Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Allied Services Institute of Rehabilitation Medicine

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
100 Abington Executive Park

City or town, state or province, country, and ZIP or foreign postal code
Clarks Summit, PA 18411

D Employer identification number
23-2523395

E Telephone number
(570) 348-1300

G Gross receipts $ 60,919,707

F Name and address of principal officer
WILLIAM CONABOY
100 Abington Executive Park
Clarks Summit, PA 18411

H(a) Is this a group return for subordinates? ☐Yes ☑No
H(b) Are all subordinates included? ☐Yes ☐No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www allied-services org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1966 **M** State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO OPERATE A REHABILITATION HOSPITAL PROVIDING ALL TYPES OF REHABILITATIVE SERVICES

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

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	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	590
6	Total number of volunteers (estimate if necessary)	6	85
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	160,406	160,812
	9	Program service revenue (Part VIII, line 2g)	39,114,475	37,131,358
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,315,283	970,030
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,353,373	1,555,015
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,943,537	39,817,215
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,000,000
	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)	23,375,548	23,125,943
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,288,029	15,670,105
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,663,577	40,796,048
	19	Revenue less expenses Subtract line 18 from line 12	2,279,960	-978,833
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	44,911,811	42,776,081
	21	Total liabilities (Part X, line 26)	10,389,468	7,677,605
	22	Net assets or fund balances Subtract line 21 from line 20	34,522,343	35,098,476

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

****** 2018-04-26
Signature of officer Date

william conaboy PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Julius C Green CPA	Julius C Green CPA			P00350393

Firm's name ▶ Baker Tilly Virchow Krause LLP — Firm's EIN ▶ 39-0859910
Firm's address ▶ 1650 Market Street Suite 4500 Philadelphia, PA 191037341 — Phone no (215) 972-0701

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

WE ARE COMMITTED TO THE PEOPLE OF OUR COMMUNITY, TO HELP THEM OVERCOME CHALLENGES AND REACH THEIR GREATEST POTENTIAL BY PROVIDING QUALITY CARE, PEOPLE ORIENTED SERVICES, AND COMFORT THROUGH OPERATION OF A REHABILITATION HOSPITAL, WHICH PROVIDES ALL TYPES OF REHABILITATIVE SERVICES

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 $ 29,620,129 including grants of $ 2,000,000) (Revenue $ 37,059,435)

See Additional Data

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 ▶** 29,620,129

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	45			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	590			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.**If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a		No
b	If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O* . . .			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?**Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶DAVID ARGUST 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 (570) 348-1335

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) THOMAS J MELONE CPA CHAIRMAN	1 00 5 00	X		X				0	0	0
(2) william p conaboy esq VICE CHAIRMAN	10 00 30 00	X		X				0	627,012	326,133
(3) SHERRY DAVIDOWITZ TREASURER	1 00 1 00	X		X				0	0	0
(4) MICHAEL J ARONICA MD secretary	1 00 4 00	X		X				0	0	0
(5) THOMAS G SPEICHER DIRECTOR	1 00 4 00	X						0	0	0
(6) RICHARD WEINBERGER DO director	1 00 1 00	X						0	0	0
(7) william scranton DIRECTOR	1 00 6 00	X						0	0	0
(8) ROBERT POMENTO DIRECTOR	1 00 1 00	X						0	0	0
(9) KENNETH KROGULSKI CFA DIRECTOR (TERM 1/1/17)	1 00 6 00	X						0	0	0
(10) Michael Avvisato ASSISTANT SECRETARY & TREASURER	10 00 30 00			X				0	378,063	148,831
(11) DIANA POPE-ALBRIGHT PHYSICAL THERAPY DIRECTOR	40 00					X		133,200	0	14,501
(12) JAMES COONEY ADMINISTRATOR	40 00					X		125,964	0	11,376
(13) CATHY GUZZI PHYSICAL THERAPY DIRECTOR	40 00					X		123,543	0	10,475
(14) LORI ASHMAN-WILLIAMS OUTPATIENT CLINIC MANAGER	40 00					X		105,640	0	8,927
(15) Amy Frantz Occupational Therapy Director	40 00					X		101,209	0	13,632

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

	(D)	(E)	(F)
1b Sub-Total . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . ▶			
d Total (add lines 1b and 1c) . . . ▶	589,556	1,005,075	533,875

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 ▶ 9

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . .	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . .	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . .	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
REGIONAL HOSPITAL OF SCRANTON 746 JEFFERSON AVENUE SCRANton, PA 18510	MEDICAL SERVICES	445,947
CROTHALL HEALTHCARE 955 CHESTERBROOK BOULEVARD SUITE 3 WAYNE, PA 19087	HOUSEKEEPING	399,783
RAYMOND AND SON INC 801 MUNROE AVENUE DUNMORE, PA 18510	GENERAL CONTRACTOR	265,186
MOSES TAYLOR HOSPITAL 700 QUINCY AVENUE SCranton, PA 18510	MEDICAL SERVICES	262,048
AS VOCATIONAL SERVICES DIVISION 100 abington executive park clarks summit, PA 18411	HOUSEKEEPING	234,427

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 ▶ 10

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 160,812				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . ▶		160,812			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REV	623000	36,007,327	36,007,327		
	b PA Modernization Assessment	623000	1,052,108	1,052,108		
	c Maintenance Clinic Rev	624310	71,923			71,923
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		37,131,358			

Other Revenue		(i) Real / (i) Securities	(ii) Personal / (ii) Other	(A)	(B)	(C)	(D)
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶			330,586			330,586
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties . . . . ▶						
		(i) Real	(ii) Personal				
	6a Gross rents	209,757					
	b Less rental expenses	171,089					
	c Rental income or (loss)	38,668					
	d Net rental income or (loss) . . . . ▶			38,668			38,668
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	21,570,847					
	b Less cost or other basis and sales expenses	20,931,403					
	c Gain or (loss)	639,444					
	d Net gain or (loss) . . . . . ▶			639,444			639,444
	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 DePaul School Tuition Revenue	900099		1,334,162			1,334,162
	b CAFETERIA & VENDING REVENUE	722210		153,547			153,547
	c ABSTRACTS REVENUE	561000		26,723			26,723
	d All other revenue			1,915			1,915
	e **Total.** Add lines 11a–11d . . . . ▶			1,516,347			
	12 **Total revenue.** See Instructions . . . . . ▶			39,817,215	37,059,435	0	2,596,968

