CHANGE OF ACCOUNTING PERIOD

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

OMB No 1545-0047

ΑI	For the :	2016 calendar year, or tax year beginning JUL I, ZUI/ and	ending S	EP 30, 2017	
В	Check If applicable	C Name of organization		D Employer identific	cation number
	Address change	_A <u>ll</u> iance Health Services		ļ	
	Name change	Doing business as		61-1	508839
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 100 McGregor Street	Room/suite	E Telephone number (603	
_	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	3,771,445.
Г	Amende			H(a) Is this a group re	
Ē	Applica-	F Name and address of principal officer: Joseph Pepe, MD		for subordinates	
	pending	same as C above	,2	H(b) Are all subordinates in	
T :	Tay-ever	npt status: X 501(c)(3) 501(c) ()	or 527	1 ' '	list. (see instructions)
		:▶ www.catholicmedicalcenter.org			n number ▶ 0928
		rganization: X Corporation Trust Association Other	L Year		State of legal domicile: NH
		Summary	1	<u> </u>	
_		riefly describe the organization's mission or most significant activities. To positive positi	romote	health car	e programs
Activities & Governance	f	rom the greater Manchester, New Hampshir	re com	munity.	
Ţ.	_	heck this box I if the organization discontinued its operations or dispos			ssets.
Ş.	1	umber of voting members of the governing body (Part VI, line 1a)	\)	3	7
Ğ	1	umber of independent voting members of the governing body (Part VI, line 1b)	\	4	4
ري مح	1	otal number of individuals employed in calendar year 2016 (Part V, line 2a)	ĺ	5	0
iţie		otal number of volunteers (estimate if necessary)	Ï	6	4
寰		otal unrelated business revenue from Part VIII, column (C), line 12	,	7a	0.
Ā		et unrelated business taxable income from Form 990-T, line 34		7b	0.
_	 	ot amount of the second of the		Prior Year	Current Year
	8 0	ontributions and grants (Part VIII, line 1h)		0.	0.
Ž		rogram service revenue (Part VIII, line 2g)		16,679,690.	3,771,445.
Revenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
č	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	16,679,690.	3,771,445.
_	_	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē		otal fundraising expenses (Part IX, column (D), line 25)	0.		ははいれたがある。
ũ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,	21,557,522.	6,174,621.
		otal expenses. Add lines 13-17 (must equal Part 1X, column (A) line 25)	i	21,557,522.	6,174,621.
	19 R	evenue less expenses. Subtract line 18 from line 121) <u> </u>	<4,877,832.	> <2,403,176.>
ts or		(1-1)	∥ Be	ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)		3,950,820.	2,626,096.
ASS	21 T	otal liabilities (Part X, line 26)		2,210,125.	1,838,577.
Net Assets Fund Balar	22 N	et assets or fund balances. Subtract line 21 from line 20	=1 	1,740,695.	787,519.
		Signature Block	: <u>;;</u>)		
Und	le[pe nalt	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corfect,	and complete Declaration of preparer (other than officer) is based on all information of wi	nich preparer		
	69	91110145		307	(A) (S)
Sig	n 🤝	Signalure of Officer		Date	_
Her	ان• ا	Edward L. Dudley, III, Exec. VP & CFO			
	Ö	Type or print name and title			
		Print/Type preparer's name Preparer's signature	\sim 1	Date Check	PTIN
Pai		Micholas E. Porto		7/30/18 self-employ	P01310283
		mm's name ▶ Baker Newman & Noyes		Firm's EIN	01-0494526
Use	Only	Firm's address P.O. Box 507			
	<u> </u>	Portland, ME 04112		Phone no. (2	07)879-2100
14-		discussed the material states are also as a factor of the states and the states of the			X Van Na

Form 990 (2016)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016) Alliance Health Services	61-1508839 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	To promote health care programs for a broad cross-secti greater Manchester, New Hampshire community.	on of the
	greater Manchester, New Hampshire Community.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	ers, the total expenses, and
4a	(Code) (Expenses \$ 5,385,806. including grants of \$ 0.) (Reven	ue\$ 3,771,445.
	(Code) (Expenses \$ 5,385,806. including grants of \$ 0.) (Reventor promote health care programs for a broad cross-section of the control	on of the
	greater Manchester, New Hampshire community.	
		
