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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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	C Name of organization PASSAVANT MEMORIAL HOMES		D Employer identification number 25-1021794
	Doing business as		E Telephone number (412) 820-1010
	Number and street (or P O box if mail is not delivered to street address) Room/suite 100 PASSAVANT WAY	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15238	G Gross receipts \$ 71,194,601
F Name and address of principal officer RICK SENFT 100 PASSAVANT WAY PITTSBURGH, PA 15238		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I 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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ HTTP //WWW PASSAVANT ORG		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1895	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PASSAVANT MEMORIAL HOMES, INC IS A PRIVATE, NON-PROFIT HUMAN SERVICES ORGANIZATION WHOSE MISSION IS TO EMPOWER PEOPLE WITH DISABILITIES TO LIVE IN THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY SUPPORTS WHILE PROMOTING CHOICE AND INDEPENDENCE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,636
	6 Total number of volunteers (estimate if necessary)	6	8
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	50,662	78,166
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,719,550	70,426,185
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-72,478	173,680
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	739,230	516,570
	12	68,436,964	71,194,601
Net Assets or Fund Balances	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)	45,385,840	49,080,171
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,242		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,000,787	19,418,329
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	66,386,627	68,498,500	
19 Revenue less expenses Subtract line 18 from line 12	2,050,337	2,696,101	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	38,330,819	23,212,682
	22 Net assets or fund balances Subtract line 21 from line 20	27,814,848	11,437,619
22	10,515,971	11,775,063	

Part II Signature Block

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

Sign Here	***** Signature of officer	2017-03-24 Date
	ROBERT DOUGHERTY CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY J PETRELL CPA	Preparer's signature JEFFREY J PETRELL CPA	Date 2017-03-24	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	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

PASSAVANT MEMORIAL HOMES, INC IS A PRIVATE, NON-PROFIT HUMAN SERVICES ORGANIZATION WHOSE MISSION IS TO EMPOWER PEOPLE WITH DISABILITIES TO LIVE IN THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY SUPPORTS WHILE PROMOTING CHOICE AND INDEPENDENCE

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 \$ 61,583,644 including grants of \$) (Revenue \$ 70,942,755)

PASSAVANT MEMORIAL HOMES, INC PRESENTLY PROVIDES A FULL RANGE OF COMPREHENSIVE SUPPORT PROGRAMS TO OVER 1,000 CHILDREN, ADULTS AND SENIORS WITH INTELLECTUAL DISABILITIES AND BEHAVIORAL HEALTH SUPPORT NEEDS SERVICES INCLUDE RESIDENTIAL, CHILDREN'S PROGRAMS, FAMILY LIVING, VOCATIONAL PROGRAMS, OLDER ADULT DAY CARE, HOME AND COMMUNITY BASED PROGRAMS, SUPPORTED LIVING/HOUSING, TRIAGE NURSING SERVICES, AND LONG TERM STRUCTURED RESIDENCES FOR MORE INFORMATION, PLEASE VISIT WWW PASSAVANT ORG

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 61,583,644

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ ROBERT L DOUGHERTY 100 PASSAVANT WAY PITTSBURGH, PA 15238 (412) 820-1010

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(1) HAZEL SHEFFIELD CHAIRMAN	1 00	X		X					0	0	0
(2) MARY ANN BOLLAND VICE CHAIRMAN	1 00	X		X					0	0	0
(3) JACK WADDELL BOARD MEMBER	1 00	X							0	0	0
(4) DAVID CALIGURI BOARD MEMBER	1 00	X							0	0	0
(5) MATT HAFF BOARD MEMBER	1 00	X							0	0	0
(6) JOSEPH O'DONNELL BOARD MEMBER	1 00	X							0	0	0
(7) LARRY VOGEL BOARD MEMBER	1 00	X							0	0	0
(8) JOHN O'KEEFE BOARD MEMBER	1 00	X							0	0	0
(9) SUSAN ABRAMOWICH BOARD MEMBER	1 00	X							0	0	0
(10) ROBERT DOUGHERTY CFO & CO-TREASURER	1 00 40 00			X					0	244,705	29,240
(11) CAROL GRANT VP OF BUSINESS OPER & CO-TREASURER	1 00 40 00			X					0	209,991	7,604
(12) GREG HERSHBERGER COO AND VICE PRESIDENT	1 00 40 00			X					0	470,063	31,416
(13) LAWRENCE KUSHIK VP OF ADMIN & CO-SECRETARY	1 00 40 00			X					0	172,884	26,080
(14) RICK SENFT CEO AND PRESIDENT	1 00 40 00			X					0	843,591	20,514

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRENDA WYMAN VP OF OPERATIONS & CO-SECRETARY	1 00 40 00			X				0	172,501	25,541
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	2,113,735	140,395	

