Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) OMB_No. 1545-0047 ▶ Do not enter social security numbers on this form as it may be made public. 2016 Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17Inspection Check if applicable: C Name of organization Address change O Employer identification number ALDER HEALTH SERVICES, INC. Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address 23-2485020 100 N. CAMERON ST., SUITE 301 EAST Initial return Final return/ lerminated 717-233-7190 City or town, state or province, country, and ZIP or foreign postal code HARRISBURG PA 17101 Amended return Name and address of principal officer: G Gross receipts\$ 4,765,936 Application pending ROSEMARY BROWNE H(a) is this a group return for subordinates Yes 100 NORTH CAMERON STREET H(b) Are all subordinates included? **HARRISBURG** PA 17101 If "No," attach a list. (see instructions) Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 WWW.ALDERHEALTH.ORG Form of organization; X Corporation Trust Association H(c) Group exemption number Other > Year of formation: 1987 Mr State of legal domicite: PA Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 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) ۰5 4 Number of independent voting members of the governing body (Part Vi, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 4 13 6 Total number of volunteers (estimate if necessary) 24 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 13 b Net unrelated business taxable income from Form 990-T, line 34 0 0 8 Contributions and grants (Part VIII, line 1h) Current Year 9 Program service revenue (Part VIII, line 2g) 635,397 684,595 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 312,479 343,308 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,218 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 638<u>,</u>090 038,653 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 585,966 2.070, 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 886,261 956,325 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 45,069 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 556,156 731,250 687,575 19 Revenue less expenses. Subtract line 18 from line 12 442,417 <u>143,549</u> 383,1<u>9</u>9 Beginning of Current Year 20 Total assets (Part X, line 16) End of Year 21 Total liabilities (Part X, line 26) <u>804,078</u> 1,455,720 360,082 22 Net assets or fund balances. Subtract line 21 from line 20 628,525Part II 443<u>,996</u> Signature Block 827,195 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 Signature of officer Here ROSEMARY BROWNE PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Paid JAMES A KOONTZ PTIN Preparer self-employed Firm's name BROWN SCHULTZ P00004834 SHERIDAN & FRITZ **Use Only** 210 GRANDVIEW Firm's EIN <u>25-1644159</u> AVE CAMP_HILL, PA Firm's address 17011-1706 717-761-7171

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form 990 (2016)

Рһопе по.

Form 8868

(Rev. January 2017)

Department of the Tressury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms fisted below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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must use F	tions required to file an income tax return other the form 7004 to request an extension of time to file in	an Form 990-T (i ncome tax return:	including 1120-C filers), partner s.	ships, REMICs	and trusts	
Type or	Name of exempt organization or other filer, s	no Instructions	<u></u>	ter filer's ider	tifying numb	er, see instruction
print				Employer ider	ntification num!	ber (EIN) or
	ALDER HEALTH SERVICES	_INC.		23-2485	020	
File by the	Number, street, and room or suite no. If a P. 100 N. CAMERON ST., ST	JITE 301	EAST	Social security		()
due date for filing your return, See	City, town or post office, state, and ZIP code.	. For a foreign ad	dress, see instructions.			
instructions.	HARRISBURG	PA 1710	1			
Enter the Re	turn Code for the return that this application is for					
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Form 990 c	Pr Form 990-EZ	Code	Is For	_		Code
Form 990-I		01	Form 990-T (corporation)			07
Form 4720	(individual)	03	Form 1041-A		<u> </u>	08
Form 990-F		04	Form 4720 (other than individ	lua!)		09
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069		· <u> </u>	10
Form 990-1	(trust other than above)	06	Form 8870			11
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

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2 is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 X 3 Did the organization register of instruct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section set (16/6) organizations. Did the organization engage in tobying activities, or have a section 501(fit) election in effect during the tax year? If "yes," complete Schedule C, Part II 5 is the organization a section 501(ol4), 501(ol5), or 501(ol6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19/1 "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation essenent, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical researces, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical researces, or other similar assets? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Pert X, line 21, for escrew or custodial account liability, serve as a custodian services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount to Part X, line 21, for escrew or custodial account liability, serve as a custodian services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for line schedule organization, but an account services? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for line schedule in C, and IV yes, "complete Schedule D		1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		- T	Yes	No
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5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or circular amounts as defined in Revenue Procedure 96-197 if "res," complete Schedule C, Part III 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 I Put the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X X complete Schedule D, Part III 7 X X X X X X X X X X X X X X X X X			···· [T		<u> </u>
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 17 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 19 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 10 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 11 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		fundraising, business, investment, and program service activities outside the United States as a service activities of the United States as a service activities outside the United States as a service activities and the United States are activities and the United States are a service an	1 1			-
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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 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) 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to	14b		X	_
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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) 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	16	or any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1 1	- 1		
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) 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X If "Yes," complete Schedule G, Part III 19 X		The trie organization report on Part IX. column (A) line 3 more than on one	15	-	<u> </u>	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X If "Yes," complete Schedule G, Part III 19 X			1	- 1		
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 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 X			16	-	<u>X</u>	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 X					••	
9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X If "Yes," complete Schedule G, Part III. 19 X	L	Part VIII, lines 10 and 802 if the 10 and 10 fundraising event gross income and contributions on	"/ -	+	<u>X</u>	
If "Yes," complete Schedule G, Part III.			100		7.7	
19 X		"Yes," complete Schedule C. Part III.	 18 	┿	<u> </u>	
		Constitute S, Fait III	10		v	
				90	<u> </u>	

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

	Part V Statements Regarding Other IRS Filings and Tax Compliance						Pa
_	Check if Schedule O contains a response or note to any line in this i	Dark 17					_
4		ait V	<u></u>		<u></u>		
14	The result opposed in DOX 3 OF FORM THERE IN 18 And American	1a	3		_	Ye	s
į	Enter the number of Forms W-2G included in line 1a Enter A if not applicable	_	8		—┤	1	1
•	The die organization comply with backup withholding rules for reportable national and the complete the comple	nd				1	1
20	The second of th					1	1
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	T	/		<u>1c</u>	+-	4
	Textorication in the Calendar Vear Anding with or within the tree and the control of the calendar vear and the calendar vear vear vear vear vear vear vear ve	2a	24		- 1	1	I
_	The state of the portion of the 2a. On the organization file of the state of the st	returns	 -		_{2b}	x	
3a					··· -**	┼≏	╁
Ь					3a	1	Ŀ
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche At any time during the calendar year, did the granization have an interest.	dule O			3b	+-	╁
	At any time during the calendar year, did the organization have an interest in, or a signature or over, a financial account in a foreign county (such as a basic part of the calendar year).	ther au	thority		··· 	┼──	+
	over, a financial account in a foreign country (such as a bank account, securities account, or oth	er finan	cial		ľ		l
b	If "Yes," enter the name of the foreign country; ▶				4a	j	2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan (FBAR).				·	_	-
			ounts		··		1
5a	Was the organization a party to a prohibited tay shotter transmitted						1
þ	Did any taxable party notify the organization that it was or is a next the party notify the tax year	r?			5a		3
С	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter training the tax year if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	nsaction	1?		5b		Ż
a	Does the organization have annual gross receipts that are namedly				5c		
b	The organization include with every solicitation an express statement in				6a		X
		utions (DF .			\neg	
	Organizations that may receive deductible contributions under section 170(c).				6ь		
	and organization receive a payment in excess of \$75 made party as a continue					T	
					- -		
)	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of fancible personal property for which				7a		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				7b		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the	was			1 1		
١ ١			• • • • • • • •		7c		
		COSTO			┩╴╽		
					70	<u>-</u>	
li Ii	f the organization received a contribution of qualified intellectual property, did the organization file	Form 89	200 00		71	-	
•	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file sponsoring organizations maintaining donor advised funds. Did a decrease of the organizations maintaining donor advised funds.	ization f	ile a Ca	equired?	7g	-	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain ponsoring organization have excess business bulkings bulkings.	ed by	iicaru He	III7 1098-C7	7h		_
		.cu by (1.1		
D	ponsoring organizations maintaining donor advised funds.	•			8		_
ח	old the sponsoring organization make any taxable distributions under section 4966?				100	-	
_	old the sponsoring organization make a distribution to a donor, donor advisor, or related person? ection 501(c)(7) organizations. Enter:				9a	- -	_
	a. Sauresancile Cilifei				9b		
G	ititation fees and capital contributions included on Part VIII, line 12	Da				-	
S	The receiped in claded on Form 990. Part VIII line 12 for public upo of state 4. 1995)b	_		1		
G	ross income from members or shareholders	<u> </u>	_		1	1	
Ģ	ross income from other sources (Do not not account at account at a constant at a const	<u>a</u>				- !	
ag	painst amounts due or received from them.				1	1	
Se	oction 4947(a)(1) non-exempt charitable trusts to the	b		_			
lf '		n 10413	? .		12a	ſ	
	"Yes," enter the amount of tax-exempt interest received or accrued during the year					 	_
ls i	the organization licensed to issue qualified health plans in more than one state?						
No	te. See the instructions for additional information the amount than one state?				13a	+	-
	ete. See the instructions for additional information the organization must report on Schedule O. ter the amount of reserves the organization is required to maintain by the states in which					†	-
the	organization is licensed to issue qualified health plans ter the amount of reserves on hand				' 		
Ent	ter the amount of reserves on hand	b				1	
Did	the organization receive any payments for indeed tearling.					1	
f "\	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule				14a	X	-
					14b	+	_