		
		
		
4b	(Code) (Expenses \$including grants of \$) (Reven	ue \$
		
		
		
		
		
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$
		
		
		
		
4d	Other program services (Describe in Schedule O.)	
		•
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 5,385,806.	

Form 990 (2016) Alliance Health Services
Part IV Checklist of Required Schedules

			res	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
•	public office? If "Yes," complete Schedule C, Part I	3	}	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9]	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	*		_=
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	30.5	135	182 vi
	as applicable.		कुलन्तुं रहा दे से इ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	- [- 1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	Ì		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	J		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	l	X
.	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	-	ł	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	$\neg \neg$		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		T	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ļ	ļ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	j	ŀ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_	- 1	v
	complete Schedule G, Part III	19		<u>X</u>

Form 990 (2016) Alliance Health Services

Part IV Checklist of Required Schedules (continued)

			162	1 140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			}
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	Ι.		ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	(,		
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ľ
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>'</u>		Ì
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	<u>'</u>		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	[1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	,		ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	389,37 8	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		roka Majora	
	instructions for applicable filing thresholds, conditions, and exceptions):			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	_		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		x
32		31		
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	"		
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 		
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			 -
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- <u>*</u> -		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	l
		Form		(0040)

Alliance Health Services 61-1508839 Page 5 Form 990 (2016) Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3**a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? **7**. 1 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2016)

Form 990 (2016) Alliance Health Services 61-1508839 Page

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

	Check if Schedule O contains a response or note to any line in this Part Vi			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	A. C. C.	25-4	3						
b	Enter the number of voting members included in line 1a, above, who are independent [1b]		8.4	1000 1000 1000 1000 1000						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision]								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	, , , , , , , , , , , , , , , , , , , ,									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X						
6	Did the organization have members or stockholders?	6_	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		3.5							
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'	v							
_	persons other than the governing body?	7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	5.73.75	iliye i	المستصدير						
a	The governing body?	_8a_	X							
ь	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х						
Soc	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>.</u>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	Na						
100	Did the organization have local chanters, branches, or affiliates?	10a	res	No X						
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	108		<u> </u>						
Б	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	and the second s									
b										
	The second se									
•	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X	_						
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	3. 3. T		1 To 1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	然是		100 m						
а	The organization's CEO, Executive Director, or top management official	15a		X						
ь	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	**		Charles of the						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		12 mg							
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Carst Talka								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			12.						
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NH									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.									
	Edward L. Dudley, III - 603-668-3545									
	100 McGregor St., Manchester, NH 03102		000	(0010)						
632006	i 11-11-16	rorm	330	(2016)						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average hours per	(do	Position (do not check more than one box, unless person is both ar			than	one h an	Reportable compensation	Reportable compensation	Estimated amount of	
	week	offi				or/trus		from	from related	other	
	(list any	rector		i		l	[the	organizations	compensation	
	hours for related	ee or d	Stea	i		safed		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	frust	重な	!	eg.	ompe.		(** = *********************************		and related	
	below line)	Individual frustee or director	Institutional frustee	Officer	Key emplayee	Highest compensated employee	Роттет			organizations	
(1) Stephen J. Leblanc	1.00			Ü		1					
Director	0.00	Х			_	<u> </u>		0.	0.	0	
(2) Steven A. Paris, MD	1.00					l					
Director	0.00	X		_	L_	L	<u> </u>	0.	0.	0	
(3) Maria C. Mongan	1.00				ŀ	l					
Director	4.00	X			_	ļ		0.	0.	0	
(4) Robert A. Catania, MD Director	1.00	x						0.	0.	0	
(5) Matthew Kfoury	1.00	^			├			<u> </u>	<u> </u>		
Chair	3.00	x		x				0.	0.	0	
(6) William B. Clutterbuck MD	1.00	-				-	-				
Treasurer/Secretary	40.00	x		x			1	0.	0.	0	
(7) Joseph Pepe, MD	1.00				$\overline{}$						
President & CEO/Vice Chair	45.00	X		X		ļ		0.	0.	0	
(8) Edward Dudley, III	1.00										
Exec VP & CFO/Director	45.00			Х				0.	0.	0	
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[73]	Section A. Officers, Directors, Trus		ploy	/ees			ighe	st (
	(A) (B)				-	C)			(D)	(E)		(F)	
	Name and title	Average Position (do not check more than on box, unless person is both a					than		Reportable	Reportable	_		imated
		week					is bot or/trus			compensation		ı	ount of
		(list any	ا ا ق			Π		from the	from related organizations			ther ensation	
		hours for	Individual trustee or director	1	١		L		organization	(W-2/1099-MIS			m the
		related	ee or	stee			ısate	1	(W-2/1099-MISC)	(,		nization
		organizations	Tarst	Institutional trustee		8	ad w		(ļ			related
		below	vidua	te Fe	اية	Key employee	loyee	널		į		orgar	nizations
		line)	힐	ts ts	Officer	ě	Highest compensated employee	Former	<u> </u>	<u></u>		<u></u>	
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1h	Sub-total	L					L	_	0.		0.		0
	Total from continuation sheets to Part V	I Section A							0.		<u>0.</u>		
	Total (add lines 1b and 1c)	ii, Section A							0.	<u> </u>	0.		
2	Total number of individuals (including but n	of limited to th	ose	liste	d at	2016		20.5		000 of reportable			
_	compensation from the organization	or minico to tri	000		- u	JO V C	-, .		coerved more trial i w roc	,,ooo or reportable	5		(
	compensation non-the organization		_	_								I	res No
3	Did the organization list any former officer,	director, or tru	istee	e. ke	v en	olan	vee.	or	highest compensated e	mplovee on	1	13.4 2	
-	line 1a? If "Yes," complete Schedule J for s			.,	,		,,	,			,	3	X
4	For any individual listed on line 1a, is the su		e co	mpe	ensa	tion	and	d ot	her compensation from	the organization		\$.273 \$	99.3 223
·	and related organizations greater than \$150	•							•	ano organization		4	$\tilde{\mathbf{x}}$
5	Did any person listed on line 1a receive or a									idual for services			大组合联
	rendered to the organization? If "Yes," com	•				•			or or gambanon or mount		1	5	Action News
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	ors t	that received more than	\$100,000 of com	pens	ation fro	
	the organization. Report compensation for	the calendar y	ear e	endii	ng w	/ith d	or w	ithir	the organization's tax	year.	•		
	(A)							П	(B)			(C)	
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	C	ompens	sation
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2	Total number of independent contractors (i	_	ot lir	nited	of to	_		sted	l above) who received m	ore than	3-7		
	\$100,000 of compensation from the organi	zation_						-		<u></u>	·	1 . · · · · · · · · · · · · · · · · · ·	00 (00)
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632009 11-11-16 Form 990 (2016							3,771,445.	3,771,445.		Form 990 (2016