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 **▶ 15**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
FOX ROTHSCHILD LLP 2000 MARKET STREET 10TH FLOOR PHILADELPHIA, PA 19103	LEGAL SERVICES	415,572
BUD BEHLING LEASING INC PO BOX 642109 PITTSBURGH, PA 15264	VEHICLE LEASING	411,643
HORIZON INFORMATION SYSTEMS 435 NAPOLEON PLACE JOHNSTOWN, PA 15901	IT SERVICES	306,846
ENTERPRISE FLEET SERVICES 4489 CAMPBELLS RUN ROAD PITTSBURGH, PA 15205	VEHICLE LEASING	281,792
DILLON MCCANDLESS KING 128 WEST CUNNINGHAM STREET BUTLER, PA 16001	LEGAL SERVICES	113,576

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 **▶ 7**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 78,166					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		78,166			
Program Service Revenue	2a PROGRAM REVENUE _____ Business Code 624100	68,345,282	68,345,282			
	b ROOM & BOARD _____ Business Code 624100	2,080,903	2,080,903			
	c _____					
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		70,426,185			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	80,355			80,355	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	93,325			
		b Less cost or other basis and sales expenses		0		
		c Gain or (loss)		93,325		
	d Net gain or (loss) ▶		93,325			93,325
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
		c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19 a					
		b Less direct expenses b				
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a FOOD STAMP REVENUE _____ Business Code 624100	380,141	380,141				
b MISCELLANEOUS REVENUE _____ Business Code 624100	129,579	129,579				
c TRANSPORTATION REVENUE _____ Business Code 624100	6,850	6,850				
d All other revenue						
e Total. Add lines 11a-11d ▶		516,570				
12 Total revenue. See Instructions ▶		71,194,601	70,942,755	0	173,680	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,964,297	38,774,846	189,451	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,799	143,129	1,670	
9	Other employee benefits	6,806,376	6,716,498	89,878	
10	Payroll taxes	3,164,699	3,153,687	11,012	
11	Fees for services (non-employees)				
a	Management	4,082,367		4,082,367	
b	Legal	223,433		223,433	
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)	5,538,637	5,361,853	176,784	
12	Advertising and promotion	448,214	420,020	23,952	4,242
13	Office expenses	337,100	176,839	160,261	
14	Information technology	108,105	108,105		
15	Royalties				
16	Occupancy	1,479,575	1,355,003	124,572	
17	Travel	2,103,830	2,040,244	63,586	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	366,635	204,257	162,378	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	592,943	512,703	80,240	
23	Insurance	468,815		468,815	
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	FOOD	1,329,884	1,322,421	7,463	
b	REPAIRS & MAINTENANCE	1,142,068	939,263	202,805	
c	BAD DEBT EXPENSE	717,287		717,287	
d	TREATMENT SERVICES	186,644	186,644		
e	All other expenses	292,792	168,132	124,660	
25	Total functional expenses. Add lines 1 through 24e	68,498,500	61,583,644	6,910,614	4,242
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	60,556	1	1,375,718
	2 Savings and temporary cash investments	140,104	2	194,715
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	25,109,314	4	9,442,441
	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		8	
	9 Prepaid expenses and deferred charges	262,342	9	316,348
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 28,316,106		
	b Less accumulated depreciation	10b 16,559,011	11,972,605	10c 11,757,095
	11 Investments—publicly traded securities	111,582	11	110,521
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	674,316	15	15,844
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,330,819	16	23,212,682	
Liabilities	17 Accounts payable and accrued expenses	2,782,929	17	4,005,894
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	22,333,294	23	4,860,732
	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	2,698,625	25	2,570,993
	26 Total liabilities. Add lines 17 through 25	27,814,848	26	11,437,619
Net Assets or Fund Balances	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	10,515,971	27	11,775,063
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	10,515,971	33	11,775,063	
34 Total liabilities and net assets/fund balances	38,330,819	34	23,212,682	

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	71,194,601
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,498,500
3	Revenue less expenses Subtract line 2 from line 1	3	2,696,101
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,515,971
5	Net unrealized gains (losses) on investments	5	-1,060
6	Donated services and use of facilities	6	12,575
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,448,524
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,775,063

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		

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 III **Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	219,187	68,721	143,302	50,662	78,166	560,038
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,025,998	56,022,014	66,797,585	67,719,550	70,426,185	303,991,332
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	43,245,185	56,090,735	66,940,887	67,770,212	70,504,351	304,551,370
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6)						304,551,370

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	43,245,185	56,090,735	66,940,887	67,770,212	70,504,351	304,551,370
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,434	70,191	76,114	34,226	80,355	356,320
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	95,434	70,191	76,114	34,226	80,355	356,320
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,220,400	204,717	592,483	710,713	516,570	3,244,883
13 Total support. (Add lines 9, 10c, 11, and 12)	44,561,019	56,365,643	67,609,484	68,515,151	71,101,276	308,152,573
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	98.830 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	98.610 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.120 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.130 %

- 19a 33 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 ►
- b 33 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 ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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 Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
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>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.35	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

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

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
PASSAVANT MEMORIAL HOMES

Employer identification number
25-1021794

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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
1a Land		6,337,302		6,337,302
b Buildings		18,230,339	12,898,020	5,332,319
c Leasehold improvements				
d Equipment		325,301	325,301	0
e Other		3,423,164	3,335,690	87,474
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				11,757,095