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,000,000	2,000,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 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	19,084,939	16,630,711	2,454,228	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	566,440	493,599	72,841	
9 Other employee benefits	1,868,588	1,628,297	240,291	
10 Payroll taxes	1,605,976	1,399,456	206,520	
11 Fees for services (non-employees)				
a Management				
b Legal	116,173		116,173	
c Accounting IV	50,459		50,459	
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)	5,656,356	1,229,977	4,426,379	
12 Advertising and promotion	2,120		2,120	
13 Office expenses	548,395	435,040	113,355	
14 Information technology				
15 Royalties . .				
16 Occupancy	1,382,350	289,392	1,092,958	
17 Travel	11,938	7,642	4,296	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	64,938	56,072	8,866	
20 Interest	139,441	139,441		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	966,061	937,142	28,919	
23 Insurance . . .	350,441		350,441	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical supplies	1,675,041	1,675,041		
b REPAIRS & MAINTENANCE	1,549,898	267,277	1,282,621	
c PA Modernization Assess	1,052,108	1,052,108		
d HOUSEKEEPING EXPENSE	749,643	656,653	92,990	
e All other expenses	1,354,743	722,281	632,462	
25 **Total functional expenses.** Add lines 1 through 24e	40,796,048	29,620,129	11,175,919	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		2,200	1	2,250
	2	Savings and temporary cash investments		9,353,461	2	4,194,616
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,959,242	4	2,880,902
	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		185,981	8	171,985
	9	Prepaid expenses and deferred charges		310,184	9	318,966
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 38,352,288			
	b	Less accumulated depreciation	10b 32,288,632	6,026,801	10c	6,063,656
	11	Investments—publicly traded securities		23,855,012	11	26,364,074
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,218,930	15	2,779,632
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		44,911,811	16	42,776,081
Liabilities	17	Accounts payable and accrued expenses		2,511,476	17	1,898,048
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		5,991,962	20	4,111,422
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,886,030	25	1,668,135
	26	**Total liabilities.** Add lines 17 through 25		10,389,468	26	7,677,605
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,522,343	27	35,098,476
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		34,522,343	33	35,098,476
	34	Total liabilities and net assets/fund balances		44,911,811	34	42,776,081

Part XI Reconcilliation 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	39,817,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,796,048
3	Revenue less expenses Subtract line 2 from line 1	3	-978,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,522,343
5	Net unrealized gains (losses) on investments	5	1,554,966
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,098,476

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-2523395

Name: Allied Services Institute of Rehabilitation Medicine

Form 990 (2016)

Form 990, Part III, Line 4a:

OPERATED A REHABILITATION HOSPITAL, LICENSED FOR 50-BEDS, THAT PROVIDED VARIOUS TYPES OF REHABILITATIVE SERVICES ALSO OPERATED 32 LICENSED BEDS AT LOCAL HOSPITALS, A 55-BED SKILLED NURSING TRANSITIONAL UNIT, AND OUTPATIENT PHYSICAL THERAPY CLINICS DURING THE 2017 FISCAL YEAR, THE HOSPITAL HAD 16,335 PATIENT DAYS, OF WHICH 74% WERE MEDICARE THE TOTAL OCCUPANCY FOR THE REHABILITATION HOSPITAL WAS 33% IN ADDITION, THERE WERE 269,372 OUTPATIENT VISITS SERVICES WERE PROVIDED TO PATIENTS WHO MET CERTAIN CRITERIA WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES CHARGES FORGONE FOR SERVICES RENDERED AND SUPPLIES FURNISHED UNDER THE CHARITY CARE POLICY AMOUNTED TO $209,300 DURING THE YEAR ENDED JUNE 30, 2017

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Allied Services Institute of Rehabilitation Medicine

Employer identification number
23-2523395

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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)

			Yes	No
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*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
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.***	**3a**		
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*	**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 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Allied Services Institute of Rehabilitation Medicine

Employer identification number
23-2523395

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? ☐ Yes ☐ No

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

Part II **Conservation Easements.** Complete if the organization answered "Yes" 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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**

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
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" on 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

		Yes	No
(i) unrelated organizations	**3a(i)**		
(ii) related organizations	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)**Cost or other basis (other)	**(c)**Accumulated depreciation	**(d)**Book value
1a Land . . .		125,354		125,354
b Buildings		28,715,968	24,182,108	4,533,860
c Leasehold improvements		1,264,571	961,374	303,197
d Equipment . . .		8,246,395	7,145,150	1,101,245
e Other . . .				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				6,063,656

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEFERRED FINANCING COSTS, NET	72,299
(2) ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	682,175
(3) INTERCOMPANY RECEIVABLES, NET	2,025,158
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	2,779,632

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY PAYABLES, NET	984,421
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	683,714
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,668,135

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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	41,459,370
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,554,966		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	1,554,966
3	Subtract line **2e** from line **1**			3	39,904,404
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	-87,189		
c	Add lines **4a** and **4b**			4c	-87,189
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	39,817,215

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	40,883,237
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	87,189		
e	Add lines **2a** through **2d**			2e	87,189
3	Subtract line **2e** from line **1**			3	40,796,048
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	40,796,048

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
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-2523395
Name: Allied Services Institute of Rehabilitation Medicine

Supplemental Information

Return Reference	Explanation
Part X, Line 2	ALLIED ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2017 AND 2016

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	RENTAL EXPENSES -171,089 RELATED PARTY CONTRIBUTIONS NETTED WITH GRANTS ON THE FINANCIALS 83,900

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	RENTAL EXPENSES 171,089 RELATED PARTY CONTRIBUTIONS NETTED WITH GRANTS ON THE FINANCIALS -83,900

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Allied Services Institute of Rehabilitation Medicine

Employer identification number
23-2523395

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	200	270,063	0	270,063	0 660 %
b Medicaid (from Worksheet 3, column a)		750	2,529,082	994,079	1,535,003	3 770 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	1	950	2,799,145	994,079	1,805,066	4 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	1	45	790,424	617,570	172,854	0 420 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		100	38,964	0	38,964	0 100 %
j **Total.** Other Benefits	1	145	829,388	617,570	211,818	0 520 %
k **Total.** Add lines 7d and 7j	2	1,095	3,628,533	1,611,649	2,016,884	4 950 %

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

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 449,526			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 270,063			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	24,016,901
6	Enter Medicare allowable costs of care relating to payments on line 5	6	21,524,505
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	2,492,396

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V **Facility Information**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Institute of Rehabilitation Medicine

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☑ Hospital facility's website (list url) WWW ALLIED-SERVICES ORG/ABOUT-US			
	b ☐ Other website (list url)			
	c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW ALLIED-SERVICES ORG/ABOUT-US			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Institute of Rehabilitation Medicine