Form 990 (2016) Alliance Health Services Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor			complete column (A)	
	Check if Schedule O contains a respo	nse or note to any line ii		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		1		
	and domestic governments. See Part IV, line 21	 		The state of the s	87 - 178 - 179 7 1
2	Grants and other assistance to domestic		<u> </u>	国际共享的	经 活动的混乱。
	individuals. See Part IV, line 22	ļ	ļ		CRIMITAL SERVICE
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		1	於自己經濟學院	
	individuals. See Part IV, lines 15 and 16	<u> </u>		FIGURE STATE	A STATE OF THE STA
4	Benefits paid to or for members	 	 		
5	Compensation of current officers, directors,		}	\	
_	trustees, and key employees	 	 	 	
6	Compensation not included above, to disqualified		Į.		
	persons (as defined under section 4958(f)(1)) and		Ţ	1	(
-	persons described in section 4958(c)(3)(B)	 		 	
7	Other salaries and wages Pension plan accruals and contributions (include	 	 	 	
8	•				
_	section 401(k) and 403(b) employer contributions)		 	 	
9	Other employee benefits		 	 	
10	Payroll taxes		}	 	
11	Fees for services (non-employees):	788,815.	j	788,815.	İ
a	Management	700,013.	 	700,013.	
b	Legal		 	 	
d	Accounting Lobbying		 		
u	Professional fundraising services. See Part IV, line 17		2057 TOWN CARENTY	STATE AND	
f	Investment management fees		March Strate Strate Strate Liver Liver	Bed with the state of the	
g			 		
9	column (A) amount, list line 11g expenses on Sch O.)	3,404,713.	3,404,713.	ļ.	
12	Advertising and promotion	3,101,110	3,202,7200		
13	Office expenses	4,166.	4,166.		
14	Information technology			 	
15	Royalties		 		
16	Occupancy	421,244.	421,244.		 -
17	Travel	163.	163.		
18	Payments of travel or entertainment expenses	_ 		 	
	for any federal, state, or local public officials		Ì		
19	Conferences, conventions, and meetings				
20	Interest		 		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,706.	10,706.		
23	Insurance	11,878.	11,878.		
24	Other expenses. Itemize expenses not covered				国家等等的基础的
	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 0.)	经产品发展的企业	《美华国教》		
а	Bad Debts	1,320,137.	1,320,137.		· · · · · · · · · · · · · · · · · · ·
b	Medical & Pharmaceutica	195,547.	195,547.		
С	Equipment Rental	16,193.	16,193.		
d	Forms and Supplies	1,059.	1,059.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,174,621.	5,385,806.	788,815.	0.
26	Joint costs. Complete this line only if the organization	<u>_</u>			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)		L	<u> </u>	<u></u>