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	71,206,116
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-1,060	
b	Donated services and use of facilities	2b	12,575	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e 11,515
3	Subtract line 2e from line 1			3 71,194,601
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		
c	Add lines 4a and 4b			4c 0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 71,194,601

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	68,498,500
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		
e	Add lines 2a through 2d			2e 0
3	Subtract line 2e from line 1			3 68,498,500
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 68,498,500

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON ITS EXEMPT INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE THE ORGANIZATION FOLLOWS THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A CORPORATION'S 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 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 AND CHANGES IN NET ASSETS AS A RESULT OF THIS GUIDANCE GENERALLY, TAX RETURNS FOR YEARS ENDED JUNE 30, 2013, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
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▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization PASSAVANT MEMORIAL HOMES	Employer identification number 25-1021794
--	--

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	Yes								
<p>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.</p>	7	No								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT DOUGHERTY CFO & CO-TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	219,615	24,000	1,090	5,905	23,335	273,945	0
2 CAROL GRANT VP OF BUSINESS OPER & CO-TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	195,192	9,000	5,799	0	7,604	217,595	0
3 GREG HERSHBERGER COO AND VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	348,414	66,350	55,299	8,081	23,335	501,479	0
4 LAWRENCE KUSHIK VP OF ADMIN & CO- SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	164,366	4,000	4,518	5,566	20,514	198,964	0
5 RICK SENFT CEO AND PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	619,719	104,176	119,696	0	20,514	864,105	0
6 BRENDA WYMAN VP OF OPERATIONS & CO- SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	145,769	21,500	5,232	4,970	20,571	198,042	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	THE CEO, COO AND CFO, AS WELL AS ALL OFFICERS AND KEY EMPLOYEES, ARE EMPLOYED BY PASSAVANT DEVELOPMENT CORPORATION. THE TOTAL COMPENSATION FOR EACH OF THESE EMPLOYEES IS ALLOCATED ACROSS 16 SUBSIDIARIES AND AFFILIATES, IN ACCORDANCE WITH A COMPREHENSIVE ALLOCATION PLAN APPROVED BY THE INDEPENDENT AUDITORS AND ADOPTED BY THE BOARD OF DIRECTORS. THE COMPREHENSIVE ALLOCATION PLAN IS REVIEWED ANNUALLY. IN ADDITION, THE FOLLOWING METHODS ARE USED TO ESTABLISH THE COMPENSATION OF THE CEO, COO, CFO AND THE OFFICERS AND KEY EMPLOYEES TO ENSURE THAT THE COMPANY IS IN ACCORDANCE WITH THE IRS GUIDELINES - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OF STUDY - APPROVAL BY THE EXECUTIVE COMMITTEE AND THE FULL BOARD OF DIRECTORS.
PART I, LINE 4B	PASSAVANT DEVELOPMENT CORPORATION, A RELATED FOR-PROFIT CORPORATION, CONTRIBUTED TO A SERP PLAN FOR THE FOLLOWING INDIVIDUALS IN ACCORDANCE WITH COMPENSATION STUDIES AND APPROVED BY THE BOARD OF DIRECTORS: CAROL GRANT - \$3,233; GREG HERSHBERGER - \$50,901; LAWRENCE KUSHIK - \$3,173; RICK SENFT - \$115,752; BRENDA WYMAN - \$2,600. THE STANDARD ANNUAL SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN CONTRIBUTION WAS DEPOSITED IN JANUARY 2015. THIS ACCOUNTS FOR ALL SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN COMPENSATION.
PART I, LINE 6	BONUSES ARE BASED ON INDIVIDUAL PERFORMANCE TARGETS AND THE OPERATIONS OF PASSAVANT DEVELOPMENT CORPORATION. THE BONUSES ARE APPROVED BY THE FULL BOARD OF DIRECTORS.

**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.**2015****Open to Public
Inspection**Name of the organization
PASSAVANT MEMORIAL HOMES**Employer identification number**