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 200 000000000000 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☐ Medical indigency			
	e ☑ Insurance status			
	f ☑ Underinsurance discount			
	g ☐ Residency			
	h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) WWW ALLIED-SERVICES ORG			
	b ☑ The FAP application form was widely available on a website (list url) WWW ALLIED-SERVICES ORG			
	c ☐ A plain language summary of the FAP was widely available on a website (list url)			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Institute of Rehabilitation Medicine

Name of hospital facility or letter of facility reporting group

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
	f ☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c ☑ Processed incomplete and complete FAP applications			
	d ☐ Made presumptive eligibility determinations			
	e ☑ Other (describe in Section C)			
	f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**		No
	If "No," indicate why			
	a ☑ The hospital facility did not provide care for any emergency medical conditions			
	b ☐ The hospital facility's policy was not in writing			
	c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group Institute of Rehabilitation Medicine

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

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

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

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

Part VI **Supplemental Information**

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	The majority of the net community benefit expenses, unreimbursed Medicaid, were calculated using our internal cost accounting system, which addresses all patient segments Charity Care was calculated using a cost-to-charge ratio All other amounts are calculated as direct expense and revenue as recorded on the general ledger

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	Community Benefit Percentage is net community benefit expense divided by total expense less provision for doubtful collections The amount of bad debt expense was $46,474

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	Beyond providing inpatient and outpatient medical rehabilitation, Allied Rehab Hospital and the John Heinz Rehab Hospital contribute to the health and welfare of Northeastern and Central Pennsylvanians through health education, clinical mentoring and internships, financial and in-kind support to individuals, community service organizations, community wellness and medical/clinical education providers Some examples of Allied Rehab and John Heinz Rehab Hospital for community building activities during the year - Financial and/or in-kind contributions (meeting space, food services, printing) were made to the NEPA Long Term Care Association, the Commonwealth Medical College, Brighter Journeys, NEPA Suicide Prevention, Greater Wilkes-Barre Association for the Blind, Cori's Place, St Joseph's Center, the Boys' & Girls' Club of Scranton, the Northeast Regional Cancer Institute, Catholic Social Services, Big Brothers/Big Sisters, Family Services Association, Susan G Komen for the Cure NePA Affiliate, the American Cancer Society of NEPA, the NEPA Dental Hygiene Association, The Scranton School for the Deaf, the Multiple Sclerosis Society, the Amyotrophic Lateral Sclerosis Association, Better Breathers, the Ronald McDonald House Charities, the Women's Resource Center, Families Caring for Children with Autism, the Lupus Support Group, People Regardless of our Disabilities, the Epilepsy Foundation of Eastern Pa, and other charities These organizations are active in the delivery of healthcare and human services, healthcare information and advocacy, and training of future healthcare professionals - In October, 2016, Heinz Rehab Hospital sponsored an on-site Pastoral Care conference on Addiction The program explored new research in the field, changes in diagnostic criteria, strategies and resources for parents, caregivers and teachers - Pediatric services constitute a significant percentage of the hospitals' charity care for the underinsured Our pediatric therapy departments also provide administrative support and accommodations for Parents and Professionals and other groups that serve children with special needs These groups offer field trips, outings, informational speakers and resources for parents of children with autism, developmental delays and other special needs - The dePaul School for Children with Learning Disabilities provides a full day educational program for children with dyslexia and related learning challenges Some 78 children, ages 7-14, were served during the year The cost to Allied Services Institute for Rehab Medicine was $172,854 in FY17 - In response to the increasing prevalence of serious ACL injuries in young female athletes, Allied Services' outpatient rehab and wellness center leadership developed a special ACL education and prevention training program for local schools and sports teams The training helped athletes learn warm ups, conditioning and training/in-play techniques to prevent costly, career-ending injuries Twenty-seven young women took part in this program during the year

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	Accounts Receivable are reported at net realizable value Accounts are written off when they are determined to be uncollectable based on management's assessment of individual accounts The allowance for doubtful collections is estimated based upon a periodic review of the ACCOUNTS RECEIVABLE aging, payor classifications, and application of historical write-off percentages

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	Due to our status as a rehabilitation hospital, there is no shortfall for Medicare Reimbursement purposes

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	Eligibility for charity is determined prior to collection and at any time during the collection process Collections are pursued up to the point that a patient completes and is approved for charity care Once charity care is approved, no further collection efforts are made If a patient qualifies for full charity care, there are no further collection efforts If a patient qualifies for partial charity care, regular collection practices are followed There is a standard timeline for the collection process based upon the dollar value of the account It begins with monthly statements to collection calls and collection letters to sending accounts to collection agencies to legal action (based upon the dollar value) This process is suspended when a patient indicates they are unable to pay the invoice based upon financial issues