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	264,874.	_1	257,283
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	3,295,619.	4	2,134,697
5	Loans and other receivables from current and former officers, directors,	公司等等等表现	17 June	国际的基础工作的
- (trustees, key employees, and highest compensated employees. Complete			
ł	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined und	er Programmer	14	经验证的
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ng Fall Sales	4	
	employers and sponsoring organizations of section 501(c)(9) voluntary		17.5 mg	
ş	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	<u> </u>
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	226,973.	9	81,468
10a	Land, buildings, and equipment; cost or other	建设的基础的	1. 1753 A. E.	
1	basis. Complete Part VI of Schedule D 10a 662,73		落	
b	Less: accumulated depreciation 10b 510,08	9. 163,354.	10c	152,648
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	<u></u>	13	L
14	Intangible assets	L	14	_
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,950,820.	16	2,626,096
17	Accounts payable and accrued expenses	1,765,138.	17	1,437,681
18	Grants payable		18	<u> </u>
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	<u> </u>	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	Organia (9789) G SO La arroy Victor (21	Francis Co. Cate Net on the For the Advance
22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ	key employees, highest compensated employees, and disqualified persons.		C. Sale	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	201 214	23	200 000
24	Unsecured notes and loans payable to unrelated third parties	391,314.	24	392,073
25	Other liabilities (including federal income tax, payables to related third			
- }	parties, and other liabilities not included on lines 17-24). Complete Part X of	F3 673		
1	Schedule D	53,673.	25	8,823
26	Total liabilities. Add lines 17 through 25		26	1,838,577
.	Organizations that follow SFAS 117 (ASC 958), check here ▶ X an			
	complete lines 27 through 29, and lines 33 and 34.	1,740,695.	1 1 2 2	787,519
27	Unrestricted net assets	1,740,033.	27	767,319
® 28	Temporarily restricted net assets	\	28	
<u>29</u>	Permanently restricted net assets	ार असर १०. असर स्टाइट स्टा इट स्टाइट स्टाइट	29	CE CENTER TOWN ON THE DESIGNATION
[]	Organizations that do not follow SFAS 117 (ASC 958), check here			是是特色的
D	and complete lines 30 through 34.		20.2	preside a factor of
j 30			_	
₹ 31				
Assets or rund balances 2	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30 31	

787,519. 2,626,096. Form **990** (2016)

33 Total net assets or fund balances

Total liabilities and net assets/fund balances

32 Retained earnings, endowment, accumulated income, or other funds

1,740,695. 33

3,950,820. 34

_	1990 (2016) Alliance Health Services	61-	1508839 Page 12
Pa	rt XI: Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	,	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,771,445.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,174,621.
3	Revenue less expenses. Subtract line 2 from line 1	3	<2,403,176.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,740,695.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,450,000.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	787,519.
Pa	rt XIII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		X
b	Accounting method used to prepare the Form 990	d on a e basis, e audit, edule O	2a X 2b X 2c X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired aud	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