25-1021794

Return Reference**Explanation**FORM 990, PART VI,
SECTION A, LINE 3MANAGEMENT SERVICES ARE PROVIDED BY PASSAVANT DEVELOPMENT CORPORATION (A FOR-PROFIT
SUBSIDIARY) PRINCIPLE SERVICES PROVIDED INCLUDE ADMINISTRATIVE, FINANCIAL, AND HUMAN RESOURCES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE PASSAVANT MEMORIAL HOMES 990 REVIEW AND SUBMISSION WILL FOLLOW THE PROCESS OUTLINED IN THE PASSAVANT MEMORIAL HOMES 990 POLICY 1 THE PASSAVANT MEMORIAL HOMES MANAGEMENT TEAM WILL COMPLETE A FIRST DRAFT OF THE 990 2 THE DRAFT 990 WILL BE SUBMITTED TO PASSAVANT MEMORIAL HOMES' INDEPENDENT AUDITORS FOR REVIEW AND THE PASSAVANT MEMORIAL HOMES MANAGEMENT TEAM WILL THEN MAKE ALL RECOMMENDED CHANGES 3 ONCE THE DRAFT 990 IS APPROVED BY THE INDEPENDENT AUDITORS IT WILL BE SUBMITTED TO PASSAVANT MEMORIAL HOMES' LEGAL COUNSEL FOR REVIEW AND ENDORSEMENT FOLLOWING REVIEW FROM LEGAL COUNSEL, THE PASSAVANT MEMORIAL HOMES MANAGEMENT TEAM WILL THEN MAKE ALL ADDITIONAL RECOMMENDED REVISIONS 4 PASSAVANT MEMORIAL HOMES' LEGAL COUNSEL WILL THEN PRESENT THE FINAL 990 DRAFT TO THE FULL BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED COMPLIANCE WITH THE CONFLICT OF INTEREST AND DISCLOSURE STATEMENT BY HAVING BOARD MEMBERS COMPLETE IT ANNUALLY IF AN INTERESTED PERSON HAS A CONFLICT, HE OR SHE RECUSES THEMSELVES FROM VOTING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR THE CEO AND OTHER KEY EMPLOYEES IS PAID BY PASSAVANT DEVELOPMENT CORPORATION PASSAVANT DEVELOPMENT CORPORATION USES INDEPENDENT SALARY STUDIES BY AN INDEPENDENT CONSULTANT, PRESENTATION TO BOARD, BOARD DELIBERATIONS, AND BOARD APPROVAL ADDITIONALLY, BOARD OF DIRECTORS POLICY STATES THAT NO EMPLOYEE IS TO RECEIVE A TOTAL COMPENSATION OF MORE THAN THE 75TH PERCENTILE OF THE COMPENSATION ANALYST'S RECOMMENDED SALARY, BENEFITS AND SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ALL OFFICERS AND KEY EMPLOYEES ARE EMPLOYED BY PASSAVANT DEVELOPMENT CORPORATION THE TOTAL COMPENSATION FOR EACH EMPLOYEE LISTED IS ALLOCATED ACROSS 16 SUBSIDIARIES AND AFFILIATES, IN ACCORDANCE WITH A COMPREHENSIVE ALLOCATION PLAN APPROVED BY THE INDEPENDENT AUDITORS AND ADOPTED BY THE BOARD OF DIRECTORS THE COMPREHENSIVE ALLOCATION PLAN IS REVIEWED ANNUALLY

Return Reference**Explanation**

FORM 990, PART VI, SECTION C, LINE
18

THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE TO THE PUBLIC UPON
REQUEST

Return Reference**Explanation**FORM 990, PART VI,
SECTION C, LINE 19AT THIS TIME, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -233,879 TRANSFER TO RELATED ORGANIZATION - 1,214,645

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	PASSAVANT MEMORIAL HOMES 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