	Form 990 (2016) ALDER HEALTH SERVICES, INC. 23-2485020 Part VI Governance, Management and Displayers 23-2485020			ь	'aç
	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, describe the circumstances, processes, or changes in Schedule O contains a response or note to any line in this Part VI Section A Governing Part VI	ow a	nd for	<u>- ۲</u>	<u>01</u>
	Check if Schedule O contains a response the circumstances, processes, or changes in Schedule	e ()	יטי מס? מי מס?	nefm	
	Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management	- 0.	JOC 17	iou t	_
		<u></u>			-
	1a Enter the number of voting members of the governing body at the end of the tax year 1 1 1 3		- 	res l	Г
		Г		65	_
	if the governing body delegated broad authority to an executive committee or similar	\neg	- 1	- 1	
	committee, explain in Schedule O.			- 1	
	b Enter the number of voting members included in			- 1	
	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family solution to		- 1	- 1	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			- 1	
•	Did the progration delegate exployee?	- 1		- 1	
	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 market performed by or under the direct	·	<u>- -</u>	-	3
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?				
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization.	. <u> -</u> 3	<u> </u>		2
6	Did the organization have members or stockholders?	_ _4			3
7	Did the organization have members or stockholders?	5		_L	3
•	bid the organization have members, stockholders, or other and			$\int $	X
1	one or more members of the governing body?	-1-	1	Т	_
	Are any governance decisions of the organization manual to	76	4	_[:	X
,	Stockholders, or persons other than the assessment of approval by members,	- 1 -		Т	_
3	Did the olyanization contemporaneously document the	71	1	_ 2	X
ê	The governing body?	wing:	1	T	Ť
t	Each committee with authority to act on hobols as the	8a			
	THE PROPERTY OF THE COURT OF THE PROPERTY OF T	85	7	7	Ŧ
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		T -	_	=
<u>e</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	9	1	K	7
	about policies not required by the Internal Rever	ue C	ode	<u> </u>	-
•	the digatization have local charters brooker a source			No	_
þ	" Out the Utual/IZalinn have written peliates and	10a	-,,,,,	X	
	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? Has the organization provided a complete copy of this Form 990 to all members of its assumptions.		┼─	┼≏	<u>-</u>
3	Has the organization provided a complete consistent with the organization's exempt purposes?	105	1	1	
)	Describe in Schedule O the process it among the forms	11a	├──	1	_
,	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and known and known are linearly to the line 13	<u> 4</u>	 	X	_
)	Were officers, directors or frustees condition interest policy? If "No," go to line 13		.	1	
;	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the partie of the conflicts?	12a	X	<u> </u>	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X		_
	Did the organization have a written whistleblower policy?				
	Did the organization have a written whistleblower policy?	12c	_		_
	Did the organization have a written document retention and destruction policy?	_13_	X		_
		14	X		_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official.	- 1			
	Other officers of less and decision?	- 1	- 1		
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 150 or 155 december 150 or 150 december 150 december 150 or 150 december 150 decem	15a	X		
	1 TO THE TOP OF THE SCIENCE THE PROCESS IN COLUMN 1	15b	x		•
	TO THE OWN THE OWN THE PROPERTY OF THE PROPERT	T	\top	_	٠
1	with a taxable entity during the year?	ĺ			
	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	<u>16a</u>	[X	
ļ	rarticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		$\neg \uparrow$	_	
(rganization's exempt status with respect to such arrangements?]	- 1		
=	- Disclosure	165	- 1		
L	ist the states with which a copy of this Form coo :			_	
				_	
a	valiable for public inspection. Indicate how you made these available. Check all that apply.				
•	OWN Website IX Another's website I				
D	escribe in Schedule O whether (and if so, how) the appropriate				
ir	ancial statements available to the public during the organization made its governing documents, conflict of interest policy and				
S	ate the name, address, and telephone number of the				
21	ate the name, address, and telephone number of the person who possesses the organization's books and records:				
•					
ŭ	ISBURG 100 NORTH CAMERON STREET				

Form 990 (201	16) ALDER HEALTH SERVICES, INC.
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Check if Schedule O contains a recent
	Independent Contractors, Directors, Trustees, Key Employees, Highest Compensated Employees
Section A.	Check if Schedule O contains a response or note to any line in this Part VII
1a Complete th	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ax year. The organization's current of
9 ca 112 at (1011 2 12	ax year.
 List all of 	the organization's current officers directors of the desired and the organization's current officers directors of the desired and the organization's current officers directors of the organization of

- ◆ 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
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the capacity as a former director or trustee or t 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

(A)		~ 	y rei	ateo	orga	aniza	ation	compensated any current	employees; highest t officer, director, or truste	_
Name and Title	Average hours per week (list any hours for	6	do no ox, ur Micer	Pi t chec nless p and a	sition k mor	e tha	n one	Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
(4) (3)	related organizations below dotted line)	or director	nstitutional trustee	Officer	Key employee	employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) SARA BAKER, MS	1.50					-				
(2) DAVID JAMES MI	SNER	X	-	\vdash		_	┝╌┥	0		
ECRETARY	1.50									
(3) MATTHEW ROAN	0.00	X	\dashv	X	4		_	0		
REASURER	1.50						- [
4) ROBIN PERRY-SMI		X	+	쒸	4	4	+			
ICE CHAIR	1.50 0.00	"	-		-	-	-	į.		
REV. LORI. E. I	ATCH-RIV	X ER	A	×	+	+	+		0	
HAIR	1.50	x	1.		1		1			
AMY LUCKETT		ᡨ	+	X	╁	+	+		0	0
RECTOR	1.50 0.00	x	1	1			1	1	7	<u>y</u>
JUAN MALDONADO		ᡨ	┿	┿	╀	╁	+-			0
RECTOR	1.50 0.00									
DR. ORALIA DOMI	IIC	<u> </u>	┿	+-	╀	┼-	┼			0
RECTOR	1.50 0.00 x	_			1		1			
WILLIAM KRENZ		┪	╀	┼-	╁	╀	┼-			0
ECTOR	1.50									
SAMUEL GILL	_ 0.00 x	╁	├-	 	<u> </u>	_	 	0	o	0
ECTOR	1.50							j		<u>v</u>
BENJAMIN JOHNSON	0.00 x	+	\vdash	$\vdash \downarrow$	\dashv	_		0		0
ECTOR	1.50 x									
	0.00 X	Щ			_($_{\perp}$		ol		

(A)	(0)	- 1	10000	, rve	<u> </u>	mpic	yee	s, and Hignest Compen	35020 sated Employees (contil	
Name and title	(B) Average hours per week (list any	()	do not ox, unio Micera	Po checi	osition k mon erson	e than	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	related organizations below dotted fine)	or director	Institutional trustee	Officer	Key employee	employee employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(12) CHASE WRIGH	1.50	x		_	-	1				
13) TOM HOLLERS IRECTOR	1.50 0.00	x						0	0	
	0.00 NOWNE 52.50	Î		_	7	7	\forall	0	0	
RESIDENT & CEO	0.00		$\frac{1}{1}$	×	+	+	+	90,081	0	12,44
		H	\dashv	\downarrow	\dashv	+	+			
				1	\downarrow	4	\perp			
					T	T				
				1	1	\dagger	1			
Sub-total Total from continuation sh	Refs to Part VIII	Saati				<u> </u>	t	90,081		12,444
Total (add lines 1b and 1c) Total number of individuals (i	notition but not t	ionian d			list	► •d a	house	90,081		12,444
Did the organization list any t	ormer officer dis-					_				Yes No
Did the organization list any temployee on line 1a? If "Yes, For any individual listed on linorganization and related organization and related organization."	o to lo the		,,,,	4011	","	viuua	37	******		3 X
Did any person listed on line for services rendered to the o	1a receive or acc								ch Individual	4 X
Complete this table for your f	VIS			_						5 X
compensation from the organize	zation. Report cor (A) Jusiness address	mpens	sation	for	the	cale	ndar	Teal ending with or With	⊓ the organization's tay :	
					_	-	_	Description of	services	Compensation
					\Box				·	+
	- <u> </u>			_	4	_	_			
					- [1
otal number of independent co					\neg					+

F	om 990 (2016) ALDER HEAT Part VIII Statement of Re	venu	18				<u>23-2485</u>	020		P
_	Check if Schedule	0 c	ontain	s a resp	onse or note to	any I	ine in this Pa	orf VIII	-	
8 «	.			_	(A) Total reven		(B) Related or exempt function		(C) Unrelated business	(D) Revenue excluded from t
FE	1a Federated campaigns	1a	Τ				LEVEUR		revenue	under sections 512-514
ρĒ	b Membership dues	1b	_			ı				512-514
E Z	c Fundraising events	1c						- 1		1
먈	d Related organizations	1d			-	- 1		1		1
꺙	Government grants (contributions)	1e		662,8	88	1		- 1		1
	f All other contributions, gifts, grants,				-	- 1		- 1		}
δ	and similar amounts not included above	1f		21,7	07	1		- 1		1
밁	9 Noncash contributions included in lines to	9-1f: S	\$			- 1		1		1
2 1	h Total. Add lines 1a-1f	<u> </u>			684,	595		1		I
1	2a BEHAVIORAL UPAL TO			Busn. Co				- 		
۱ ځ	b FRIMARI CARE			 	193,	561	193,5	61		ĺ
1	C SCREENINGS AND TEST	- <u>-</u>		-	85,	616	85,6			 -
Sand Other Similar Amount	d test	TMGS			64,	131	64,1			
1	•	• • • • • •		 	- -					 -
•	f All other program service rever									
1	g Total, Add lines 2a-2f				+					
1	3 Investment income (including of	livider	ids, inte	erest	343,3	108				
Г	and other similar amounts)				4,2	10				
Ι.	- mounte from investment of tax-	exem	ot bond	proceed						4,21
ľ	5 Royalties					┿	 _			
۱,	(i) Real		(ii) P	ersonal				┥		
	b Less: rental exps.	\bot			J			1		- '-
	C Rental inc. or (loss)				1	1		1	1	
1.	d Net rental income or days)	Щ_			1			1		
7.	a circas arribuni from	····		<u> </u>	 		_	1		
	sales of assets (i) Securities other than inventory	\rightarrow	(1) (Other	ļ				+	
1	b Less: cost or other	_]			1	1	
	basis & sales exps					1		1	ł	
	Gain or (loss)				1			1		
d	Net gain or (loss)	<u></u>						1	1	
ðа	 Gross income from fundraising events 	Г				+		-		<u></u>
	(not including \$	1				1		1	į.	
	of contributions reported on line 1c).	1						ĺ		
h	less direct owners	•└─-						i	- 1	
c	Net income or (loss) from fundrais	<u>'</u>						ĺ	1	
9a	Gross income from garning activities.	ang e	vents	<u></u> ▶					ľ	
	See Part IV For 10	.[ſ						
b	Less: direct expenses b	<u> </u>				1			1	
C	Net income or (loss) from gaming	activit	ies			1				
væ	Gross sales of inventory, less	<u> </u>		··· -		 _]	
	returns and allowances a]	3,73	3,815		1	T			
b	Less: cost of goods sold b		2 60	5,162]	- 1			
Ç	Net income or (loss) from sales of	invent	ory	▶	1,038,653	1	- 1			
a	Miscellaneous Revenue			sn. Code		 				1,038,653
a b					_	1	- 1			
_			.				 +			
- d 4	All other revenue						 +			
- ^ - T	All other revenue Total, Add lines 11a-11d		. L_				 +		- 	
•	F-4-7			▶ L						
T	Total revenue. See instructions.			_	2,070,774					