мапі	e or i	the organization					Emplo	yer identification number			
-		Alli	ance Healt	h Services				61-1508839			
Pa	rt _ž] :	Reason for Public	Charity Status (All organizations must c	omplete th	nis part.) S	ee instructions.	 			
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.))				
1	\sqsubseteq	A church, convention of ch	nurches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).				
2		A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	m 990 or 9	90·EZ))		λCı			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	0(b)(1)(A)(i	ii).	1)4			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:									
5		An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ited by a g	overnmental unit des	cribed in			
		section 170(b)(1)(A)(iv). (0		,	•	, ,					
6		A federal, state, or local go		mental unit described in	section 1	70/b)/1)/A))(v).				
7	\sqcap	An organization that norma	-					eral nublic described in			
•		section 170(b)(1)(A)(vi). (C		intal part of its support	nom a gov	Cirinicina	to the or from the gene	stal public described in			
8				/4VAVvi) /Complete Bar	+ 11 V						
9	Ħ	A community trust describ	2			od in conii	instian with a land are	ent college			
9		An agricultural research or	_			-	_				
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cm	y, and state of the col	lege or			
40	X	university:		11 00 1 (00)							
10	لها	An organization that norma									
		activities related to its exer	•	•				•			
		income and unrelated busi		(less section 511 tax) fr	rom busine	esses acqu	aired by the organizati	on after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)								
11	\vdash	An organization organized	and operated exclus	ively to test for public si	afety. See	section 50	09(a)(4).				
12		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to carry out	the purposes of one or			
		more publicly supported or	rganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section 509(a)(3). Check the box in			
	_	lines 12a through 12d that	describes the type of	of supporting organization	on and con	nplete line:	s 12e, 12f, and 12g.				
а	<u> </u>	Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported org	ganızation(s), typıcally	by giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of th	e supporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with r	ts support	ed organization(s), by	having			
		control or management of	of the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the	supported			
		organization(s) You mus	· · · · · · · · · · · · · · ·		•		ŭ	• •			
С		Type III functionally inte	•		ın connec	tion with.	and functionally integ	rated with.			
		rts supported organization						,			
d		Type III non-functionally		•	-	•	•	anization(s)			
u	_	that is not functionally in					,, -	• •			
			-		•		•	entiveness			
_		requirement (see instruct	•	•		•		111			
е	<u> </u>	☐ Check this box if the orga					a type i, type ii, type	· III			
_		functionally integrated, o		nally integrated support	ing organi	zation					
		er the number of supported	-					<u> </u>			
9		vide the following information			1 (iv) is the oro:	anization listed					
	Ų	 i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	ın your govern	ing document?	(v) Amount of monetar support (see instruction	· 1 · ·			
		Organization		above (see instructions))	Yes	No	support (see instruction	is) support (see instructions)			
						l					
					<u> </u>						
							_				
					<u>L</u> .						
					1]					
								 			