Return Reference	Explanation
ARTICLES FROM ANNUAL REPORT	<p>BREAKING BARRIERS THROUGH INNOVATIVE SUPPORTS 2016 HAS BEEN YET ANOTHER YEAR IN WHICH PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES HAS EXCELLED IN PROVIDING CREATIVE AND COMPASSIONATE SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ID) AND BEHAVIORAL HEALTH (BH) NEEDS. THE NUMBER OF INDIVIDUALS SERVED ACROSS THE FOUR PROMINENT BUSINESS LINES, PASSAVANT MEMORIAL HOMES (PMH), PASSAVANT DEVELOPMENT CORPORATION (PDC), LIFE ENRICHMENT TRUST (LET) AND ACCESSIBLE DENTAL SERVICES (ADS), HAS RISEN TO ABOVE 11,000. AS CEO AND PRESIDENT, I AM BOTH HUMBLLED AND GRATEFUL FOR THE DEDICATION SHOWN BY OUR EXCEPTIONAL STAFF AND THE SUPPORT OF OUR BUSINESS PARTNERS ON A DAILY BASIS. TOGETHER, WE HAVE EMBRACED A VARIETY OF CHALLENGES THIS YEAR IN THE PURSUIT OF NEW OPPORTUNITIES TO EXPAND AND ENHANCE OUR REACH WITHIN THE ID/BH COMMUNITY. WITH THE EVER ENDURING MINDSET THAT ALL INDIVIDUALS DESERVE TO HAVE THE MOST FULFILLING AND JOYFUL LIVES POSSIBLE AND A FERVENT ASPIRATION FOR QUALITY, MANY GREAT THINGS CAN BE ACCOMPLISHED. OUR CORE BUSINESS, PMH, PROVIDES A COMPREHENSIVE ARRAY OF RESIDENTIAL AND SUPPORT SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES. FROM INFANTS TO SENIOR CITIZENS, PMH HAS THE ABILITY TO SERVE THE SPECIFIC NEEDS OF EVERY INDIVIDUAL ENTRUSTED TO OUR CARE. A TOTAL OF 44 NEW INDIVIDUALS WERE ADMITTED INTO THE VARIETY OF PROGRAMS OFFERED BY PMH THIS PAST YEAR, A NUMBER THAT IS ALMOST TRIPLE THAT OF THE PREVIOUS YEAR. ORCHESTRATING THIS PROCESS IS PMH'S DEVOTED SOCIAL SERVICES DEPARTMENT, WHOM EXPERTLY ALIGN THE PRECISE NEEDS OF EACH INDIVIDUAL WITH THE SPECIFIC LIVING ENVIRONMENT THAT WILL ALLOW THEM TO FLOURISH. AS A RESULT OF THIS GROWTH, PMH'S GEOGRAPHICAL FOOTPRINT HAS EXPANDED EASTWARD, WITH FAMILY LIVING SERVICES NOW BEING PROVIDED TO 12 INDIVIDUALS FROM BOTH BEDFORD AND SOMERSET COUNTIES. PMH CONTINUES TO BE AT THE FOREFRONT OF PROVIDING SUPPORTS TO INDIVIDUALS WITH COMPLEX BEHAVIORAL HEALTH NEEDS THROUGH OUR SPECIALIZED RESIDENTIAL PROGRAM. THE PRIMARY GOAL OF THIS PROGRAM IS TO CREATE A FRAMEWORK THAT INVOLVES UNDERSTANDING, RECOGNIZING, AND RESPONDING TO THE EFFECT OF TRAUMA. UTILIZING TRAUMA INFORMED CARE, THE EMPHASIS IS ON PHYSICAL, PSYCHOLOGICAL AND EMOTIONAL SAFETY FOR BOTH THE INDIVIDUAL AND THEIR RESPECTIVE TEAM MEMBERS. THIS COMPASSIONATE AND SUPPORTIVE APPROACH ALLOWS THE INDIVIDUAL TO DEVELOP A SENSE OF SAFETY, CONTROL AND EMPOWERMENT. THE PROGRAM HAS BEEN ABLE TO ACHIEVE SIGNIFICANT RESULTS, SO MUCH SO THAT THE DEPARTMENT OF HUMAN SERVICES INVITED PMH TO PRESENT THIS APPROACH AT THE 2016 OFFICE OF DEVELOPMENTAL PROGRAMS (ODP) EVERYDAY LIVES CONFERENCE. THIS PAST YEAR HAS ALSO BEEN A SIGNIFICANT ONE FOR ALL OF PASSAVANT DEVELOPMENT CORPORATION'S (PDC) PHARMACIES. OUR LOCATIONS IN PITTSBURGH, PA, NORRISTOWN, PA, KANSAS CITY, MO AND BOULDER, CO, NOW SERVICE A COMBINED 5,746 PATIENTS, WITH OVER 670,000 PRESCRIPTIONS BEING SUCCESSFULLY FILLED THIS PAST YEAR. THE PDC TEAM REMAINS COMMITTED TO GOING ABOVE AND BEYOND TO MEET THE SPECIFIC NEEDS OF ALL OF THE AGENCIES THAT WE SUPPLY, ENSURING THAT REGULATORY MEDICATION ADMINISTRATION REQUIREMENTS ARE MET THROUGH SPECIALIZED LABELING, PACKAGING, DISPENSING AND DELIVERY, ALL WHILE MAINTAINING A MEDICATION ERROR RATE OF FAR BELOW THE INDUSTRY STANDARD. A PRIME EXAMPLE OF PDC'S DEDICATION TO PROVIDING INNOVATIVE AND SPECIALIZED SERVICES IS THE IMPLEMENTATION OF AN AUTOMATED DISPENSING SYSTEM FOR A CUSTOMER OF GREAT OAK PHARMACY, MO. THIS MACHINE ALLOWS EMERGENCY AND CYCLE MEDICATIONS TO BE STORED AND ACCESSED ON SITE, EMPOWERING AGENCY NURSES TO WORK MORE EFFICIENTLY, KEEPING MEDICATIONS MORE SECURE, AND REDUCING INTERRUPTIONS, SAVING TIME AND REDUCING MEDICATION ERRORS. ACCESSIBLE DENTAL SERVICES CONTINUES TO PROVIDE ACCESS TO QUALITY DENTAL CARE FOR