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	The Community Health Needs Assessment (see description in Part V, Section B) provides an updated picture of population health, demographics, social determinants of health and barriers to accessing health services The hospitals also keep abreast of local health needs and trends by reviewing publications issued by the Pennsylvania Departments of Health, Human Services, Aging & Long-Term Living, and Health Care Cost Containment Council Also, reports from the Pennsylvania Health Care Association, Rehabilitation & Community Providers Association, U S Census Bureau, U S Department of Health & Human Services' (Healthy People 2020 program, Center for Medicare & Medicaid Services) and RWJ Dartmouth Health Atlas help us to compare regional statistics and trends with national benchmarks Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of Allied Services Rehabilitation Hospital and John Heinz Rehabilitation Hospital, which resulted in the identification of community health needs The assessment process included input from persons who represent the broad interests of the community served by the hospital facilities, including those with special knowledge and expertise of public health issues THE HEALTH OF A COMMUNITY IS LARGELY RELATED TO THE CHARACTERISTICS OF ITS RESIDENTS AN INDIVIDUAL'S AGE, RACE, GENDER, EDUCATION AND ETHNICITY OFTEN DIRECTLY OR INDIRECTLY IMPACT HEALTH STATUS AND ACCESS TO CARE TRIPP UMBACH COMPLETED A COMPREHENSIVE ANALYSIS OF HEALTH STATUS AND SOCIO-ECONOMIC ENVIRONMENTAL FACTORS RELATED TO THE HEALTH OF RESIDENTS OF THE ALLIED SERVICES REHABILITATION HOSPITAL AND JOHN HEINZ REHABILITATION HOSPITAL COMMUNITY FROM EXISTING DATA SOURCES SUCH AS STATE AND COUNTY PUBLIC HEALTH AGENCIES, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS, THOMPSON REUTERS, CNI, HEALTHY PEOPLE 2020, AND OTHER DATA SOURCES THIS PROCESS LASTED FROM OCTOBER 2014 UNTIL MARCH 2015 TRIPP UMBACH WORKED COLLABORATIVELY WITH THE ALLIED SERVICES REHABILITATION HOSPITAL AND JOHN HEINZ REHABILITATION HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT OVERSIGHT COMMITTEE TO DEVELOP A SECONDARY DATA PROCESS FOCUSED ON THREE PHASES COLLECTION, ANALYSIS AND EVALUATION TRIPP UMBACH OBTAINED INFORMATION ON THE DEMOGRAPHICS, HEALTH STATUS AND SOCIO-ECONOMIC AND ENVIRONMENTAL FACTORS RELATED TO THE HEALTH AND NEEDS OF RESIDENTS FROM THE MULTICOMMUNITY SERVICE AREA OF ALLIED SERVICES REHABILITATION HOSPITAL AND JOHN HEINZ REHABILITATION HOSPITAL THE PROCESS DEVELOPED ACCURATE COMPARISONS TO THE STATE BASELINE OF HEALTH MEASURES UTILIZING THE MOST CURRENT VALIDATED DATA IN ADDITION TO DEMOGRAPHIC DATA, SPECIFIC ATTENTION WAS FOCUSED ON TWO KEY COMMUNITY HEALTH INDEX FACTORS COMMUNITY NEED INDEX (CNI) AND PREVENTION QUALITY INDICATORS INDEX (PQI) TRIPP UMBACH PROVIDED ADDITIONAL COMPARISONS AND TREND ANALYSIS FOR COUNTY HEALTH RANKINGS, PREVENTION QUALITY INDICATORS AND CNI DATA FROM 2012 TO PRESENT THERE WERE INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND SURVEYS OF THE VULNERABLE POPULATION THAT WERE CONDUCTED ONCE ALL THE INFORMATION WAS COLLECTED, THE CONSULTANTS PRESENTED TO COMMUNITY LEADERS THE CHNA FINDINGS FROM ANALYZING THE SECONDARY DATA, KEY STAKEHOLDER INTERVIEWS AND SURVEYS COMMUNITY LEADERS DISCUSSED THE DATA PRESENTED, SHARED THEIR VISIONS AND PLANS FOR COMMUNITY HEALTH IMPROVEMENT IN THEIR COMMUNITIES, AND IDENTIFIED AND PRIORITIZED THE TOP COMMUNITY HEALTH NEEDS IN THE ALLIED SERVICES REHABILITATION HOSPITAL AND JOHN HEINZ REHABILITATION HOSPITAL COMMUNITY FROM THIS MEETING A FINAL REPORT WAS DEVELOPED THAT SUMMARIZED THE KEY FINDINGS FROM THE ASSESSMENT PROCESS, INCLUDING THE PRIORITIES SET BY COMMUNITY LEADERS IN THE IMPLEMENTATION PLAN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	Upon registration or admission, patients who may have a self pay balance are advised about Allied's financial assistance progam as an option The application process to qualify, along with all of the requirements necessary to apply are explained Applications are handed to these patients in person or they are advised that the application can be downloaded via allied's website Additionally, when patients are contacted about non payment of their self pay by the patient finance department, they are again advised of the availability of the financial assistance program as a viable option and encouraged to apply if they are unable to afford their medical bill Interpreter services are made available to non english speaking patients via telephone or in person All patients during the admission process are offered education and assistance with regard to their eligibility for various federal, state or local governmental programs, as well as our charity care program Copies of our Charity Care Guidelines and Uncompensated Care Application are available upon request

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	The hospitals' primary inpatient service area consists of Lackawanna and Luzerne counties in northeastern Pennsylvania The two counties together cover an area of 827 5 square miles In 2016, these counties had populations of 211,321 and 316,383, respectively Both had declined in population by about 1 5% during the period 2010-2016 While Pennsylvania's 2012-2016 median household income was $54,895, Lackawanna and Luzerne County households lagged behind at $46,673 and $46,577, respectively In part, this disparity may reflect the high percentages of seniors (age 65+) and persons with disabilities in the region State-wide, some 12 9% of persons lived in poverty (2016), compared to 14 1% in Lackawanna County and 14 6% in Luzerne County In Lackawanna, some 59 3% of the adult population (ages 16 and older) was in the labor force, compared with 60 2% in Luzerne and 62 6% in Pennsylvania Jobs declined in both counties during the period 2006-2016 negative 4 1% in Lackawanna and negative 3% in Luzerne Pennsylvania experienced a 1 5% growth in jobs during the same period Seniors constitute 19 5% of the populations of Lackawanna and Luzerne counties, compared to 17 4% for Pennsylvania Persons with disabilities below the age of 65 make up some 10 5% of Lackawanna County's and 10 8% of Luzerne County's population, compared with 9 6% of the Commonwealth as a whole Moreover, Pennsylvania's labor force participation was higher, with 62 6% of its adult population (2012-2016), compared to 59 3% and 60 2% in Lackawanna and Luzerne, respectively In 2015, there were some 11,503 seniors living alone in Lackawanna County and 18,352 in Luzerne County

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	Allied Services was founded sixty years ago when a group of Scranton area charities began collaborating to create new opportunities and better services for northeastern Pennsylvanians with disabilities Today, with over 3,200 employees, Allied Services is the region's leading provider of post-acute care and residential care to persons with disabilities and chronic illnesses Allied Services is a continuum of post-acute and community-based programs united by a common aim to improve the health, independence and life quality of those we serve Our programs include inpatient and outpatient medical rehabilitation, skilled nursing care, transitional rehabilitation, home health care, in-home services, personal care, hospice care, palliative care, vocational rehabilitation, and residential programs for adults with developmental or behavioral/mental health disabilities Each day, these services touch the lives of some 5,000 persons Our hospitals in Scranton and Wilkes-Barre Township are the core and most widely recognized component of the Allied Services system Complemented by a network of 14 outpatient clinics in a four-county area, they provide comprehensive rehabilitation services for spinal cord and neurological injuries/disease, stroke, traumatic brain injury, and other life-changing illnesses and injuries Beyond providing direct care and support services to adults and children, the organization's resources (clinicians, facilities, expertise, management) serve the larger region in the following ways - the education and training of health professionals---through symposia, internship and clinical experiences offered to physicians, pharmacists, nurses and other health careers - facilitating and hosting peer support and health education for persons affected by traumatic brain injury, spinal cord injury, pediatric disabilities, Parkinson's disease and other conditions - Offering affordable wellness/exercise programs and facilities for persons with disabilities, chronic illness, limited mobility-extramural social and recreational programs for kids with Autism Spectrum Disorders and for their families, and events like the annual "All Abilities Walk/Run" that celebrate the accomplishments of children with special needs- leadership, volunteer service and in-kind support for local health care charities- supporting the DePaul School---an accredited, year-round, full-day educational program for children (ages 7 14) with dyslexia and related learning disabilities- opening our facilities---e g , meeting and dining facilities, grounds, and pediatric gyms--to area nonprofit and volunteer groups that serve our community