					1						
Total			新新聞記刊	こうしょうべき 変に盗	N. S. C. S.	V2(4),2		 			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Alliance Health Services 61-1508839 Page 2 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				t.		
	or expended on its behalf						
3	The value of services or facilities	, !				,	/
	furnished by a governmental unit to				,		
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	日本学者在20				2	
	governmental unit or publicly			公子是要	\$\$P\$ 近次集		
	supported organization) included						
	on line 1 that exceeds 2% of the					是有其意象	
	amount shown on line 11,				13. T. 16. A.		
	column (f)		44323343	"我们是我们的		不同的 医原性	
	Public support. Subtract line 5 from line 4	经济流程等 结	医心管器 撰页	是自然的	學是是是	拉金加加加加加加加加加加	
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	L					
8	Gross income from interest,	l i					
	dividends, payments received on	!					
	securities loans, rents, royalties						
	and income from similar sources			/			
9	Net income from unrelated business		ار				
	activities, whether or not the	ĺ					
	business is regularly carried on	 					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	.#A \7.8\\$	Andrew of the National States	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	to the road but made	Marie and the Name of the land	
	• • • • • • • • • • • • • • • • • • • •	统为经验的			STEW THE SE		
	Gross receipts from related activities,	/				12	
13	First five years. If the Form 990 is for	- /	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sac	organization, check this box and storetion C. Computation of Publ		rcentage				<u> </u>
				-1 (0)		14	
	Public support percentage for 2016 (I	/		olumn (t))			%
	Public support percentage from 2015	=	•	40	1.4 00.4/00/	15	%
108	33 1/3% support test - 2016. If the content have The experience qualifies				14 IS 33 1/3% OF IT	iore, check this bo	x and
	stop here. The organization qualifies 33 1/3% support test - 2015. If the control of the control		-		luna 15 to 22 1/20/	or mare about th	in hou
D	and stop here. The organization qual	•		*	iiile 15 is 33 1/3%	or more, check th	IS DOX
170	,	•			10 16a ar 16b a	and (ma 14 to 100/	
1/a	10% -facts-and-circumstances test and if the organization meets the "faction of the organization of the	=					-
	-			-	•	t vi now the organ	zation
L	meets the "facts-and-circumstances"	•			· ·	170 and l 45	▶
D	10% -facts-and-circumstances tes						10% Of
	more, and if the organization meets the organization meets the "facts-and-circ				•		
12	Private foundation. If the organization			•			
10	rivate loundation. It the organizatio	n did not check a t	50 A OLI III E 13, 10	a, 100, 1/a, 01 1/L		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 Alliance Health Services Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed t	pelow, please comp	olete Part II)				
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1		1			}
	include any "unusual grants")						{
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,953,001.	15,442,315.	16,334,379.	16,679,690.	3,771,44	5. 67,180,830.
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	14,953,001.	15,442,315.	16,334,379.	16,679,690.	3,771,44	5. 67,180,830.
	Amounts included on lines 1, 2, and						-
	3 received from disqualified persons	1	1				0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)	\$200 B	33-51 / COMM	建国人的人的国际信仰	ar in the life all the	374XY44XX	
Sec	ction B. Total Support	35. 435 132 (32 21)	M . S	" Washington The State of	S. J. Tarani, Market Propriet Control	3 14 3 - 1 3 cm	<u> </u>
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	14,953,001.	15,442,315.	16,334,379.	16,679,690.	3,771,44	
	i Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,755,002.	10,112,013.	10,004,575.	10,072,030.	3,772,44	3. 07,100,030.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						+
12	Other income. Do not include gain or loss from the sale of capital						1
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	14,953,001.	15,442,315.	16,334,379.	16,679,690.	3,771,44	5. 67,180,830.
	First five years. If the Form 990 is for	the organization's	first second third				
• •	check this box and stop here	the organization o	mot, cooding, ame	2, 10di iii, 01 miii 1d	A year as a score	11 00 1(0)(0) 0.gu	▶
Sec	ction C. Computation of Publi	ic Support Per	centage				
				olumn (fi)		45	100.00 %
	Public support percentage for 2016 (I		•	olumn (i))		15	100 00
	Public support percentage from 2015					16	100.00 %
	ction D. Computation of Inves						
	, ,		•	e 13, column (f))		17	.00 %
	Investment income percentage from 2				1	18	%
19a	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box at	-		•	, ,		▶ X
b	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						on 🕨 🛄
20	Private foundation. If the organizatio	n did not check a t	oox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	▶□
63202	23 09-21-16				Sche	dule A (Form 9	990 or 990-EZ) 2016

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	g Org	gani	zati	ons
---------------------------	-------	------	------	-----

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

	Yes	No
\(\frac{1}{2} \)	070.4	57.
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m 990 or 99	io-EZ)	2016

632024 09-21-16

632025 09-21-16

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust	on Nov. 20, 1970 (explain in I	Part VI.) See instructions . A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	T · · · · · · · · · · · · · · · · · · ·
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).	7 7 2		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1000	等等的一个工程。 第二章	ELECTION TO THE
	factors (explain in detail in Part VI):	感到		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	南京市地域市区	
2	Enter 85% of line 1	2	指摘了了各种类型的	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	《大学教》,大学和 《大学》	
4	Enter greater of line 2 or line 3	4	经企业的基础的	
5	Income tax imposed in prior year	5	新疆域外沿岸	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		经基础支撑性 North	
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2016