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). Page 10 Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. (B) Program service (C) Management and general expenses (O) Fundraising Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 expenses Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 91,800 <u>27,540</u> 45,900 persons (as defined under section 4958(f)(1)) and <u>18,360</u> persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include 685,710 618,937 64,862 section 401(k) and 403(b) employer contributions) 1,911Other employee benefits 9 Payroli taxes 102, 95410 22,650 77,858 11 Fees for services (non-employees): 75,861 2,446 72,068 3,793 a Management b Legal c Accounting d Lobbying 15,530 15,530 e Professional fundraising services. See Part IV, line 7 f Investment management fees g) Other. (If line 11g amount exceeds 10% of line 25, column 2,1172,117 (A) amount, list line 11g expenses on Schedule (0.) 12 Advertising and promotion 53,273 10,783 52,680 13 Office expenses <u>593</u> 14 Information technology 35,414 10,783 22,665 12,74920,321 Royalties 15 13,005 7,316 Occupancy 16 17 Travel 291,174 186,351 104,823 19,369 Payments of travel or entertainment expenses 16,4642,905 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 7,0965,677 Payments to affiliates 1,4191,835 1,835 22 Depreciation, depletion, and amortization 23 Insurance 9,987 6,392 3,595 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.) SUBCONTRACTS 161,708 b BAD DEBT 97,025 64,683 46,143 ¢ CLIENT ASSISTANCE 46,143 42,378 FUNDRAISING EXPENSES 42,378 e All other expenses 11,569 25 Total functional expenses, Add lines 1 through 24e 2,553 11,569 1,687,575 2,553 Joint costs. Complete this line only if the 1,245,505 organization reported in column (B) joint costs 397,001 45,069 from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) DAA

<u> </u>	rt X Balance Sheet			<u> 23-240</u>	2020_		Pag
	Check if Schedule O contains a response or not	te to any line	in this Part Y				
		- vo	mulio Fait A		 	·····	<u></u>
				l Bo	(A)	_ [(B)
1	Cash—non-interest bearing Savings and temporary cash investments				ginning of yea	- -	End of year
- [Savings and temporary cash investments Pledges and grants receivable net	* - • • • • • • • • • • • • • • • • • •		·· } 	210 0	 	1 288,6
				·· 	219,3		2 95,9
1				··	169,6		3 146,8
1		Officers dicas		··	301,2	<u>35 </u>	<u>4 759,5</u>
1	drustees, key employees, and highest compensated er	mnlovees	ZiOIS,			- !	
	Complete Part II of Schedule I			1			
11	Loans and other receivables from other disqualified per	reone (se do	fondda	<u>.</u> .			5
	TO THE PROPERTY OF THE SECTION AND ACCUSANCE		47	ction			
	sponsoring organizations of section 501(c)(9) voluntary	, and conting	uting employers	sahd		ľ	
	Transport (See Hall Deficient Complete Dart II Af Cal						1
7	Notes and loans receivable net					_	3
8	Inventories for sale or use			.		7	
9	Inventories for sale or use Prepaid expenses and deferred charges			·		. 8	
10	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or				31,27	4 9	24,88
1						\top	
П	other basis. Complete Part VI of Schedule D	10a	347,834	4			
	b Less: accumulated depreciation	· · · · · · · · · · · · · · · · · · ·	248,895		<u>50,53</u>	5 10	98,93
12	Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 14					11	
13	investments—program related. See Part IV, line 11			L		12	
14	Intendible assets			L		13	
15	Other assets See Part IV line 11					14	
16					32,02		
17	Total assets. Add lines 1 through 15 (must equal line 34	<u>4)</u>			804,078		+
					275,552	17	
19	Defend and			1		18	
20	Tay-evernt hand Bakeling				68,777		
21						20	
22		Cobadula D				21	
	and tomer officers	directors				+ * '	
	trustees, key employees, highest compensated employee	es, and		ľ		1	,
22	disqualified persons. Complete Part II of Schedule L			1			
23 24						22	
	The same of the sa	rhier				23	114,972
20						24	
	parties, and other liabilities not included on lines 17-24). C	Complete Pari	t X			ļļ	
	or occuedate D		ľ		<u>15,753</u>	أيدا	
.0	75 - Tabilities : Add lines 17 Infolian 25		Г		360,082	20	500 505
	Organizations that follow SFAS 117 (ASC 958), check	here ▶ X a	nd		00,002	26	628,525
	complete lines 2/ inrough 29, and lines 33 and 34	_					
	Unrestricted net assets		j		11,677	[500 - 00
	remportantly restricted tiet assets				8,778	_	790,722
9 /	Permanently restricted net assets					28	8,778
•	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34	check here l	and		23,541	29	<u>27,695</u>
_	ampiete anes so undugh 34.					[
0 (Capital stock or trust principal, or current funds					[
, 6	aid-in or capital sumius or land building or assistance					30	<u> </u>
	The second of th	ther funds				31	
					40 000	32	
<u> </u>	otal liabilities and net assets/fund balances			4	43,996	33	827,195
		. <u> </u>		8	04,078	34	1,455,720

Part XI Reconciliation of Net Assets 23-2485020			Pa	age 1 2
Check if Schedule O contains a reasonable of the contains				
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25)				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1		70,	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2		<u>87,</u>	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	3		83,	
Net unrealized gains (losses) on investments Donated services and use of facilities	4		43,	<u>996</u>
Donated services and use of facilities Investment expenses	. 5			
Investment expenses Prior period adjustments	. 6			
Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	7			
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 0 (explain to 1)	8			
	· 9 -			
++,	1	_		
ort XII Financial Statements and Reporting	·· · · · ·	8	<u> 27,:</u>	<u> 195</u>
Check if Schedule O contains a response or note to any line in this Part XII				
Association and the second sec		<u> </u>	T	
Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No.
in the organization changed its method of accounting from a prior year or shoeked for		-	1 1	
		ŀ		
vivere the organization's financial statements compiled or reviewed by an independent accountant?			[[
The financial statements for the upget the				<u>x</u>
reviewed on a separate basis, consolidated basis, or both:		. <u>2a</u>		<u>X</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Reth consolidated and account to much the financial statements for the year were compiled or separate basis.				<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent assessment for the year were compiled or				<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			x	<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			x	<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	*************		x	<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis			x	<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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 collection of the second coll		_2b		<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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?			x	<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		_2b		<u>x</u> _
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit as audit as audit.		_2b		<u>x</u>
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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-1332		2b	x	_
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? If "Yes," did the organization undergo the required audit or audits or audits as		_2b	x	<u>x</u>
Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a comprising that a separate basis		2b	x	_

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust,

Schedule A (Form 990 or 990-EZ) 2016

Department of the Tre- Internal Revenue Serv	ا مم		Attach to F	orm 990	or Form	99 0-Е Z.		2016
Name of the organiza		 Information 	about Schedule A (Form 990 o	<u>y 990-EZ)</u>	and its in	structions is at www.i	rs anulform000	Open to Pu
The or the organiza	AT.D	ER HEA	T Mark				Employer identific	Inspectio
Part I R	Cason tor	Public Ch	arity Status /All agents	INC.			23~24850	020
The organization	is not a private	e foundation	parity Status (All organia because it is: (For lines 1 thro	zations	must co	mplete this part.) See instruc	tions.
1 L A churc	h, convention	of churches.	Of association of churches de	/ugii /2, (спеск опл	one box.)		
4 A medic	al research or	ganization op	perated in conjunction with a l	hosnital d	leserthed :	(D)(1)(A)(iii).		
city, and	state:		perated in conjunction with a l	noopital u	iescribed i	n section 170(b)(1)(A)(iii). Enter the	hospital's name,
∍ ∐ An orgar	nization operat	ted for the be	enefit of a college or university	owned o	C Operate	d by a approximately		
6 A federal	170(b)(1)(A)(i	iv). (Complete	e Part II.)		- opolato	a ply a dovernmental	unit described in	ו
7 X An organ	i, state, or loca	al governmer	nt or governmental unit descrit	bed in se	ection 170	Mb)(1)(A)(v).		
describer	iizakon that no 1 in section 1	omally receiv	res a substantial part of its su iii). (Complete Part II.)	pport from	n a gover	nmental unit or from :	the ganacai subj	:_
8 A commu	Unity Injet des	odbod in see	vi). (Complete Part II.)		-	or non	me general publ	IC .
9 An agricu	Utural research	nocu III seç	tion 170(b)(1)(A)(vi). (Comple	ete Part II	L)			
or univers	sity or a non-la	and grant coll	n described in section 170(blege of agriculture (see instruc)(1)(A)(ix) operated	in conjunction with a	a (and-grant coll	era
university:	;				irei nie (is	arrie, city, and state c	of the college or	
10 An organi	ization that no	rmathr roadiu	on (4)					
receipts fr	rom activities r	elated to its	ex: (1) more than 33 1/3% of exempt functions—subject to ne and unrelated business tax	us suppo Certain ex	M Trom CO	ntributions, members	hip fees, and gr	oss
acquired t	om gross inve ov the organiza	stment incom	exempt functions—subject to ne and unrelated business tax ine 30, 1975. See section 50	able inco	me (less	and (2) no more than Section 511 tax) from	1 33 1/3% of its	
11 An organiz	zation organiza	ner Ju	ine 30, 1975. See section 50	9(a)(2). (Complete	Part III.)	ousinesses	
I2 An organiz	zation organiza	ed and opera	ded exclusively to test for put	olic safety	. See sec	tion 509(a)(4).		
of one or i	more publiciv	SUDDorted or	accidentally to the benefit	of, to per	form the	functions of, or to car	ry out the purpo	ses
Oneck the	box in lines 1	2a through 1	2d that describes the type of		i)(i) UI Se	cuon 509(a)(2). See	section 509(a)	(3).
a [_ Typel	. A supporting	Organization	Operated super-decides		g organiza	ricon and complete lin	ies 12e, 12f, and	d 12g.
the sup	oported organi	zation(s) the	power to regularly appoint or st complete Part IV. Section	electam	ns suppo	orted organization(s),	typically by givin	ng
b Type II	ung organizat	ion. You mus	st complete Part IV, Section	s A and	B.	the directors of truste	es of the	
'/ '/		LUIOSDIZANAN) Ciliana (0.00)			Supported organizatio	n(s) by bouing	
organiz	ation(s). You	must compl	opporting organization vested in ete Part IV, Sections A and	the same	e persons	that control or mana	ice the supports	d
C Tvpe II	l functionally	integrated	A				o are cappoint	u .
. C	corted organiza	ation(s) (see	A supporting organization oper instructions). You must com	eraceo in nieto Par	COnnection	n with, and functiona	lly integrated with	h,
u lype jj	l non-function	nally interes	tool A comments		, 000	IONS A, D, and E.		
mat is i	rot functionally	Integrated.	The organization generally mu umust complete Part IV. Se	st satisfy	a distribu	con with its suppo	Red organization	n(s)
e Check ti	his hov if the a	organization :	u must complete Part IV, Se	ctions A	and D, a	nd Part V.	i an allengvenes	i\$
functions	ally integrated.	. Or Type III	non-functionally interests	n from th	e IRS tha	titis a Type I, Type	II. Type III	
r ⊑⊓terthe nu	umber of supp	orteri organiz	zatione	Phora 3	organizati	on.	, ,,,r	
g Provide the	following infor	mation about	t the supported organization(s					
 Name of supported organization 	(11)	EIN	(iii) Type of organization		organization		 _	
organización.	1		(described on lines 1-10	listed in y	our governing	(v) Amount of mone support (see		(vi) Amount of
	i		above (see instructions))	doct	ment?	instructions)	ot	ter support (see instructions)
				Yes	No		[11100000113)
				1				
				┼		_ _		
	<u> </u>			 	 			
					 			