Form and Line Reference	Explanation
Part VI, Line 6	Without exception, our affiliate organizations/programs each play unique and critical func tions in our region's continuum of care for persons with disabilities and the aged These include Allied Skilled Nursing & Rehabilitation Center, Scranton The Center is home to so me 340 persons whose chronic illness and/or severe disabilities demand round-the-clock, sk illed care The Center is recognized for its services to medically-complex, technology-dep endent patients, including those who need respirators, hemodialysis or specialized program s for dementia About 70% to 80% of SNRC residents are economically disadvantaged (Medicai d-eligible) a far higher percentage than most long-term care organizations in the region and State These attributes make the Center an essential health care resource for a growin g population of seniors in northeastern and central Pennsylvania, as well as their physici ans, caregivers and families Allied Terrace The Terrace is a modern, well-appointed, full service assisted living facility for seniors who are able to live independently if provid ed with help for meals, housekeeping, laundry and personal care Consistent with national and regional trends, the Terrace is serving the fast-growing community of seniors who are successfully "aging in place", thanks to intensive, high-quality support services---e g , medication management, in-home health and personal care---to ensure their continued health and safety In this way, Allied Terrace is extending and enriching the lives of its 60 re sidents, while reducing their risk (and potential costs) of injury, debilitation, acute il lness, hospitalization or institutionalization Allied Continuing Care Retirement Community Allied CCRC was formed in 2006 for the purposes of providing independent living services In space leased from Allied Terrace, seniors who are capable of independently managing a ctivities of daily living---meal preparation, light housekeeping, self-care, etc ---occupy these units, while enjoying full access to the Terrace's social and recreational opportun ities Three individuals occupied CCRC units during this period Vocational Services For 6 0 years, Allied's Vocational Services programs have provided training and gainful employme nt to teens and adults with physical, intellectual and developmental disabilities Each ye ar, over 500 participants are involved in projects that enhance their skills, employabilit y and self-reliance While our vocational programs draw upon State and federal training do llars, the jobs themselves depend upon a continual supply of work from business and indust ry partners, for services such as packaging, light assembly, sorting, scanning, mailing, c leaning and landscaping Ongoing community fundraising ensures that Allied maintains the s killed staff, specialized equipment and facilities to keep this diverse "enterprise" produ ctive and growing The result training, job, educational and social opportunities for dis abled individuals who might otherwise be isolated and idle at home Developmental Services For adults who have both intellectual and physical disabilities/illnesses, Allied's inter mediate care facility is a comfortable, safe residential environment where skilled nursing and personal supervision are available "24-7" Residents receive meals, personal care (dr essing, bathing, grooming, etc), medical and medication management, social and recreation al programs in a home-like setting For consumers who are able to live more independently, Allied offers a range of community living options in small group homes throughout the reg ion In all program settings, however, our developmental programs have met a growing regio nal demand for residential care for older adults whose intellectual and complex physical d isabilities/medical conditions demand more intensive, specialized levels of care At the u rging of local and regional authorities, Allied Services assumed this role With a long an d successful track record in health and human services, Allied Services is uniquely qualif ied to meet the need Behavioral Services Similarly, our behavioral services have expanded both geographically and programmatically in recent years, providing specialized residenti al and community-based services to the chronically mentally ill Staff members work with c onsumers as they re-connect with jobs, families, peer and community resources as they pur sue sobriety, physical and mental health, and independent living Through an intensive pro gram of counseling and behavioral supports, the program attacks longstanding patterns of m ental health crises, hospitalization and/or institutionalization (and related "costs" to i ndividuals and communities) Allied Project Opportunity Located in Jermyn, (Lackawanna Cou nty) Pa , the six units of housing are managed by the Behavioral Health division Individu als who are recovering from chronic mental health problems find safe, pleasant, affordable accommodations at Project Opportunity, subsidized

Form and Line Reference	Explanation
Part VI, Line 6	by the HUD Section 8 program Home Health & In-Home Services These programs provide essen tial medical and support services to persons with disabilities throughout a 23-county area of northeastern/central Pennsylvania Registered nurses, physical and occupational therap ists, personal care and home care workers help keep them healthy and safe at home Activit ies range from making meals or doing household chores, or monitoring the patient's physica l and mental health, to addressing medical or post-surgical needs such as wound dressing, medication management, etc The health education, medical support, practical assistance an d case management provided by In-Home and Home Health professionals are essential to the h ealth, life quality and independence of their consumers Absent such programs, extended ho spitalizations, re-hospitalization and/or institutionalization would be unavoidable for ma ny of the patients served Allied Services Hospice Allied Services In-Home Hospice program was established in 2015 to extend the ASIHS continuum to individuals who have life-limiti ng illnesses The program provides palliative care and a full complement of supportive/cou nseling services Core services include Medical Direction by the hospice physician, nursin g services under supervision of a registered nurse functioning within a plan of care devel oped by the hospice interdisciplinary team in consultation with the physician, medical soc ial services by a qualified social worker under the direction of a physician, counseling i ncluding spiritual, bereavement, and dietary Bereavement services are available to family members and others identified in the plan of care for up to one year following the death of the patient During 2017, Allied Services began planning an inpatient hospice facility The facility will help address an acute shortage of inpatient hospice beds, needed to acc ommodate terminally-ill patients who cannot be adequately served in the home environment A llied Services Palliative Care Community-based Palliative Care (PC) services were launche d during the year, to fill the gap in care and support services for the chronically-ill P alliative care is specialized, interdisciplinary care that attends to the physical, emotio nal and spiritual needs of people with chronic illness and to the related emotional and ed ucational needs of caregivers PC has been demonstrated to significantly reduce both human suffering and healthcare costs by achieving better symptom/pain control, better care plan ning and coordination, and greater engagement of patients in their own care It is particu larly beneficial for people whose social characteristics---isolation, health literacy or g eneral literacy deficits, language barriers, poor health habits, etc ---increase the risk of adverse health outcomes Allied Services Foundation The Foundation is the community rel ations and fundraising arm of Allied Services The Foundation's fundraising appeals, spons orship and grant solicitations generate support for Allied's pediatric programs, DePaul Sc hool, vocational programs and other community services This department also coordinates t he community volunteers and employee volunteers who help to raise funds and provide in-kin d, non-medical services to our residents, patients and consumers Public relations, outrea ch, internal communications, charitable fund compliance and accountability are also among the Foundation's duties