Pal	rt V/ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	<u>. </u>		
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	 e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	苏尔西兰蒙古华马克马 多		
2	Underdistributions, if any, for years prior to 2016 (reason-	为4000000000000000000000000000000000000		STATE OF THE STATE
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016:		THE PARTY OF THE PARTY.	
a	Language State Control of the Contro	Machine and the second	Carso as correct	泰基在建物点的
b	Paralle to the control of the contro	CALL CALLS	ENERGICAL AT AT AT	
_	From 2013		AND COMPLETE STATE	APPRINCE CONTRACT
	From 2014		EXCEPTION OF	Participation of the second
	From 2015	TO DESCRIPTION DESCRIPTION		新华州市岛 アコア系統 李季
	Total of lines 3a through e	Bir Line Contraction and Disk in the residence		Name of the second seco
	Applied to underdistributions of prior years	は発生した。これははない	8.08.08.85.04.50.04.15.08.15.08. WOLD	The second secon
	Applied to 2016 distributable amount	New Asset March 1996 Co.	CANAL MANAGEMENT	The state of the s
-	Carryover from 2011 not applied (see instructions)		THE REPORT OF THE PARTY OF THE	227-6028-405-25
$\dot{-}$	Remainder Subtract lines 3g, 3h, and 3i from 3f.	TO THE MARKET AND THE WAY THE STATE OF THE FOLK	「水中」という。 「水中」という。 「水中」など、 「水中)など、 「水中、 「水中、 「水中、 「水中、 「、 「、 「、 「、 「、 「、 「、 「、 「、 「	於我也沒有我們不管
4	Distributions for 2016 from Section D,	THE PARTY WAS TO SHE WAS TO SHE	COSC PROPERTY AND DEPORTS	Commence and the service of the serv
7	line 7:	THE TAKE THE		
	Applied to underdistributions of prior years		(1884 To 1. 2. 1. 2. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Yaran was a salatan
	Applied to 2016 distributable amount	UNING THE PROPERTY	Change to the company of the	1.762 P. G. + M. L. N. D. P. J. 163 A. J. F. 1874
	Remainder Subtract lines 4a and 4b from 4	THE SAN Y AND TO STRUCK AT 14		WEST SAME AND STREET
5	Remaining underdistributions for years prior to 2016, if	Translation Hallen	L. A. A. B. S. CH. D. S.	では、100mmをより、100mmをおける。 では、100mmをより、100mmをは、100mmをより、100mmをよりによっている。
J	any. Subtract lines 3g and 4a from line 2. For result greater			
	-			
6	than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h	CONTRACTOR STATE	可能是可以基础。在在产生 企	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
J	and 4b from line 1 For result greater than zero, explain in			
7	Part VI. See instructions Excess distributions correspond to 2017, Add lines 31	LANGUA BERKETAN AND AND SELL AND SELL	大学のないないのでは、日本のないとのできた。	ON ASSETTANTANTO PACE
1	Excess distributions carryover to 2017. Add lines 3j			
	and 4c Breakdown of line 7:		THE STATE OF THE PARTY AND THE PARTY.	LOSE SECTIONS TO AN ENGLISH TO SELECT THE PROPERTY OF THE PROP
	DIEDANOVII OI IIIE 7。 性最大學學家的學家是他看到是他不可能的一种是不可能的。	京型を受けるとは、 はい かいかんがん なん	<u> </u>	シェアにはなるなどはあるようなよう
<u>a</u> _	RTTL 1927年 901 日本のでした。 1927年 1月1日 1日 日本のでは、日本のでは、1927年 1日本のでは、1927年 1日本のでは、	スパンということとはよりのみなられています。 はいかい		D. THE SECTION OF THE PROPERTY
<u>b</u>	Excess from 2013	A STANKE BEARING TO THE STANKE OF THE STANKE	CONTROL PER PLANTANTANTANTANTANTANTANTANTANTANTANTANTA	ELLER RESIDENCE A LEGISLA
	Excess from 2014	era. I diku uwatun waka is Lati usukatika mai mpi ini m	就是一次完全人工学的文化。 如外表,但是我们不是一个人	(2) 4 4 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Excess from 2015	entransfer of the entransfer o	SANCANIA WALANAMA MANANA M	The property of the second of
e	Excess from 2016	至了这些的。中心,是一个人们也是一个	できてまた。これは、これはは、は、	Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Alliance Health Services	61-1508839 Page 8
Part. VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a 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; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any address.	s 1 and 2; Part IV, Section C, t V, Section B, line 1e, Part V,
(See instructions.)	
Part III, Short Year Explanation:	
The organization changed accounting periods, resulting in	a short year
(July 1, 2017-September 30, 2017) for the current filing p	
	
	<u>u ° </u>

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 2016 Open to Public Inspection, ----

Department of the Treasury Internal Revenue Service

Nam	Alliance Health Se	rvices	Employer identification number 61-1508839
Pa	rt I: Organizations Maintaining Donor Advise		
23.35	organization answered "Yes" on Form 990, Part IV, lir		i i i i i i i i i i i i i i i i i i i
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	I funde
٠	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	— · •••
·	for charitable purposes and not for the benefit of the donor	· •	•
	impermissible private benefit?	or deriver advicer, or for any extremplane de	Yes No
Pa	Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
_	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	* *	<u> </u>
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	
	year▶		.gg
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	•		• •
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
	> \$	-	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pa	tilli Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e-	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$^
<u>b</u>	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 999) 2016