				- -	 			
		-						

	Schedule A (Form 990 or 990-EZ) 2016 Part II Support Schedule for (Complete only if you Part III If the propriet	LDER HEA	LTH SERVI	CES, INC	. 2	3_340500	•
	(Complete only if you	- I I I I	a Described	o Sections	170/hW4WAW	3-248502	O Pag
		checked the t	ox on line 5, 7	, or 8 of Part I	Or if the organ) and 170(b)	(1)(A)(vi)
	Section A. Public Support	tion lais to q	ualify under the	e tests listed b	elow, please o	Omniete Dart	to qualify unde
1	Calendar year (or fiscal year beginning in)					ompiete Fart	<u>) </u>
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	
	1 Gifts, grants, contributions, and membership fees received. (Do not	1	1		1,4-0.0	(e) 2016	(f) Total
	include any "unusual grants.")	<u> </u>	ł	1		1	
	2 Tay reversion loving to	1,454,6	747,28	574,42	635,39	7	
	- '90 1910les levien for the		1		- 000,39	684,59	4,096,36
	organization's benefit and either paid to or expended on its behalf	Į.	[1	1	l
			- _		1	1	1
	The value of services or facilities furnished by a governmental unit to the	1	1			† -	
	organization without charge	? 	1	ł	1	1	1
4	Total. Add lines 1 through 3	 		<u></u>	1	1	1
5	The portion of total contributions by	1,454,66	747,28	574,424	635,397		
	egui peisori (orner than a	1	1		033,397	684,59	4,096,366
	governmental unit or publicle	1	1		1		
	supported organization) included on line 1 that exceeds 2% of the amount	ĺ]	}			[
	shown on line 11, column (f)		1	1			1
6	Public support. Subtract line 5 from line 4		 	<u>L</u>	1	'	l
Se	COULD TOTAL Support				 		
Cal	endar year (or fiscal year beginning in)	(-) 00/-	, <u> </u>				4,096,366
7	Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(4) 2040	
8	Gross income from internal attack	1,454,664	747,286	574,424	635,397	(e) 2016	(f) Total
						684,595	4,096,366
			1	j	1	1	
	sources and income from similar	2,651	1,834	722		j	
9	Net income from unrelated business					4,218	9,425
	activities, whether or not the business	[j		- 1	[
0	is regularly carried on			1	ĺ		
•	Other income. Do not include gain or	1					
	loss from the sale of capital assets (Explain in Part VI.)	ļ	1	ŀ		ł	— <u>—</u>
ı	Total support. Add lines 7 through 10	1,096,198	1,151,668	1,457,962	2,762,576		
!	Gross receipts from related activities, etc.	 			2,102,576	3,733,815	10,202,219
:	First five years if the Form con in the	(see instructions)			 -l_	 -	14,308,010
	First five years. If the Form 990 is for the organization, check this box and stop here	organization's fir	st, second, third, f	ourth, or fifth tay u	(A)7 00 0 ====	<u>12 </u>	343,308
3 C 1	"" O OUNDINGTON AT DURK A						
_	Public support percentage for 2016 (line 6, Public support percentage from 2015 Scher 33 1/3% support test. 2015 (cr.)	ibbott hercei	ntage			<u></u>	<u>.</u>
	Public support percentage for 2016 (line 6,	column (f) divide	d by line 11, colur	nn (f))			
	Public support percentage from 2015 Sche- 33 1/3% support test—2016. If the organic box and stop here. The organization qualif	dule A, Part II, lin	e 14	***************************************		14	28.63%
	box and ston here. The assemble the	zation did not che	ck the box on line	13, and line 14 is	32 4/20/	<u>15</u>	40.11%
. ;	box and stop here. The organization qualif 33 1/3% support test—2015. If the organization	ies as a publicly .	supported organiz	ation	os nove or more,	check this	
- 1	his box and ston here. The arraying	ation aid not che	ck a box on line 1:	3 or 16a, and line	15 is 22 4 may		▶ 🔯
1	his box and stop here. The organization q	ualifies as a publ	icly supported ora	anization	10 15 33 1/3% OF F	nore, check	_
1	10%-facts-and-circumstances test-2016 10% or more, and if the organization meets	i. If the organizati	on did not check a	box on line 12 4	68. Of 166, and 55		> 🔀
F	10% or more, and if the organization meets Part VI how the organization meets the "fac	the "facts-and-ci-	cumstances" test.	check this hov a	od, or lood, and (in	e 14 is	_
0	Part VI how the organization meets the "fac	ts-and-circumstan	ices" test. The ord	anization gualifica	iu stop nere. Expl	ain in	
1	o%-facts-and-circumstances test—2015 5 is 10% or more, and if the omagization		319		as a publicly sup	ported	
1	0%-facts-and-circumstances test—2015 5 is 10% or more, and if the organization m	. If the organization	n địd nọt check s	box on line 12 44	Po 40h		▶ 🔲
=	5 is 10% or more, and if the organization maxplain in Part VI how the organization meet	neets the "facts-ar	nd-circumstances"	test check this t	ос, 160, от 17a, an	id line	
	explain in Part VI how the organization mee:	ts the "facts-and-	circumstances" rec	t The amount of	ox and stop here.		
_	-restor organization			· ne organizatio	n qualifies as a pu	blicly	
_	IVATA formelation is a						
St.	Trace Quitoation. If the Arganization and) iine 13, 16a, 16b	170 or 476			▶□
St.	opported organization mee: rivate foundation. If the organization did not be structions		ine 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	e	▶ 🔲