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	PA

Additional Data

Software ID:
Software Version:
EIN: 23-2523395
Name: Allied Services Institute of Rehabilitation Medicine

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	INSTITUTE OF REHABILITATION MEDICINE 100 ABINGTON EXECUTIVE PARK DRIVE CLARKS SUMMIT, PA 18411 016901									REHABILITATION CENTER	

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

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

Form and Line Reference	Explanation
Institute of Rehabilitation Medicine	Part V, Section B, Line 5 To ensure that the hospital gathered input from persons who represent the broad interest of the community served by the hospital facility There were 24 telephone interviews that were conducted with 1) public health experts, 2) professionals with access to community health data, and 3) representatives of underserved populations (i e , children, seniors, low-income residents, homeless individuals, persons with disabilities, Latino(a) residents, and the uninsured Further 248 health status surveys were administered by community based health and human service organizations, targeting the vulnerable population of seniors, low-income residents (including families), persons with disabilities, and under/uninsured persons

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

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

Form and Line Reference	Explanation
Institute of Rehabilitation Medicine	Part V, Section B, Line 6a The CHNA was conducted jointly with John Heinz Institute of Rehabilitation Medicine and the Geisinger Health System hospitals

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

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

Form and Line Reference	Explanation
Institute of Rehabilitation Medicine	Part V, Section B, Line 6b YES, OTHER PARTICIPATING FACILITIES INCLUDED Advocacy Alliance, GHS Family, Allied Services Foundation, United Way of Wyoming Valley, Scranton Chamber of Commerce, Alzheimer's Association - NE Region/Greater Pa Chapter, Lackawanna County Medical Society, Panuska College for Professional Studies/The University of Scranton, The Wright Center, Rehabilitation Community Providers Association (RCPA), Healthy Northeast Pennsylvania Initiative, Individual Abilities In Motion, Pennsylvania Department of Health (Northeast District), Volunteers in Medicine Free Clinic, Scranton School District, PA Office of Rural Health, United Neighborhood Centers, Catholic Social Services, Area Agency on Aging of Lackawanna County, United Way of Lackawanna & Wayne Counties, Office of Vocational Rehabilitation, Northeastern Pennsylvania Healthcare Foundation, Wilkes-Barre City Health Department, Lackawanna County Department of Human Services, ARC of Lackawana County, Luzerne County Medical Society, Luzerne Foundation/Healthcare Fund, NHS Human Services, Northeast Regional Cancer Institute, PA Department of Health, The Commonwealth Medical College, and The Edward R Leahy Jr Center Clinic for the Uninsured

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

Form and Line Reference	Explanation
Institute of Rehabilitation Medicine	Part V, Section B, Line 11 The following community health priorities were identified and the action strategies identified to address the findings PRIORITY 1 SENIOR HEALTHFindings 1) Affordable, evidence-based health services are needed to facilitate senior wellness a nd independence2) Senior poverty is pervasive in the area, causing limited access to medic ations and health services 3) Some consumers may view chronic health problems and impairme nts as an inevitable part of the aging process Consequently, they may postpone seeking ca re or following through on their physician's recommendations Action StrategiesAs the regio n's largest provider of inpatient medical rehabilitation, transitional rehabilitation, ski lled nursing and home healthcare, Allied Services recognizes the critical importance of se nior wellness/fitness programs, health education and peer support programs The following activities leverage Allied Services' resources and promote increased awareness/utilization of local resources for seniors 1 Continue informational outreach, free screenings/assess ments to promote healthy aging e g , balance screenings and fall prevention, "safe-at-hom e" topics---e g , medication management, fall hazards, resources for healthy aging-in-plac e 2 Continue low or no-cost fitness opportunities for seniors who are living independentl y, including programs for individuals with Parkinson's, Multiple Sclerosis, arthritis, and for cancer and stroke survivors 3 Host nonprofit providers of senior services---Meals-on -Wheels, free primary care clinics, PACE, transportation providers, in-home nonmedical ser vices, etc ---to share information with Allied Services/Heinz Rehab personnel and with con sumers using our programs/facilities PRIORITY 2 HEALTH CARE FOR PERSONS WITH DISABILITIES Findings 1) Care coordination and supportive services are needed to improve the health of person with disabilities2) The infrastructure and lack of transportation for persons with disabilities may reduce access to health services Action StrategiesCare coordination is in tegral to high quality medical rehabilitation and, so, is hard-wired into every aspect of our hospitals' systems of care External coordination involves continuous information-shar ing and coordination with primary care physicians/specialists, acute care hospital personn el, outpatient clinics, home health and in-home service professionals, and family caregive rs Internally, Allied Services' ASpire! Electronic Health Record systems and interdiscipl inary clinical/care teams help to ensure excellent coordination of services--e g , nursing , therapy (occupational, physical and speech therapy), social work, psychology, pharmacy, nutrition, and others Accessible transportation does play an important role in meeting dai ly living and health care needs Around 40% of our CHNA health survey respondents (seniors and the disadvantaged) indicated that family members, friends and public transportation a re their primary sources of tr

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

Form and Line Reference	Explanation
Institute of Rehabilitation Medicine	ansportation 1 Assemble/disseminate information on Luzerne & Lackawanna public and privat ely-operated para-transit resources and Pennsylvania loans/grants for accessible vehicles 2 Continue outreach to physicians, hospitals clinics and other healthcare providers to im prove timely access to inpatient rehabilitation services for persons with life-changing in juries, disabilities, chronic and age-associated illnesses PRIORITY 3 NEEDS RELATED TO BE HAVIORAL HEALTH AND SUBSTANCE ABUSEFindings 1) Care coordination is needed among behaviora l health, substance abuse and primary care/medical providers2) There are not enough provid ers to meet the demand and the spectrum of services available in most areas is not adequat e to treat individual needs3) The availability of substance abuse services (i e rehabilita tion, education, etc) seems insufficient to meet the need in many communities4) Residents with a history of behavioral health and/or substance abuse issues often have poor treatme nt outcomesAction StrategiesASIHS is a regional behavioral health service provider for adu lts who are recovering from serious mental illness (schizophrenia, bipolar disorder, major depression, and other diagnoses) and co-occurring substance abuse Each year, these progr ams assist around 200 Lackawanna County consumers in achieving a healthy lifestyle and ind ependent living We provide safe/substance-free accommodations, counseling and instruction , and active coordination of health services, drug/alcohol rehab, vocational services, and other supports The success of these programs helps reduce the demand for psychiatric acu te care and crisis services, which are in short supply 1 Provide technical assistance to develop fitness and wellness opportunities for Allied Services Behavioral Health consumers 2 Continue ThinkFirst Injury Prevention outreach program for students in area elementary and middle schools, incorporating healthy lifestyle (drug/alcohol abuse prevention) messa ges PRIORITY 4 AFFORDABILITY OF CAREFindings 1) Residents need solutions that reduce the financial burden of health care2) Poverty increases the barriers to accessing healthcare3) Provider to population ratios are not adequate to meet the need4) Limited access to trans portation is a barrier to careAction StrategiesAllied Services is aggressive in controllin g care costs through continuous quality improvement, adoption of new technologies (electro nic health records, rehabilitation and care technologies that increase safety and speed re covery), and clinical practices aimed at reducing rates of re-admission At the corporate level, Allied Services' risk management and safety policies, proactive management of facil ities (energy conservation, preventive maintenance) and other industry best practices also help to curb costs National benchmarks for inpatient medical rehab (UDSmr) indicate that John Heinz Rehab Hospital and Allied Services Rehab Hospitals are among the Nation's top p erforming hospitals, as measur