INDIVIDUALS WITH DISABILITIES ACROSS THE COMMONWEALTH OF PENNSYLVANIA, WITH AN AVERAGE OF OVER 300 PATIENTS RECEIVING PREVENTATIVE AND RESTORATIVE TREATMENT AT OUR DENTAL CLINICS ON A MONTHLY BASIS. THE ADS CLINICAL TEAM HAVE A WEALTH OF KNOWLEDGE AND EXPERIENCE IN PROVIDING COMPASSIONATE DENTAL SERVICES TO THIS POPULATION, IN BOTH IV SEDATION AND NON-SEDATION SETTINGS. ADS NOW OFFERS A SOLUTION TO OVER 2,800 INDIVIDUALS BOTH FROM PROVIDER AGENCIES AND INDIVIDUALS THAT LIVE AT HOME WITH THEIR FAMILIES, SOME OF WHOM ARE WILLING TO TRAVEL ACROSS THE STATE TO RECEIVE THE SPECIALIZED SERVICES ADS OFFERS. TO THAT END, ADS IS CONSTANTLY LOOKING TO IMPROVE THE AVAILABILITY AND CONVENIENCE OF THEIR SERVICES, TO BETTER MEET THE NEEDS OF INDIVIDUALS WITH DISABILITIES. WITH ADS ALREADY OPERATING CLINICS AT A VARIETY OF LOCATIONS IN WESTERN PENNSYLVANIA, AND AT A CLINIC LOCATION IN SULLIVAN COUNTY, PA, IMPROVING ACCESS TO SERVICES IN CENTRAL PENNSYLVANIA HAS BECOME ADS'S LATEST OBJECTIVE. ADS ALSO CONTINUES TO UTILIZE THE MOBILE DENTAL UNIT TO TAKE QUALITY DENTAL CARE TO AGENCIES AND FAMILIES IN REMOTE LOCATIONS THROUGHOUT PENNSYLVANIA. THE LIFE ENRICHMENT TRUST CONTINUES TO EXPAND ITS OUTREACH, WITH TRUST ACCOUNTS NOW SET UP FOR INDIVIDUALS RESIDING IN 42 OF THE 50 STATES, AS WELL AS AN INDIVIDUAL WHO IS BASED IN MEXICO. COVERING SUCH A VAST AND DIVERSE CUSTOMER BASE IS A CHALLENGE THE LET TEAM HAS EMBRACED FULLY AND ARE ATTACKING HEAD ON. THE NEWLY ENHANCED LET WEBSITE, OFFERS INDIVIDUALS FROM ACROSS THE NATION ACCESS TO STATE SPECIFIC INFORMATION AND RESOURCES. THE WEBSITE IS ALSO THE FIRST OF ITS KIND TO HAVE A DUPLICATE, FULLY TRANSLATED SPANISH VERSION. ADDITIONALLY, LET HAS BROUGHT ABOARD THE TEAM'S FIRST BILINGUAL TRUST SERVICES ASSISTANT TO MORE EFFECTIVELY CATER TO THE INCREASING NUMBER OF SPANISH SPEAKING BENEFICIARIES. ALL OF THESE ENHANCEMENTS TYPIFY THE LET TEAM'S DESIRE TO PROVIDE AN EXCEPTIONAL CUSTOMER SERVICE EXPERIENCE FOR ALL OF OUR BENEFICIARIES. LET'S GOAL IS TO PROVIDE OUR BENEFICIARIES WITH AS MUCH FINANCIAL INDEPENDENCE AS POSSIBLE, WHILE AT ALL TIMES PRESERVING THEIR ELIGIBILITY TO RECEIVE GOVERNMENT BENEFITS. ONE WAY THAT LET HAS BEEN ABLE TO ACCOMPLISH THIS IS BY IMPLEMENTING A NEW RELOADABLE DEBIT CARD PROGRAM FOR OUR BENEFICIARIES. THIS UNIQUE PRODUCT NOT ONLY ENABLES OUR BENEFICIARIES TO HAVE PURCHASING FREEDOM, WITH INSTANTANEOUS ACCESS TO THEIR FUNDS, BUT ALSO MAINTAINS LET'S ABILITY TO SAFEGUARD THEIR ASSETS. THESE ACHIEVEMENTS REPRESENT ONLY A FEW OF THE GREAT THINGS THAT HAVE BEEN ACCOMPLISHED THROUGHOUT THE COURSE OF THE YEAR IN SUPPORT OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES. OUR CHARITABLE EFFORTS THROUGH THE MULTIPLE PASSAVANT MEMORIAL HOMES FOUNDATION EVENTS CONTINUE TO ENRICH THE LIVES OF THE INDIVIDUALS WE SERVE, AS WELL AS EDUCATING OTHERS WITHIN THE COMMUNITY OF OUR MISSION. I AM DEEPLY APPRECIATIVE TO ALL WHO HAVE CONTRIBUTED TO AND PARTICIPATED IN OUR VARIOUS ENDEAVORS THIS YEAR, FOR IT IS WITHOUT WHOM OUR SUCCESS COULD NOT BE POSSIBLE. TO THE DEDICATED BOARDS OF DIRECTORS THAT GOVERN AND OVERSEE EACH OF THE COMPANIES THAT MAKE UP THE PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES, I AM SINCERELY GRATEFUL. YOUR STEADFAST SUPPORT AND RESOLUTE GUIDANCE HAVE ENABLED OUR SERVICE OFFERINGS TO ENHANCE THE LIVES OF THOUSANDS OF INDIVIDUALS. AS WE LOOK FORWARD TO PURSUING THE MANY EXCITING NEW OPPORTUNITIES ON THE HORIZON, THE VALUES THAT PROVIDE THE FOUNDATION FOR ALL THAT WE DO WILL ENDURE. PROVIDING QUALITY, INNOVATIVE SERVICES THAT EXCEED THE EXPECTATIONS OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND THEIR LOVED ONES REMAINS OUR FOREMOST OBJECTIVE. I THANK YOU FOR YOUR INTEREST IN OUR ORGANIZATION AND FOR ALL THAT YOU DO TO ASSIST US IN REACHING THESE GOALS. MAY GOD'S BLESSINGS BE WITH YOU - RICK D. SENFT, CEO AND PRESIDENT</p>