•			LTH SERVI			3-2485020	
	(Complete only if you of the organization fails	hecked the I	box on line 10 d	f Part I or if t	he organization	failed to qualit	Ar undan Da
Se	if the organization fails ection A. Public Support	to quality ur	ider the tests lis	sted below, pl	ease complete	Part II.)	ly under Pa
Çal	endar year (or fiscal year beginning in)						
1	Gifts, grants, contributions, and membershin	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	fees received. (Do not include any "unusual grants.")	ł	1			(3) 43 (0	(1) 10tal
2	Gross receipts from admissions marshaudia	, 	 -	+-			ł
	sold or services performed, or facilities furnished in any activity that is related to the	7	1	1			
	organization's tax-exempt purpose	1	1	1	1		1
3	Gross receipts from activities that are not an unrelated trade or business under section 513			 	+	 	
4	Tax revenues levied for the			 		1	
	organization's benefit and either poid	<u> </u>	1	1			
	to or expended on its behalf	1	[1	1		1
5	The value of services or facilities	 -	- -	 			L
	TUMISHED by a dovernmental with the sta		ľ	1	1		
3	organization without charge				1	[
	Total. Add lines 1 through 5				 		
a	Amounts included on lines 1, 2, and 3				 	 	
k	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualities						
	persons that exceed the preater of the non-		1			1	
	or 1% of the amount on line 13 for the year			1	Í 1	j	
2	Add lines 7a and 7b		 		 		
	Public support. (Subtract line 7c from				 		
	line 6.)		1 1		! (T	
CI	ion B. Total Support			-	<u> </u>		
HI.	lar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(4) 0045		
	Amounts from line 6				(d) 2015	(e) 2016	(f) Total
(Gross income from interest, dividends,	_					
P D	payments received on securities loans, rents, oyalties and income from similar sources		! [1	
ï	Intelated business translated business		<u> </u>			1	
	Unrelated business taxable income (less section 511 taxes) from businesses					 -	
а	Icquired after June 30, 1975	1	1	j		ľ	
Δ	odd lines 100 and 105		 				
-	dd lines 10a and 10b		<u> </u>	1	Т		
N	et income from unrelated business	ľ					
aι	ctivities not included in line 10b, whether not the business is regularly carried on	ľ		1	1	- 1	
	ther income. Do not include gain or	-					
0	SS ITOM the sale of capital access	- 1	Ī	1			
O:	explain in Part VI,)	/	1		1	J	
(E				 -			
O: lox (E: To	otal support (Add lines 9, 10c, 11,			T .	1		
Oilo: (E To an	id 12.)		ļ		J	1	
Olos (E To an Fir	rst five years. If the Form 990 is for the	organization's fir	rst, second third fo	with or Feb 4-			
Oilo: (E an Fili	nd 12.) rst five years. If the Form 990 is for the organization, check this box and etch bare	organization's fir	rst, second, third, fo	urth, or fifth tax y	ear as a section 5	01(c)(3)	
Oilos (E an Fin org	rst five years. If the Form 990 is for the organization, check this box and stop here n C. Computation of Public Sur	most Desert	<u> </u>	<u> </u>			
Oloc loc To an Fill org	rst five years. If the Form 990 is for the organization, check this box and stop here n C. Computation of Public Sulpiblic support percentage for 2016 (line 8 or	oport Perce	ntage	<u> </u>			▶□
Oloce To an Finance Purious Pu	rst five years. If the Form 990 is for the organization, check this box and stop here n C. Computation of Public Support percentage for 2016 (line 8, or blic support percentage from 2015 Septemblic support	port Perce	ntage ed by line 13, colum	In (f))		15	> \[\]
Oloc loc To an Fin org Pullor	rst five years. If the Form 990 is for the organization, check this box and stop here n C. Computation of Public Sulpiblic support percentage for 2016 (line 8, or blic support percentage from 2015 Scheden D. Computation of Investment	oport Percei column (f) divide ule A, Part III, li	ntage ed by line 13, colum ne 15	In (f)		15	<u>%</u> %
Oloce To an Fin organic Pullor	rst five years. If the Form 990 is for the organization, check this box and stop here in C. Computation of Public Surbic support percentage for 2016 (line 8, computation of Investment income percentage for 2016 (line support percentage for 2016	port Percel column (f) divide ule A, Part III, II t Income Pe	ntage ed by line 13, colum ine 15 ercentage	In (f)		15	%
Oloce (E on Final Pulling Pull	rst five years. If the Form 990 is for the organization, check this box and stop here in C. Computation of Public Surbic support percentage for 2016 (line 8, computation of Investment income percentage for 2016 (line estment income percentage from 2015 Schedestment income percentage from 2016 (line estment income percentage from 2015 Schedestment income percentage from 2016 (line 8, compared the compare	port Percei column (f) divide ule A, Part III, II t Income Per e 10c, column (f	ntage ed by line 13, colum line 15 ercentage) divided by line 13	on (f))		15 16	<u>%</u>
Oloce (E an Final Pullow Investigation)	rst five years. If the Form 990 is for the organization, check this box and stop here in C. Computation of Public Surbic support percentage for 2016 (line 8, computation of Investment income percentage for 2016 (line estment income percentage from 2015 Scheden D. Computation of Investment income percentage from 2015 Scheden Income Income percentage from 2016 (line 8, computation of Investment Income percentage fro	port Percer column (f) divide ule A, Part III, II t Income Per e 10c, column (f chedule A, Part	ntage ad by line 13, column the 15 arcentage of divided by line 13 III, line 17	column (f)		15 16	%
Oloce (For an Final Pullary No. 17 in 17 i	rst five years. If the Form 990 is for the organization, check this box and stop here in C. Computation of Public Surbic support percentage for 2016 (line 8, computation of Investment income percentage for 2016 (line support percentage for 2016	poort Percel polumn (f) divide ule A, Part III, II t Income Pe 10c, column (f) chedule A, Part action did not che	ntage ad by line 13, column the 15 cercentage of divided by line 13 III, line 17 neck the box on line	on (f)	s more than 33 1/3	15 16 17 18 3% and line	<u>%</u>

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

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	ALDER HEALTH SERVICES, INC.	<u>23-2485020</u>		<u>P</u>
11 Has the organization accepted	d a gift or contribution from any of the following persons?		Yes	T
i and anoday of month	CALLY CONTROLS Billiar along or together with	,		╁
		and (c)	1	
A ramily member of a person	described in (a) abound		1]
C A 35% controlled entity of a ne	erson described in (a) and (b)	11b		Г
Section B. Type I Supporting	g Organizations	ail in Part VI. 11c		L,
1 Did the directors trustees or				, –
regularly appoint or plant at the	membership of one or more supported organizations have the power	to —	Yes	<u> </u>
controlled the amonisoticular	Part VI how the supported organization(s) effectively operated, super- ctivities if the organization had make it.	vised or		1
describe how the noward to an	ctivities. If the organization had more than one supported organization	n.		
			- 1	
2 Did the organization appends for	ons or restrictions, if any, applied to such powers during the tax year.	1 1	- 1	
Organization(s) that operated a	r the benefit of any supported organization other than the supported	 		
		n in Part	- 1	
Supervised or controlled the	earned out the purposes of the supporting organization? If "Yes," explain a supporting organization organization organization.	ed .		
supervised, or controlled the su section C. Type II Supporting	ipporting organization.		j	
				-
 Were a majority of the organizat 	tion's directors or trustees during the tax year also a majority of the d		Yes	No
or trustees of each of the organ	nization's supported organization(s)? If "No," describe in Part VI how of the distribution was vected in the according to the control of the distribution was vected in the according to the ac	firectors		
	g organization was vested in the same persons that controlled or ma	control		
the supported organization(s).		anaged [ľ	
ection D. All Type III Suppor	ting Organizations	<u>1</u> _[_
Did the organization provide to e	ach of the surrent of		Yes	.
organization's tax year (i) a wift	ach of its supported organizations, by the last day of the fifth month of	of the	163	No
year, (ii) a copy of the Form 990	en notice describing the type and amount of support provided during that was most recently find as of the during	the prior tax	- 1	
organization's governing document	that was most recently filed as of the date of notification, and (iii) cop	ies of the	- 1	
Were any of the organization's of	nts in effect on the date of notification, to the extent not previously p	rovided?	- 1	
				
the organization maintained a clo	is and continuous warting multiple organization? If "No," explain in Page 2014	art VI how	ł	
By reason of the relationship desc	cribed in (2) did the arrestant with the supported organizati	ion(s). 2		
				_
income or assets at all times during	ng the tax year? If "Yes," describe in Part VI the role the organization's		- 1	
supported organizations played in	this regard	r's	- 1	
<u>cuon E. Type III Functionally</u>	/-Integrated Supporting Occasions:	3		
The memor	IDSI IDS Organization upod to patient the second			
	Activities Test. Complete line 2 below.	year (see instructions).		
The ergenization satisfied the				
The organization is the parent.	of each of its supported organizations. Complete line 3 below			
The organization is the parent.	of each of its supported organizations. Complete line 3 below. governmental entity. Describe in Part VI how you supported a govern	nment entity (see instructions		
The organization is the parent The organization supported a Activities Test. Answer (a) and (b) I	governmental entity. Describe in Part VI how you supported a govern		ł.	
The organization is the parent The organization supported a Activities Test. Answer (a) and (b) I Did substantially all of the organiza	below.	Ye		
The organization is the parent The organization supported a Activities Test. Answer (a) and (b) I Did substantially all of the organization supported organization(s) to who	below. Attion's activities during the tax year directly further the exempt purpos	ses of Ye		<u>o</u>
The organization is the parent The organization supported a Activities Test. Answer (a) and (b) I Did substantially all of the organization supported organization(s) to whether supported organizations as	below. Attion's activities during the tax year directly further the exempt purposhich the organization was responsive? If "Yes," then in Part VI identified explain bow these arth "Yes," then in Part VI identified explain bow these arth "Yes," the property of the part VI identified explain bow these arth "Yes," the part VI identified explain bow these arth "Yes," the part VI identified explain bow these arth "Yes," the part VI identified explain bow these arth "Yes," the part VI identified explain bow the part VI identified explain bow the part VI identified explain the part VI iden	es of Ye		<u>o</u>
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The organization is the parent The organization supported a Activities Test. Answer (a) and (b) It Did substantially all of the organization supported organization(s) to whethese supported organizations a how the organization was responsibility these activities constituted substitute activities described in (a) or	below. Ation's activities during the tax year directly further the exempt purpose hich the organization was responsive? If "Yes," then in Part VI identified explain how these activities directly furthered their exempt purpose to those supported organizations, and how the organization determinately all of its activities.	ries of Yes of Ses, mined		<u>o</u>
The organization is the parent The organization supported a Activities Test. Answer (a) and (b) It Did substantially all of the organization the supported organization(s) to with those supported organization was responsibility that these activities constituted substantially the activities described in (a) oc of the organization's supported orga	below. Attion's activities during the tax year directly further the exempt purpose hich the organization was responsive? If "Yes," then in Part VI identified explain how these activities directly furthered their exempt purpose to those supported organizations, and how the organization determinated activities. Constitute activities that, but for the organization's involvement, one or anization(s) would have been activities.	ries of Yes of Ses, mined		<u>o</u>
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The organization is the parent The organization supported a state of the organization supported a substantially all of the organizations the supported organizations at the supported organizations at how the organization was responsible that these activities constituted substantially all of the organization was responsible that these activities constituted substantially all of the organization's supported organization's positionactivities but for the organization's in Parent of Supported Organizations. Did the organization have the power trustees of each of the supported or Did the organization exercise a substantial supported and the organization exercise a substantial supported or supported or Did the organization exercise a substantial supported or supported or supported or Did the organization exercise a substantial supported or supported or Did the organization exercise a substantial supported or s	below. Answer (a) and (b) before the low your supported a governmental entity. Describe in Part VI how your supported a governmental entity. Describe in Part VI identified the organization was responsive? If "Yes," then in Part VI identified explain how these activities directly furthered their exempt purpose to those supported organizations, and how the organization determined and of its activities. Constitute activities that, but for the organization's involvement, one or anization(s) would have been engaged in? If "Yes," explain in Part VI involvement. Answer (a) and (b) before	ries of fify sees, mined and the 2b		0

