL THE BENEVOLENT FUND ENDOWMENT REACHES \$1 MILLION
PART X, LINE 2	THE ORGANIZATION FOLLOWS THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS THAT PRESCRIBES 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 THE GUIDANCE ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE MANAGEMENT HAS DETERMINED THAT THIS GUIDANCE HAD NO MATERIAL EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN GENERAL AND ADMINISTRATIVE EXPENSES THERE WERE NO INTEREST OR PENALTIES RECOGNIZED ON THE STATEMENTS OF OPERATIONS AS A RESULT OF THIS GUIDANCE GENERALLY, TAX RETURNS FOR YEARS ENDED DECEMBER 31, 2012, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 24,188
PART XI, LINE 4B - OTHER ADJUSTMENTS	NR & RW AUXILIARY INCOME 88,496
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 24,188
PART XII, LINE 4B - OTHER ADJUSTMENTS	NR & RW AUXILIARY INCOME 84,485

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

Part II Fundraising Events.

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

Revenue		(a)Event #1 <u>GOLF CHALLENGE</u> (event type)	(b)Event #2 <u>GRAND ILLUMINATION NR AND RW</u> (event type)	(c)Other events <hr/> (total number)	(d) Total events (add col (a) through col (c))
	1	Gross receipts . . . . .	113,793	42,256	156,049
	2	Less Contributions . . . . .	104,625	40,496	145,121
	3	Gross income (line 1 minus line 2) . . . . .	9,168	1,760	10,928
Direct Expenses	4	Cash prizes . . . . .	1,000		1,000
	5	Noncash prizes . . . . .	2,622		2,622
	6	Rent/facility costs . . . . .	6,120		6,120
	7	Food and beverages . . . . .	3,048	1,160	4,208
	8	Entertainment . . . . .		600	600
	9	Other direct expenses . . . . .	8,400	1,238	9,638
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			24,188
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			-13,260

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . . <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶			

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ALBRIGHT CARE SERVICES

Employer identification number  
23-1887138

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>			
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			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed on 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		No
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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHAUN T SMITH PRESIDENT/CEO	(i)	205,893	20,000	8,520	0	9,204	243,617	0
	(ii)	0	0	0	0	0	0	0
2 JACQUELINE DANCHO TREASURER/CFO	(i)	155,948	15,000	9,640	0	8,889	189,477	0
	(ii)	0	0	0	0	0	0	0
3 DOUGLAS FLASHERCOO	(i)	152,428	15,075	8,330	0	8,855	184,688	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 Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	UNION COUNTY HOSPITAL AUTHORITY	23-2739624		07-03-2013	13,755,000	REFUND OF SERIES 2003A, 2005A AND APPROVED CAPITAL PROJECTS		X		X		X
B	SUSQUEHANNA BANK	23-0570293		12-18-2014	10,000,000	CAPITAL PROJECTS		X		X		X

Part II Proceeds											
						A	B	C	D		
1 Amount of bonds retired . . . . .						1,101,897					
2 Amount of bonds legally defeased . . . . .											
3 Total proceeds of issue . . . . .						13,755,000	10,000,000				
4 Gross proceeds in reserve funds . . . . .							5,982,250				
5 Capitalized interest from proceeds . . . . .							23,442				
6 Proceeds in refunding escrows . . . . .											
7 Issuance costs from proceeds . . . . .						204,558	50,025				
8 Credit enhancement from proceeds . . . . .											
9 Working capital expenditures from proceeds . . . . .											
10 Capital expenditures from proceeds . . . . .							4,017,750				
11 Other spent proceeds . . . . .											
12 Other unspent proceeds . . . . .											
13 Year of substantial completion . . . . .											
						Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .						X			X		
15 Were the bonds issued as part of an advance refunding issue? . . . . .							X		X		
16 Has the final allocation of proceeds been made? . . . . .						X			X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .						X			X		

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %		0 %					
6	Total of lines 4 and 5 . . . . .	0 %		0 %					
7	Does the bond issue meet the private security or payment test? . . .		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
2	If "No" to line 1, did the following apply? . . . . .								
a	Rebate not due yet? . . . . .	X		X					
b	Exception to rebate? . . . . .		X		X				
c	No rebate due? . . . . .		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . . .		X		X				

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HEPKO CONSTRUCTION	GEORGEANN M ECKSTINE, BOARD MEMBER'S FAMILY MEMBER OWNS GREATER THAN 35%	2,781,401	CONSTRUCTION SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
ALBRIGHT CARE SERVICES**Employer identification number**

23-1887138

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	ALBRIGHT CARE SERVICES HAS A CPA FIRM PREPARE ITS FORM 990 THE RETURN IS COMPLETED IN DRAFT FORM AND REVIEWED BY MANANGEMENT OF THE ORGANIZATION THE FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	ALBRIGHT CARE SERVICES ANNUALLY REQUIRES ITS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES TO FILL OUT A DUALITY OF INTEREST FORM DURING BOARD MEETINGS, IF AN INTERESTED PARTY HAS A C ONFLICT, HE OR SHE RECUSES THEMSELVES FROM VOTING
FORM 990, PART VI, SECTION B, LINE 15	ALBRIGHT CARE SERVICES' BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THEIR ORGANIZATION'S TOP MANAGEMENT AND KEY EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 18	ALBRIGHT CARE SERVICES MAKES ITS FORM 990 AND FORM 1023 AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	AT THIS TIME, ALBRIGHT CARE SERVICES DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICTS OF I NTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -43,140 TEMPORARILY RESTRICTED CONTRIBUTIONS 359,251 VALUATION LOSS, BENEFICAL INTEREST IN PERPETUAL TRUSTS -244,386 PERMANENTLY RES TRICTED CONTRIBUTIONS 733,903 NET ASSETS RELEASED FROM RESTRICTIONS -20,520 TRANSFER FRO M AUXILLARY -44,604
FORM 990, PART XII, LINE 2C	ALBRIGHT CARE SERVICES HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR



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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ALBRIGHT CARE SERVICES

Employer identification number  
23-1887138

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
(1)WARRIOR RUN MANOR INC 1105 MAIN STREET  WATSONTOWN, PA 17777 23-2137458	PROVIDES HOUSING FOR LOW INCOME ELDERLY & HANDICAPPED FAMILIES	PA	501(C)(3)	509(A)(2)	ALBRIGHT CARE SERVICES	Yes	

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) 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	

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
ALBRIGHT COMMUNITY (1)SRVCS LTD  90 MAPLEWOOD DR LEWISBURG, PA 17837 23-3013803	SHELL CORPORATION	PA	ALBRIGHT CARE SERVICES	C			100 000 %	Yes	

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) . . . . .

YesNo

1aNo

1bNo

1cNo

1dNo

1eNo

1fNo

1gNo

1hNo

1iYes

1jNo

1kNo

1lNo

1mNo

1nNo

1oYes

1pNo

1qNo

1rNo

1sYes

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
(1)WARRIOR RUN MANOR INC	0	113,749	

Schedule R (Form 990) 2015

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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