Return Reference	Explanation
ARTICLES FROM ANNUAL REPORT	<p>BREAKING BARRIERS THROUGH EMPOWERMENT AS A BOARD MEMBER OF PASSAVANT MEMORIAL HOMES FOR OVER 22 YEARS, AND NOW THE BOARD CHAIR, I AM PRIVILEGED TO BE ABLE TO WITNESS FIRST-HAND THE WONDERFUL ACCOMPLISHMENTS THAT ARE POSSIBLE THROUGH THE COORDINATED EFFORTS OF DEDICATED INDIVIDUALS UNITED BY A MISSION TO SERVE OTHERS. EMPOWERING INDIVIDUALS WITH INTELLECTUAL DISABILITIES TO ACHIEVE THEIR PERSONAL GOALS AND LIVE SUCCESSFULLY WITHIN THE COMMUNITY IS THE BASIS FOR ALL THAT PASSAVANT DOES. LEADING THIS CHARGE FOR THE 28TH CONSECUTIVE YEAR IS CEO AND PRESIDENT, RICK D. SENFT, WITHOUT WHOM, SUCH GREAT PROGRESS COULD NOT HAVE BEEN REALIZED THIS PAST YEAR. IT GIVES ME GREAT PRIDE TO SHARE JUST SOME OF THE ORGANIZATION'S SUCCESSES AND RECOGNIZE THOSE WHO MADE THEM A REALITY THROUGH THIS ANNUAL MESSAGE. WHETHER IT IS IN ONE OF PASSAVANT MEMORIAL HOMES' NEIGHBORHOOD HOMES, AT ONE OF ACCESSIBLE DENTAL SERVICES' SPECIALIZED DENTAL CLINICS, OR IN THE CORPORATE OFFICE'S BOARD ROOM, WHAT IS ALWAYS ABUNDANTLY PRESENT IS THE COMMITMENT AND PASSION FOR WHICH ALL PASSAVANT EMPLOYEES APPROACH THEIR DUTIES. SERVING THIS POPULATION CAN BE A DEMANDING TASK, AND THERE ARE INEVITABLY GOING TO BE CHALLENGES THAT PRESENT THEMSELVES ON AN ALMOST DAILY BASIS. THE TEAM AT PASSAVANT GRATEFULLY ACCEPTS AND RELISHES THESE CHALLENGES, AND THROUGH THE SUBSIDIARY AND AFFILIATE ORGANIZATIONS, ENDEAVORS TO PROVIDE INNOVATIVE SOLUTIONS WHICH MAXIMIZE THE OPPORTUNITIES FOR THE INDIVIDUALS THAT WE SERVE TO PROSPER. PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES' FOOTPRINT NOW SPANS 42 STATES AND BENEFITS THE LIVES OF OVER 11,000 INDIVIDUALS. THE ARRAY OF SERVICE OFFERINGS AVAILABLE THROUGH PASSAVANT MEMORIAL HOMES, PASSAVANT DEVELOPMENT CORPORATION'S PHARMACIES, ACCESSIBLE DENTAL SERVICES AND THE LIFE ENRICHMENT TRUST AIM TO PROVIDE A COMPREHENSIVE SOLUTION THAT CATERES TO ALL FACETS OF AN INDIVIDUAL'S LIFE. THIS HOLISTIC APPROACH HAS ELICITED A TREND OF CONTINUED GROWTH YEAR UPON YEAR, PROVIDING EVIDENCE OF THE POSITIVE IMPACT THAT THE SERVICES PROVIDED HAVE ON BOTH THE INDIVIDUALS THAT WE CARE FOR AND THEIR LOVED ONES. 2016 IS NO EXCEPTION, WITH CONSOLIDATED REVENUES FOR THE FIRST TIME SURPASSING \$109 MILLION. THIS GROWTH IS ATTRIBUTABLE TO AN INTENSE DESIRE AND WILLINGNESS TO BE AT THE FOREFRONT OF POSITIVE CHANGE, FORGING A PATH TO NEW OPPORTUNITIES TO EVOLVE AND DIVERSIFY. NOT ONLY DOES PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES DIRECTLY PROVIDE SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES, BUT FOCUS IS ALSO PLACED UPON EDUCATING AND ENCOURAGING THOSE OUTSIDE OUR ORGANIZATION TO JOIN WITH US IN SUPPORTING OUR MISSION. ALL OF THE BUSINESS LINES HAVE UPDATED AND ENGAGING WEBSITES IN ADDITION TO INDIVIDUAL SOCIAL MEDIA PAGES THAT SERVE TO PROVIDE RESOURCES TO EXISTING CUSTOMERS AS WELL AS DRIVE INTERACTION AND COMMUNICATION WITH THOSE EAGER TO LEARN ABOUT WHAT WE DO. THE PASSAVANT MEMORIAL HOMES FOUNDATION ALSO HOSTS NUMEROUS EVENTS AND SUPPORTS A VARIETY OF INITIATIVES THROUGHOUT THE YEAR TO RAISE AWARENESS AND HIGHLIGHT THE WAYS THAT INDIVIDUALS WITH INTELLECTUAL DISABILITIES CAN ENRICH OUR COMMUNITIES. ON BEHALF OF THE BOARD OF DIRECTORS, I WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK ALL WHO EXPRESS INTEREST IN AND SUPPORT OUR WORK. WE ARE DEEPLY APPRECIATIVE AND WILL REMAIN DEDICATED TO DELIVERING UNCOMPROMISED QUALITY THROUGH ALL OF OUR SUPPORTS AND INITIATIVES. TO MY DEVOTED COLLEAGUES SERVING ON THE VARIOUS BOARD'S, I OFFER MY HEARTFELT GRATITUDE, YOUR GOVERNANCE AND DIRECTION HOLD US TRUE TO THE KEY VALUES THAT UNDERPIN ALL THAT WE DO. EVEN AS I TAKE THIS OPPORTUNITY TO PAUSE AND REFLECT BACK UPON THIS PAST YEAR'S HIGHLIGHTS, I KNOW THAT UNDER RICK'S EXCEPTIONAL LEADERSHIP, THE MANAGEMENT TEAM IS ALREADY FOCUSED ON WHAT LIES AHEAD. IT MAY BE IMPOSSIBLE TO FORESEE WHAT OPPORTUNITIES ARE BEYOND THE HORIZON, BUT WHAT IS FOR CERTAIN, PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES WILL BE KEENLY PREPARED TO NAVIGATE THROUGH AND ADAPT TO WHATEVER IS IN STORE TO IMPROVE THE LIVES OF THOSE WE SERVE. THANK YOU AND MAY GOD BLESS YOU ALWAYS, - HAZEL SHEFFIELD, BOARD CHAIR</p>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization PASSAVANT MEMORIAL HOMES