Schedule A (Form 990 or 990-EZ) 2016 ALDER HEALTH SERVICES, Part V Type III Non-Functionally Integrated 509(a)(3) Support 1 Check here if the organization satisfied the Integral Part Text and Albert Marketing Part Text Albert Marketing Part Part Text Albert Marketing Part Part Part Part Part Part Part Part	INC.	23-248	35020
Check here if the organization satisfied the Integral Part Test as a qualifying tinstructions. All other Type III non-functionally integrated supporting organization.	riig Org	anizations	
instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	iusi on No	v. 20, 1970 (explain in Pa	art VI).See
Section A - Adjusted Net Income	acons mus	t complete Sections A th	rough E.
		(A) Prior Year	(B) Current Ye
1 Net short-term capital gain			(optional)
2 Recoveries of prior-year distributions	- 1		
3 Other gross income (see instructions)	- 2		
4 Add lines 1 through 3.	3		
5 Depreciation and depletion		 	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for	5		
The state of gross morne of for management consequents	- }	1	
The property field for production of income the state of	-	1	
- valor expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	- 7		
ection B - Minimum Asset Amount			
		(A) Prior Year	(B) Current Year
1 Aggregate fair market value of all non-exempt-use assets (see	-,-	1 9 7 NOT TEAL	(optional)
was determed for short tax year or assets held for part of years.	j		(
a Average monthly value of securities			1
b Average monthly cash balances	<u>1a</u>		
C Fair market value of other non-exemptuse accord	<u>_1b</u> _		
Total (add lines 1a, 1b, and 1c)	1c_		
Discount claimed for blockage or other	1d		
<u></u>	1		
Acquisition indebtedness applicable to popeyempt up accept			
Cobact line 2 irom line 1d	- 2		
Cash deemed held for exempt use. Enter 1-1/2% of line 2 //	3		
	1 1		
Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
Multiply line 5 by .035.	5		
Recoveries of prior-year distributions	6		
Minimum Asset Amount (add line 7 to line 6)	7		
tion C - Distributable Amount	8		
Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
	1		
Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
Enter greater of line 2 or line 3.	3		
Income tax imposed in prior year	4	 +	
Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
ergency temporary reduction (see instructions).			
Check here if the current year is the organization's first as a non-functionally integral instructions).	6	1	
instruction and content year is the organization's first as a non-functionally integral	ated Tuna	III avena - Ko	<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(<u>പ്പോ Supporting Orga</u>	23-248	d)
Amounts paid to supported organizations to accomplish exemp			Current Year
Amounts paid to perform activity that directly furthers exempt porganizations in excess of income forms.	t purposes		- Santaur (68)
organizations, in excess of income from activity	urposes of supported		
Administrative expenses paid to accomplish exempt purposes of Amounts paid to acquire expenses.			1
4 Amounts paid to acquire exempt-use assets	of supported organizations		
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.			
Distributions to attentive supported organizations to which the organization details in Part VI). See instructions			
(provide details in Part VI). See instructions.	rganization is responsive		
9 Distributable amount for 2016 from Section C, line 6			[
Line 8 amount divided by Line 9 amount			
o anount			† -
Section E - Distribution Allocations (see instructions)	(i)	(ii)	(iii)
——————————————————————————————————————	Excess Distributions	Underdistributions	Distributable
Distributable amount for 2016 from Section C, line 6	- 	Pre-2016	Amount for 2010
Underdistributions, if any, for years prior to 2016			<u> </u>
((reasonable cause required-explain in Part VI) See			
instructions			
Excess distributions carryover, if any, to 2016:			
<u>a</u>	 		
b	' 	_	
c From 2013	 		
d From 2014	 		
€ From 2015			
f Total of lines 3a through e	 		
g Applied to underdistributions of prior years	 		
n Applied to 2016 distributable amount	 		
Carryover from 2011 not applied (see instructions)	 -		
Remainder, Subtract lines 3g, 3h, and 3i from 3f	 		
Distributions for 2016 from	 		
Section D, line 7:		j	
Applied to underdistributions of prior years	 		
Applied to 2016 distributable amount	 		
Remainder, Subtract lines 4a and 4b from 4.	 		
Remaining underdistributions for years prior to 2016, if	 -		
any. Subtract lines 3g and 4a from line 2. For result]	ľ	
greater than zero, explain in Part VI. See instructions		-	
Remaining underdistributions for 2016. Subtract lines 25		 -	
and 40 from line 1. For result greater than zero, evolution in		ļ	
<u>rait vi. See instructions,</u>			
Excess distributions carryover to 2017. Add lines 3j			
and 4c.	1	i i	
Breakdown of line 7:			
Excess from 2013		 -	
Excess from 2014	+ -	<u>-</u> -	
Excess from 2015	 		
Excess from 2016			

Part VI ([]	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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, 2t 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.)
PART II	LINE 10 - OTHER INCOME DETAIL
***************************************	\$ 6,468,404
* * * * * * * * * * * * * * * * * * * *	
* - 1 * 1 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1	
• • • • • • • • • • • • • • • • • • • •	······································
*** ***************	
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** ************************************	***************************************
	······································

Schedule B (Form 990, 990-EZ,

Schedule of Contributors

Or 990-PF)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-E.

Name of the organizat	ion	ns is at www.irs.gov/form994.	2016
ALDER HEALT	H SERVICES, INC.	Employer identit	ication numb
Organization type (che	ck one):	23-248502	0
Filers of:	Section:		
Form 990 or 990-EZ			
1 0111 000 OI 9905EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	tion	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
contributor's total occeptal Rules For an organization of regulations under sec 13, 16a, or 16b, and \$5,000 or (2) 2% of the	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II. See instructions for property from any one contributor. Complete Parts I and II. See instructions for contributions. described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ % support of the section 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete escribed in section 504(a)(3).	pport test of the 0-EZ), Part !!, line	
interary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received year, total contributions of more than \$1,000 exclusively for religious, charitable purposes, or for the prevention of crueity to children or animals. Complete Parts	e, scientific,	
contributor, during the contributions totaled m during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received year, contributions exclusively for religious, charitable, etc., purposes, but no suexclusively religious, charitable, etc., purpose bon't complete any of the parts up to this properties by the parts up to the par	from any one uch ere received	
tion: An organization that EZ, or 990-PF), but it muse	is this organization because it received nonexclusively religious, charitable, etc., aduring the year isn't covered by the General Rule and/or the Special Rules doesn't file Schedule at answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990.	▶ \$	

Name	of organization	<u>F</u>	AGE 1 OF 1 Page
<u>AL.</u> Pari	DER HEALTH SERVICES, INC.		Employer identification number
(a)	Gee instructions). Use duplicate copie	es of Part I if additional spa	ace is needed.
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAUPHIN COUNTY D&A 1100 S CAMERON STREET HARRISBURG PA 17104	\$	Person X
(a)	(b)		
No	Name, address, and ZIP + 4	(c)	(d)
2 (a)	YORK ADAMS DGA 100 WEST MARKET STREET B04 YORK PA 17401	Total contributions \$ 17,090	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c)	(d)
-	Traine, address, and ZIP + 4	Total contributions	Type of contribution
(a)	FAMILY HEALTH COUNCIL OF CENTRAL P 3461 MARKET STREET SUITE 200 CAMP HILL PA 17011	\$ 510,084	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c)	(d)
4. (a)	HIGHMARK FOUNDATION 120 FIFTH AVENUE SUITE 1733 PITTSBURGH PA 15222	Total contributions \$ 68,777	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b)	(c)	<u> </u>
	Name, address, and ZIP + 4	Total contributions	(d)
(a)	(h)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c)	(d)
T	Address, and Life + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part !! for noncash contributions.)

SCHEDULE D (Form 990)