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

Form and Line Reference	Explanation
Institute of Rehabilitation Medicine	ed by patients' functional improvement (gains in function, mobility, range of motion, etc) and efficiency (patients' length of stay) 1 Continue to provide clinical experiences, i nternships, job shadowing and other health education opportunities for individuals pursuin g health care careers 2 Continue financial and in-kind contributions to local organizatio ns that provide low/no cost health services to individuals and families in financial need 3 Continue offering innovative, evidence-based employee wellness programs to help control rising cost of health benefits for Allied Services and its employees PRIORITY 5 RESOURCE AWARENESS AND HEALTH LITERACYFindings 1) Presence of barriers related to language- system navigation, culturally-sensitive outreach2) Need to increase awareness and care coordinat ionAction StrategiesAllied Services Rehabilitation Hospital and John Heinz Rehabilitation use the Joint Commission "Road Map" of policies and procedures for improving employee cult ural competency The Road Map is a guide to enhance employee awareness regarding diverse c ultural, religious, racial and ethnic traditions It also promotes heightened sensitivity to the needs of individuals who have vision or hearing problems, cognitive/intellectual de ficits and other disabilities To ensure that all employees meet cultural competency stand ards, cultural competency testing is a required element of annual "HealthStream" employee testing Our rehab hospitals and clinics rely on InterpreTalk telephonic, video and face-to -face electronic translation services to accommodate non-English speakers The service con tinues as an essential aid in serving all patients/visitors with respect and dignity We a lso ask prospective patients to identify their preferred language during the pre-admission process, so that appropriate accommodations (language interpretation, clinical, dietary, environmental accommodations) are in place when they are admitted 1 Continue to expand Al lied Services' capacity to serve diverse patient populations through Affirmative Action re cruitment and hiring practices, including special informational outreach to language, ethn ic, cultural and racial minorities and to persons with disabilities 2 Continue to build s ocial media and affinity group communications in order to boost resource awareness among p ersons with hearing/spoken language disabilities, physical disabilities, limited English p roficiency and others PRIORITY 6 ORAL HEALTHFindings 1) Presence of barriers related to l anguor2) Need to increase awareness of the importance of good oral hygiene, availability o f services and care coordinationAction StrategiesAllied Services does not provide dental h ealth/hygiene services or oral health education for the general population As needed, our clinicians and caregivers refer patients to low/no cost dental clinics and to Medical Ass istance dental health insurance No action strategies are proposed

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

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

Form and Line Reference	Explanation
Institute of Rehabilitation Medicine	Part V, Section B, Line 20e Patients are notified of Allied's Financial Assistance program upon registration when the patient's insurance benefits are being discussed Financial Assistance applications are available in all Outpatient Clinics and on Allied's website Each invoice sent to patients has a note stating that we offER financial assistance and a phone number to call Also, when patients call this office about their bill and indicate it is a financial hardship, financial assistance is offered During the collection process, financial assistance is offered if the patient indicates a hardship

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Allied Services Institute of Rehabilitation Medicine

Employer identification number
23-2523395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	2,000,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	Monitoring of the grant funding is performed by expense review of the related entity prior to reimbursement of funds

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Allied Services Institute of Rehabilitation Medicine

Employer identification number
23-2523395

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 william p conaboy esq VICE CHAIRMAN	**(i)**	0	0	0	0	0	0	0
	(ii)	468,050	0	158,962	317,018	9,115	953,145	158,962
2 Michael Avvisato ASSISTANT SECRETARY & TREASURER	**(i)**	0	0	0	0	0	0	0
	(ii)	317,819	0	60,244	136,446	12,385	526,894	60,244

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	THE PRESIDENT, WILLIAM CONABOY, IS COMPENSATED BY ALLIED HEALTH CARE SERVICES (AHCS), A RELATED TAX-EXEMPT ORGANIZATION AHCS USES THE FOLLOWING METHODS TO DETERMINE HIS COMPENSATION COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Part I, Line 4b	William Conaboy, Esq and Michael Avvisato participate in a Rabbi Trust Non-Qualified Deferred Compensation Plan They received the following distributions in calendar year 2016 William Conaboy, Esq - $158,962 Michael Avvisato - $60,244

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Allied Services Institute of Rehabilitation Medicine

Employer identification number
23-2523395

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	WYOMING INDUSTRIAL DEVELOPMENT AUTHORITY	24-6000762		07-03-2012	6,888,986	TO REFINANCE PRIOR ISSUED BONDS		X		X		X
B	WYOMING INDUSTRIAL DEVELOPMENT AUTHORITY	24-6000762		07-19-2012	5,409,039	TO REFINANCE PRIOR ISSUED BONDS & FOR BUILDING IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	6,888,986	5,409,039		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	6,888,986	5,409,039		
12	Other unspent proceeds				
13	Year of substantial completion	2012	2012		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I	Certain bond funds are allocated between related entities

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Allied Services Institute of Rehabilitation Medicine

Employer identification number
23-2523395

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2	ALLIED SERVICES INSTITUTE OF REHABILITATION MEDICINE (ASIRM) DOES NOT HAVE ANY OF ITS OWN EMPLOYEES PROVIDING SERVICES TO THE ORGANIZATION THE ORGANIZATION DOES NOT FILE ITS OWN F ORM W-3 THE EMPLOYEES PROVIDING SERVICES TO ASIRM ARE EMPLOYED BY ALLIED HEALTH CARE SERV ICES, A RELATED TAX EXEMPT ORGANIZATION THESE EMPLOYEES RECEIVE A W-2 FROM ALLIED HEALTH CARE SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The Members of Allied Services Institute of Rehabilitation Medicine (the "Hospital") shall be those persons serving from time to time as members of the Executive Committee of the B oard of Directors of Allied Services Foundation (the "Foundation"), in each case to serve in such capacity at the discretion of the Foundation, and subject to removal by the Founda tion at any time, with or without cause