Employer identification number

25-1021794

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (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.

Table with 7 columns: (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).

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
(1) PASSAVANT DEVELOPMENT CORPORATION 100 PASSAVANT WAY PITTSBURGH, PA 15238 23-2950006	BUSINESS SERVICES	PA	PASSAVANT MEMORIAL HOMES INC	C	-10,625	6,125,638	100 000 %	Yes	
(2) PDC PHARMACY COLORADO INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 27-0450590	SALES OF PHARMACOLOGICALS	PA	PASSAVANT MEMORIAL HOMES INC	C	-247,386	996,268	100 000 %	Yes	
(3) VALLEY PRESCRIPTION SERVICES INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 43-1495148	SALES OF PHARMACOLOGICALS	PA	PASSAVANT MEMORIAL HOMES INC	C	-887,444	4,367,818	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)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r	Yes	
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INVIVASPAN HEALTH INC	R	1,214,645	FMV
(2) PASSAVANT DEVELOPMENT CORPORATION	P	4,082,367	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 25-1021794
Name: PASSAVANT MEMORIAL HOMES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PASSAVANT MEMORIAL HOMES SELF-INSURED WC TRUST 100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1768224	TO FUND THE WORKERS COMPENSATION TRUST	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT HOUSING INITIATIVES I 100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1891795	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT HOUSING INITIATIVES II 100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1891797	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT HOUSING INITIATIVES III 100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1891798	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
THE LIFE ENRICHMENT TRUST INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 30-0223116	TO LEGALLY PRESERVE ASSETS FOR DISABLED INDIVIDUALS	PA	501(C)(3)	LINE 11A, I	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES I INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 20-0672805	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES II INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 20-0672875	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES III INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 20-0672915	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES V INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 20-2340470	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES VI 100 PASSAVANT WAY PITTSBURGH, PA 15238 20-2340513	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES VII 100 PASSAVANT WAY PITTSBURGH, PA 15238 20-8205630	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES VIII INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 20-8207234	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES IX 100 PASSAVANT WAY PITTSBURGH, PA 15238 26-1631009	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES FOUNDATION 100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1869155	FUNDRAISING FOR OPERATIONS OF PASSAVANT MEMORIAL HOMES	PA	501(C)(3)	LINE 7	PASSAVANT MEMORIAL HOMES INC	Yes	
ACCESSIBLE DENTAL SERVICES INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 26-2432726	PROVIDE DENTAL CARE FOR INDIVIDUALS WITH DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
PASSAVANT MEMORIAL HOMES X INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 26-4399316	TO DEVELOP/OPERATE HOUSING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
INVIVASPAN HEALTH INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 45-4279696	PROVIDE HEALTH CARE FOR INDIVIDUALS WITH DISABILITIES	PA	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	
LIFE ENRICHMENT TRUST OF NEW JERSEY INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 47-3942494	TO LEGALLY PRESERVE ASSETS FOR DISABLED INDIVIDUALS	NJ	501(C)(3)	LINE 9	PASSAVANT MEMORIAL HOMES INC	Yes	