(Form 990) Department of the Treasury	Complete if the organ	Financial Statements	i	OMB No. 1545-0
Internal Revenue Service	1	inization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12i	b .	2016
Name of the organization	► Information about Schedule D (Form	ittach to Form 990.		Open to Pu
· ···· •· Grontation		service its instructions is at www.in	<u> .gov/form990.</u>	Inspection
ALDER HEATTH	Officer on .		Employer identifica	ition number
Part I Organizat	SERVICES, INC.			
	tions Maintaining Donor Advised if the organization answered "Yes"	Funds or Other State	23-24850	20
omplete	if the organization answered "Yes"	on Form 990 Part IV Im-	or Accounts.	
2 Aggregate value of an	f year	(a) Donor advised funds	(b) Funds an	d other accounts
3 Aggregate value of cor	ntributions to (during year)	<u> </u>	_	
4 Accrecate value of gra	ntributions to (during year) ints from (during year)			
5 Did the organization :	orm all donors and donor addisons in the			
Did the organization inf	orm all donors and donor advisors in writing ion's property, subject to the organization's	that the		
6 Did the organization to	orm all donors and donor advisors in writing ion's property, subject to the organization's orm all grantees, donors, and donor advisors asses and not for the hours?	triat the assets held in donor advised		
o old the organization info	orm all grantess de	eventions settle community		
only for charitable purpo	ises and not for the henefit of the	s in writing that grant funds can be used		∐ Yes ∐ ı
contenting impermissible	Private benefit?	donor advisor, or for any other purpose		
' art ii Conservati.	OF FOROMANA	<u>-1-4</u> 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Comblete it	IDA Organization	<u> </u>	<u> </u>	Yes P
1 Purpose(s) of conservation	On easements hald to "	n Form 990, Part IV, line 7		
Preservation of land	on easements held by the organization (che for public use (e.g., recreation or education)	eck all that apply).		
Protection of natural	habitat	Preservation of a historical		 -
Preservation of open	Enco	Preservation of a posterial living		
2 Complete lines 2a through	space b out is in	Preservation of a certified historic	structure	
easement on the last day	of the feet organization held a qualified con	Servation contribution in u		
8 Total number of same	h 2d if the organization held a qualified con of the tax year.	solvenion continuous in the form of a con	servation	
			Held at the F	nd of the Tax Ye
Number of consonaire	y conservation easements		2a	THE TAX 10
d Number of conservation e	Remember on a series	***********	2b	
		coded to (a)	2c	
historic structure listed in t	the National Register	700, and not on a		
Number of conservation ea	asements modified transferred released		2d	
tax year ▶	asements modified, transferred, released, ex	xtinguished, or terminated by the organiza	tion during the	
			wan danng trie	
Does the organization have	a written policy recording the	located >		
violations, and enforcement	e a written policy regarding the periodic more t of the conservation easements it holded	nitoring, inspection, handling of		
Staff and volunteer hours d	e a written policy regarding the periodic more t of the conservation easements it holds? levoted to monitoring, inspecting, handling of		-	_
	or monitoring, inspecting, handling of	of violations, and enforcing consequeties	,,,,,,,,,,,,,,,,,,,,,,,,, <u>L</u>	J Yes ∐ No
Amount of expenses incurre	od in markets	conservation 6	asements during t	the year
▶\$		ations, and enforcing consequely		
Does each conservation	ed in monitoring, inspecting, handling of viol	conservation easem	ents during the ye	ear
and section 170/h)///pyeas	sement reported on line 2(d) above satisfy t	he requirements of access	-	
In Part XIII decate to		170(h)(4)(B)(i)		
				Yes No
Organization's accuration	e organization reports conservation easeme if applicable, the text of the footnote to the or- conservation easements.	Organization's formal expense statement	, and	[] NO
t III Organizations	conservation easements.	samzadon's financial statements that de-	scribes the	
Complete if the	Maintaining Collections of Art, H organization answered "Yes" on Fo	istorical T-		
f the acceptance in the	organization answered "Yes" on Fo	orm 990 Port N/ "s, or Other Si	milar Assete	
rune organization elected, as	permitted under SFAS 116 (ASC 958), not res, or other similar assets held for public as	the so, Fait IV, line 8.		
roma or an, historical treasur	permitted under SFAS 116 (ASC 958), not res, or other similar assets held for public ex t XIII, the text of the footnote to its financial	to report in its revenue statement and ha	lance sheet	
rubiic service, provide, in Pan	t XIII, the text of the footnote to its security	unionion, education, or research in furthers	ince of	
THE PROPERTY OF THE PROPERTY O	Be or office start	eport in its revenue statement and halance	e shoot	
ublic service, provide the follo	owing amounts relating to these items:	hibition, education, or research in furthern	- origer	
Revenue included on Form	1 990. Part VIII line 4	in furthera	nice of	
Assets included in Form of	Dwing amounts relating to these items: 1 990, Part VIII, line 1 90, Part X held works of art, historical treasures, or other			
the organization received or	per reported under SFAS 116 (ASC 958) relations in the per reporte		* \$	
KOWING AMOUNTO PARAMERAL 4. 4	, acastres, or on	ICC Similar accepts 4	► \$	*********
venue included on Form occ	relative under SFAS 116 (ASC 958) relative	ating to these items:	∍ the	
	(Fair VIII lies 4	- TOO ILLIII .		
sets included in Form one of	ce, see the instructions for Form 990.			

Schedule D (Form 990) 2016 ALDER Part III Organizations Maintai 3 Using the organization's acquisition, accollection items (check all that could all the county and collection items (check all that could all the county are collection).	ning Collections	of Art. Historic	al Tresci	23-2485	020	
3 Using the organization's acquisition, ac collection items (check all that apply):	cession, and other reco	ords, check any of t	he following	that are a signific	Similar A	Assets (contin
a Public exhibition	_				A GOO OF IL	~3
b Scholarly research	°H	Loan or exchange	programs			
c Preservation for future generations	# ∐	Other				
4 Provide a description of the organization	1's collections and au-	ada ka sa sa sa sa				
Provide a description of the organization XIII.	. o conconding and expi	ain now they furthe	r the organ	ization's exempt pr	urpose in Pa	ert
5 During the year, did the organization and	limits and an article of the second					
assets to be sold to raise funds rather to	an to be maintained a	s or an, historical ti	reasures, o	other similar		
Part IV Escrow and Custodial	Arrangements.	o part or the organi.	zation's coll	ection?	<u></u>	Yes
Complete if the organiza 990, Part X, line 21.	tion answered "Ye	s" on Form 990	Part IV	lino O au na		
990, Part X, line 21.		/ 000	, raitiy,	iiile a, or repo	rted an an	nount on Form
1a Is the organization an agent, trustee, cuincluded on Form 990, Part X?	stodian or other interme	ediary for contribution	ons or other	accete not		
h If "Yes " evel-is the			on or other	assets HD[
included on Form 990, Part X? b If "Yes," explain the arrangement in Part	XIII and complete the	following table:		**************		[_] Yes [_]
C Regioning between						
d Additions during the year					10	Amount
d Additions during the year e Distributions during the year					1d	-
I Ending balance					ומו	
f Ending balance 2a Did the organization include an amount o	n Francesco				1f -	
2a Did the organization include an amount o b if "Yes," explain the arrangement in Part	n rom 990, Part X, (in	e 21, for escrow or	custodial a	ccount liability?	<u> </u>	Yes
b if "Yes," explain the arrangement in Part > Part V Endowment Funds,	MIL CRECK here if the e	explanation has bee	n provided	on Part XIII		. Lu Yes []
Complete if the organizati	on anguerad (\/	 / =.	_		· · · · · · · · · · · · · · · · · · ·	
	(a) Current year	<u>оп гогт 990,</u>				
1a Beginning of year balance	23,541	(b) Prior year	(c) Two yea	ars back (d) Thre	e years back	(e) Four years back
D Contributions		24,168				
c Net investment earnings, gains, and	 -	-				
losses	4,747	_000				
or Grants or scholarships						
e Other expenditures for facilities and		 .		 		
programs				ļ		
Authinistrative expenses	-593	-397		 -		
ar ⊏iro oi year barance	27 605			 }		
Flovide the estimated percentage of the cu	rrent year end balance	(line 1g. column /o)) hold as-			
	%	iai coluttiti (S)) neio as:			
y remanent endowment ▶ %	***					
The percentages on lines 2.	%					
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.					
Are there endowment funds not in the possi- organization by:	ession of the organizati	on that are held an	d administe	red for the		
(i) unrelated organizations				rer uie		<u> </u>
(ii) unrelated organizations (iii) related organizations						Yes No
(ii) related organizations If "Yes" on line 3a(ii), are the related organiz						3a(i) X
If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the	ations listed as required	d on Schedule R?				3a(II) X
ort VI Land, Buildings, and Equi	e organization's endow	ment funds.				3b
Complete if the organization	Printelli	- F				
Complete if the organization Description of property	(a) Cost on all these (a)	<u>л гогт 990, Ра</u>	<u>rt IV, line</u>	11a. See Forr	n 990. Pa	rt X. line 10
	(investment)		basis	(c) Accumulated	10	1) Book value
Land Buildings	((other)		depreciation		
		+				
Leasehold improvements			458	220,65	56	59,802
		<u>67</u>	, 376	28,23	39	39,137
Equipment	_					
Other		<u> </u>				
Equipment	Qual Form 900 Pod V	ochuma (D)				

		t IV line 1th Co.	
Complete if the organization answered "Yes" (a) Description of security or category	(b) Book value	· · · · · · · · · · · · · · · · · · ·	<u>orm 990, Part X,</u> line
tilidourig flame of security)	(o) Dook valle] (0)	method of valuation:
Financial derivatives Closety-held equity interests		Cost or	end-of-year market value
- ciocciy-ned equity interests			
,	<u> </u>		
Other (A)	<u> </u>		
(B)			
(C)			
(D)			
(E)	<u> </u>		
(F)			
(G)			
(H)			
tal. (Column (b) must open 5- and a			
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		 	
WIN THE HINGSHIPPING PARAGE			
Complete if the organization answered "Yes" o	n Form 990 Part I	N/ line 11e Ces 5-	
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	iv, mie irc. See Fo	<u>rm 990, Part X, line 1</u>
	(-) Talle	(c) W	ethod of valuation:
)		Cost or en	nd-of-year market value
		-	
		- 	
		T	
II. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		 	
Complete if the organization answered "Yes" on	Form 990 Part N	/ line 444 0 =	
Complete if the organization answered "Yes" on	Form 990, Part IV	, line 11d. See Forr	n 990, Part X, line 15
Complete if the organization answered "Yes" on	Form 990, Part IV	, line 11d. See Forn	m 990, Part X, line 15
Complete if the organization answered "Yes" on		/, line 11d. See Forn	m 990, Part X, line 15
Complete if the organization answered "Yes" on (a) Description		/, line 11d. See Forn	m 990, Part X, line 15
Complete if the organization answered "Yes" on (a) Description		/, line 11d. See Forr	m 990, Part X, line 15
Complete if the organization answered "Yes" on (a) Description		/, line 11d. See Forr	m 990, Part X, line 15
Complete if the organization answered "Yes" on (a) Description		/, line 11d. See Forr	m 990, Part X, line 18
Complete if the organization answered "Yes" on (a) Description		/, line 11d. See Forn	m 990, Part X, line 15
Complete if the organization answered "Yes" on (a) Description		/, line 11d. See Forn	m 990, Part X, line 15
		/, line 11d. See Forn	m 990, Part X, line 15
(Column (b) must equal Form 990, Part X, col. (B) line 15.		/, line 11d. See Forn	m 990, Part X, line 15
(Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) LX Other Liabilities. Complete if the organization answered "Yes" on F	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) X Other Liabilities. Complete if the organization answered "Yes" on F line 25.			(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability rederal income taxes	orm 990, Part IV,		(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability Federal income taxes	Form 990, Part IV,	line 11e or 11f. See	(b) Book value
(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities. Complete if the organization answered "Yes" on F line 25.	Form 990, Part IV,	line 11e or 11f. See	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part Total revenue, gains, and other support per audited financial statements Amounts included on line 1 by a line 1 by	00 -	
4 T TO VIUGINZATION SPANISHED IN . THE CONTROLLED IN	23-24850	<u>20</u>
total revenue, gains, and other summer ariswered "Yes" on Form 990, Part	With Revenue po	er Return.
4 Amounts included and it	iv, iine 12a.	
		1 2,024,6
b Donated services and will be suffered to the services and the services are suffered to the services are suffered to the services and the services are suffered to the services are suffered to the services and the services are suffered to the serv		
]
d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2a from the description of the de		1 1
e Add lines 2a through 2d		}
3 Subtract line 2e from line 1	-46,143	1 1
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2e -46,14
8 Investment organization of the 12 Put not on line 1.		$\frac{3}{2,070.77}$
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 2 and 4	ľ	
C Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconcillation of Expenses per Audited Eigen		
Part XII Reconciliation of Exposure equal Form 990, Part I, line 12.)		4c
	Afrae.	5 2,070,774
1 Total expenses and losses per sufficient answered "Yes" on Form 990, Port IV	with Expenses pe	Return
Amounts included on the	line 12a.	
a Donated services and 5 of 1990, Part IX, line 25		1 1,641,432
b Prior year adjustments	· · · · · · · · · · · · · · · · · · ·	-/ 432
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2a from III.		
e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 200 D	——— <u> </u>	1
		İ
4 Amounts included on Form coo. 2		e
a Investment exponent of the section (X, line 25, but not on line 1)		1,641,432
b) Other (Describe in Part VIII), line 7b		
		į
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the description.	46,143	1
Part YIII Sand Miles 3 and 4c. (This must equal Form one of		
Provide the descriptions	4c	46,143
2: Part XI, the descriptions required for Part II, lines 3, 5, and 9: Dest III is	<u> </u>	1,687,575
	and 2h: Part V in	
PART 37 and 4b; and Part XII, lines 2d and 4h Also secretary in the same 4; Part IV, lines 1b a	"", rait v. line 4: P	art X, line
PART XI, LINE 2D - REVENUE AMOUNTMENT 12 and 4; Part IV, lines 1b a	Dal information	
	nal information.	
PROVISION FOR BAD DEPRE	NANCIALS -	OTHER
PROVISION FOR BAD DEPRE	NANCIALS -	OTHER
	NANCIALS -	OTHER
PROVISION FOR BAD DEBTS	NANCIALS -	OTHER
PROVISION FOR BAD DEBTS	NANCIALS -	OTHER
PROVISION FOR BAD DEBTS PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED IN FI	NANCIALS -	OTHER -46,143
PROVISION FOR BAD DEBTS PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED IN FI	NANCIALS -	OTHER -46,143
PROVISION FOR BAD DEBTS PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RE	NANCIALS -	OTHER -46,143
PROVISION FOR BAD DEBTS PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED IN FI	NANCIALS -	OTHER -46,143 ER
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PROVISION FOR BAD DEBTS PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RE	NANCIALS -	OTHER -46,143 ER
PROVISION FOR BAD DEBTS PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RE	NANCIALS -	OTHER -46,143 ER
PROVISION FOR BAD DEBTS PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RE	\$ TURN - OTHE	OTHER -46,143 ER