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	As documented in the hospital's by laws, the members, at their annual meeting, shall elect the President of the Board from among the nominees for such office submitted to the membe rs by the President of the Foundation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	the form 990 was reviewed in detail by the chairman of the board and the chairman of the a udit committee The board of directors is notified and given access to the 990 via a webli nk prior to filing with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	ALLIED SERVICES CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS DOWN TO DEPARTMENT HEADS AS WELL AS ANY STAFF THAT ARE INVOLVED IN THE PURCHASING PROCESS ALL COVERED PERSONS MUST COMPLETE AN ANNUAL CONFLICT STATEMENT IF A TRANSACTION IS PROPOSED INVOLVING A CONFLICT, THE BOARD INVESTIGATES ALTERNATIVES FOR THE TRANSACTION AND MAKES A DETERMINATION IF A MO RE ADVANTAGEOUS ARRANGEMENT CAN BE MADE MEMBERS INVOLVED IN THE CONFLICT MUST ABSTAIN FRO M VOTING ON SUCH MATTERS ANY VIOLATIONS OF THE POLICY ARE HANDLED AS NECESSARY FROM REPRI MAND TO TERMINATION FROM THE BOARD OR EMPLOYMENT, DEPENDING ON THE SEVERITY OF THE OFFENSE Compliance with this policy is monitored by the Vice President of Human Resources

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	ALLIED PARTICIPATES IN MULTIPLE REGIONAL SALARY SURVEYS, two of which are the society of healthcare human resources of pennsylvania and the appalachian healthcare human resources society, TO DETERMINE MARKET COMPETITIVENESS, AND CONSIDERS THE EXTERNAL MARKET AS A FACTOR IN THE JOB EVALUATION PROCESS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED BY A COMPENSATION COMMITTEE OF THE BOARD INCREASES ARE RECOMMENDED BY THE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS BASED ON THE EXTERNAL SURVEYS AND INTERNAL REVIEWS This process is documented by the compensation committee and the board of directors FOR ALL OTHER EMPLOYEES, ALLIED SERVICES FOLLOWS AN INTERNAL JOB EVALUATION PROCESS, ADMINISTERED BY A CROSS DIVISIONAL JOB EVALUATION TEAM COMPRISED OF DIRECTORS AND ASSISTANT VICE PRESIDENTS THE JOB EVALUATION PROCESS IS BASED ON A FOURTEEN POINT FACTOR SYSTEM AND INTERNAL ALIGNMENT WITHIN JOB CLASSIFICATION This process is documented and LABOR GRADE RECOMMENDATIONS BASED ON BOTH INTERNAL AND EXTERNAL RESULTS ARE MADE TO THE DIVISIONAL VICE PRESIDENT AND VICE PRESIDENT OF HUMAN RESOURCES FOR FINAL APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	the organization makes its governing documents, conflict of interest policy, and financial statements available to the public Upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Nursing Professional fees Program service expenses 236,899 Management and general expenses 0 Fundraising expenses 0 Total expenses 236,899 Pharmacy Professional Fees Program service expenses 137,369 Management and general expenses 0 Fundraising expenses 0 Total expenses 137,369 Lab Professional fees Program service expenses 132,848 Management and general expenses 0 Fundraising expenses 0 Total expenses 132,848 Radiology Professional fees Program service expenses 123,303 Management and general expenses 0 Fundraising expenses 0 Total expenses 123,303 Physiatrist Professional fees Program service expenses 482,799 Management and general expenses 0 Fundraising expenses 0 Total expenses 482,799 Outside Services and Ambulatory Services Prof Fees Program service expenses 104,910 Management and general expenses 0 Fundraising expenses 0 Total expenses 104,910 Other Professional fees Program service expenses 11,849 Management and general expenses 410 Fundraising expenses 0 Total expenses 12,259 Consulting Fees Program service expenses 0 Management and general expenses 1,815 Fundraising expenses 0 Total expenses 1,815 Corporate Purchased Services Program service expenses 0 Management and general expenses 4,424,154 Fundraising expenses 0 Total expenses 4,424,154

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Allied Services Institute of
Rehabilitation Medicine

Employer identification number
23-2523395

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII Supplemental Information

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

Additional Data

Software ID:
Software Version:
EIN: 23-2523395
Name: Allied Services Institute of Rehabilitation Medicine

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) 100 TERRACE LANE SCRANTON, PA 18508 20-4472148	PROVIDE INDEPENDENT LIVING SERVICES	PA	501(c)(3)	Line 12a, I	Allied Services Foundation		No
(1) 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 24-0860110	PROVIDE HEALTH CARE SERVICES TO ELDERLY AND MENTALLY CHALLENGED	PA	501(c)(3)	Line 3	Allied Services Foundation		No
(2) 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523682	INVESTED FUNDS FOR RELATED ENTITIES TO SUPPORT THEIR MISSIONS	PA	501(c)(3)	Line 7	N/A		No
(3) 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523680	PROVIDE LOW INCOME HOUSING	PA	501(c)(3)	Line 10	Allied Health Care Services		No
(4) 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523679	inactive	PA	501(c)(3)	Line 10	Allied Health Care Services		No
(5) 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2862231	OPERATE A PERSONAL CARE FACILITY	PA	501(c)(3)	Line 3	Allied Services Foundation		No
(6) 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2523688	OPERATE A SKILLED AND INTERMEDIATE NURSING FACILITY	PA	501(c)(3)	Line 3	Allied Services Foundation		No
(7) 4219 MANOR DRIVE STROUDSBURG, PA 18360 23-1642528	OPERATE A VOCATIONAL REHABILITATION FACILITY	PA	501(c)(3)	Line 7	Allied Health Care Services		No
(8) 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 23-2262852	OPERATE A REHABILITATIVE HOSPITAL	PA	501(c)(3)	Line 3	Allied services Foundation		No
(9) 1327 ASHLEY RIVER ROAD BLDG C SUITE Charleston, SC 29401 20-1177431	PROVIDE INSURANCE, CLAIMS DEFENSE, ADMINISTRATION & INDEMNITY TO AFFILIATES	SC	501(c)(3)	Line 12c, III-FI	Allied services Foundation		No