Part XIII Supplemental Information (continued)	_ES, INC. 23-2485020 Page
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form999. Inspection Open to Public Name of the organization ALDER HEALTH SERVICES, INC. Employer Identification number 23~2485020 FORM 990 - ORGANIZATION'S MISSION MISSION -ALDER HEATH SERVICES IMPROVES THE HEALTH AND WELL-BEING OF INDIVIDUALS LIVING WITH HIV/AIDS AND MEMBERS OF THE LGBTQ COMMUNITY BY PROVIDING A CULTURALLY COMPETENT AND AFFIRMING ENVIRONMENT THAT EMPOWERS THE PEOPLE WE SERVE. VISION - BY PROVIDING HIGH QUALITY CASE MANAGEMENT AND SUPPORTS, HEALTH AND WELLNESS EDUCATION, AND PHYSICAL AND MENTAL HEALTH SERVICES, ALDER HEALTH SERVICES STRIVES TO: REDUCE THE RATE OF HIV INFECTION, ENSURE ACCESS TO PERSON-CENTERED CARE, FOSTER A HEALTHY AND INFORMED COMMUNITY. CORE VALUES - ALDER HEALTH'S SERVICES AND PROGRAMS ARE DESIGNED TO BE REFLECTIVE OF THE VALUES THAT GUIDE AND SUPPORT THE AGENCY'S MISSION: -CLIENT-DRIVEN -COMPASSION -COLLABORATION -INCLUSION -LEADERSHIP -SERVICE TO OTHERS FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT ALDER HEALTH PROVIDES COMPREHENSIVE HEALTH CARE IN FOUR (4) CORE AREAS. CASE MANAGEMENT & SUPPORT SERVICES, PRIMARY CARE, BEHAVIORAL HEALTH, AND EDUCATION & WELLNESS SERVICES.

ALDER HEALTH SERVICES, INC.	Employer Identification number 23-2485020
CASE MANAGEMENT & SUPPORT SERVICES - MEDICAL CASE DEDICATED TO HELPING HIV-POSITIVE INDIVIDUALS MAKE THEIR CARE. THIS INCLUDES EDUCATING CLIENTS ON TR FEAR AND STIGMA, ACCESS TO MEDICAL CARE, HEALTH IN MEDICATIONS, MENTAL HEALTH SERVICES AND COMMUNITY I HELP BREAK DOWN BARRIERS TO GAINFUL EMPLOYMENT AND	INFORMED CHOICES ABOUT EATMENT OPTIONS, REDUCT ISURANCE, PRESCRIPTION
ADDRESSING HEALTH DISPARITIES AFFECTIVE TO THE	OVIDING SERVICES COMMUNITY AND ALSO
TRANSGENDER INCLUSION	E PERSON BASED USING ING INDIVIDUAL AND PSYCHIATRIC SERVICES
DUCATION & WELLNESS SERVICES - FREE AND CONFIDENTIAL ARGETED PREVENTION INITIATIVES FOR HIGH-RISK GROUPS EX WITH MEN (MSM), INJECTION DRUG USERS (IDU) AND LO ROVIDE PREP AND HEPATITIS C SCREENING AND TREATMENT. ELLNESS EDUCATION SERVICES ARE AVAILABLE TO THE ENTICHOOLS, BUSINESSES, FAITH-BASED AND PROVIDER AGENCIE	INCLUDING MEN WHO HAVE GBTQ+ YOUTH. WE ALSO HIV/AIDS, STD AND
OF JULY 2017:	
ORE THAN 300 HIV-POSITIVE INDIVIDUALS ACCESSED MEDIC	CAL CASE MANAGEMENT

ALDER HEALTH SERVICES, INC.	Employer identification number
AND SUPPORT SERVICES	23-2485020
-234 PERSONS WERE TESTED FOR HIV/AIDS, 7 OF W POSITIVE (3% POSITIVITY RATE)	HOM WERE CONFIRMED HIV
-OVER \$55,000 IN HIV-RELATED HOUSING ASSISTANCE	CE WAS DISTRIBUTED
1,940 INDIVIDUALS WERE REACHED THROUGH MSM PI	ROGRAMMING
-559 INDIVIDUALS RECEIVED PRIMARY MEDICAL CARE	
-177 PERSONS ACCESSED BEHAVIORAL HEALTH SERVIC	ES
· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART VI, LINE 8B - DOCUMENTATION BY	COMMITTEE
THERE ARE NO COMMITTEES WITH THE AUTHORITY TO A	
GOVERNING BODY.	ACT ON BEHALF OF THE
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PR THE 990 IS REVIEWED BY THE FINANCE COMMITTEE. I BOARD MEMBERS FOR THEIR REVIEW.	OCESS TO REVIEW FORM 990 T IS THEN PROVIDED TO ALL
FORM DOG	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF COL	NFLICTS POLICY
EMPORCEMENT OF CONFLICT OF INTEREST POLICY IF A	CONFLICT TO TOWN
ASKED TO RESOLVE THE CONFILCT	TMOTOTARE
ANDIVIDUAL IS UNWILLING TO ELIMINATE THE CONFLIC	T, HE OR SHE WILL BE A
O END THE RELATIONSHIP WITH THE AGENCY.	WILL BE ASKED
ORM 990, PART VI, LINE 15A ~ COMPENSATION PROCES	SS FOR TOP OFFICIAL
REASON REVIEWS MARKET DATA TO DETERMINE REASON	NARIE CO.
AND REI EMPLOYEES. UPON SATISTA	ACTIONS NOTICE
PPROVES ANNUAL COMPENSATION FOR PRESIDENT AND CE	O AND PRY TOTAL
	AND ALL EMPLOYEES.
	PAGE 2 OF 3

ALDER HEALTH SERVICES, INC.	Employer Identification number 23-2485020	
FORM 990, PART VI, LINE 15B - COMPENSAT	TION PROCESS FOR OFFICERS	
PRESIDENT AND CEO AND KEY EMPLOYEES. UPON SATISFACTORY REVIEW, BOARD APPROVES ANNUAL COMPENSATION FOR PRESIDENT AND CEO AND KEY EMPLOYEES.		
FORM 990, PART VI, LINE 19 - GOVERNING GOVERNING DOCUMENTS AVAILABLE UPON REQUI	DOCUMENTS DISCLOSURE BYDE	
FORM 990, PART XI, LINE 9 - OTHER CHANGE PROVISION FOR BAD DEBTS	S IN NET ASSETS EXPLANATION	
PROVISION FOR BAD DEBTS	\$ -46,143	
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DEPARTMENT OF HEALTH PARTICIPATING PROVIDER AGREEMENT FOR HIV TESTING SERVICES

Remit Invoices to the following address:

Department of Health Division of HIV/AIDS 67HIVAIDS PO Box 69181 Harrisburg, PA 17106

INVOICE

Payee: Alder Health Services, Inc. Address: 100 N. Cameron St., Ste. 201-E Harrisburg, PA 17101

FID/SSN: 23-2485020

S.A.P. Vendor Number: 128812

Telephone: (717) 233-7190

Date: <u>03/19/2018</u>

PPA No: 16004

Invoice Number: 02-2018T

Billing Period: 02/2018

Reimbursement Tier	Rate	Units of Service	Newly Identified Positive Individuals	Total
Tier !	\$75	4		
Tier 2	\$55			\$300.00
Tier 3	\$30	28		
Number of newly dentified positive ndividuals provided heir test result and nked to partner ervices	\$500/per Newly identified positive individual			\$840.00
otal		32		\$1,140.00

Name of Person Preparing Invoice: Candace Sillers	
Email: candace@alderhealth.org	Date 03/19/2018