632051 08-29-16

		e Health S							08839		2
Pa	rt III Organizations Maintaining (Collections of A	Art, His	torical Tr	reasures,	or Othe	er Simil	ar Asse	ts(continu	ed)	_
3	Using the organization's acquisition, access	ion, and other recor	rds, ched	k any of the	following th	at are a si	gnificant	use of its	collection	tems	_
	(check all that apply).										
а	Public exhibition		d 🖳		change prog	rams					
þ	Scholarly research		e 📖	Other							_
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ain how t	hey further t	the organizat	tion's exer	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of		-		•	ner sımılar	assets		-,		
-	to be sold to raise funds rather than to be m							L_	_ Yes	L No	<u>_</u>
Pa	t.IV Escrow and Custodial Arran		lete if the	e organizatio	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										_
1a	Is the organization an agent, trustee, custod	lian or other interme	ediary for	contribution	ns or other a	ssets not	ıncluded	_	٦		
	on Form 990, Part X?							L	」 Yes	Ll No)
D	If "Yes," explain the arrangement in Part XIII	and complete the t	ollowing	table:				<u></u>			_
_	Danman halana								Amount		_
C	Beginning balance Additions during the year						1c				-
	Distributions during the year						1d				-
e f	Ending balance						1e 1f				-
	Did the organization include an amount on F	orm 990 Part X line	e 21 for	escrow or c	ustadial acc	ount liabili			Yes	□ No	-
	If "Yes," explain the arrangement in Part XIII.		-				ity:		_ 163	芦"	•
	Endowment Funds. Complete						0.				_
<u> </u>	<u> </u>	(a) Current year		Prior year	(c) Two year			ears back	(e) Four y	ears back	_
1a	Beginning of year balance		1		1-4		·-/	·	\ \frac{1}{2}		_
, b	Contributions										_
c	Net investment earnings, gains, and losses										_
đ	Grants or scholarships										_
e	Other expenditures for facilities										_
	and programs										_
f	Administrative expenses										
g	End of year balance		<u> </u>								_
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho										
3а	Are there endowment funds not in the posse	ession of the organiz	zation th	at are held a	ind administ	ered for th	e organi	zation	<u> </u>	-r	_
	by.									es No	-
	(i) unrelated organizations								3a(i)	+-	_
_	(ii) related organizations) - b - d - d - DO					3a(ii)		_
ь	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the	•							3b		-
Par	Land, Buildings, and Equipm		owinent	iurius.							-
-4;4.	Complete if the organization answere		0. Part I	V line 11a S	See Form 99	0. Part X	line 10				
	Description of property	(a) Cost or o			or other	$\overline{}$	cumulate	-d	(d) Book v	/alue	-
	2000 pion of property	basis (invest			(other)		reciation	- 1	(w) DOOK (aide	
1a	Land	 									-
	Buildings					<u> </u>	<u> </u>				_
	Leasehold improvements										-
d	Equipment			66	2,737.	5	10,0	89.	152	,648	•
	Other										_
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	t X, colui	nn (B), line 1	(0c.)			▶	152	,648	<u>.</u>

Part VII Investments - Other Securities.	arch Services			-1500039 Page.
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
	(b) BOOK Value	(c) Method of	valuation. Cost or en	u-or-year market value
(1) Financial derivatives		 		
(2) Closely-held equity interests				
(3) Other	 			
(A)				
(B)		 		
(C)				
(D)		 		
(E)		 		
(F)		ļ		
(G)		<u> </u>		
(H)		<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		連貫は後後から	建想到这个人的人的	到1月2日2日至高级
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990,	, Part X, line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)		T		
(4)		 	·	
(5)		 		
(6)	· · · · · · · · · · · · · · · · · · ·	 		
(7)		 		
		 		
(8)		 		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		My Rose Market Str		TE (最大・哲議) またを見がる
Part X: Other Assets.		3.7 X 25 C.	nake di nakan	44-18 U.S. S.
	F 000 D-+ N/ !	44-1-0	D. 4 V I 45	
Complete if the organization answered "Yes" (on Form 990, Part IV, line Description	110 See Form 990,	Part X, line 15	(h) Dook yekso
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Fori	m 990, Part X, line 25	;
1. (a) Description of liability		(b) Book value	阿尔斯斯斯	THE PROPERTY.
(1) Federal income taxes			是是是是	
(2) Due to Affiliates		8,823.	RATION TO	
(3)			THE WAR AND THE STATE OF	等是是是是不够多的。
(4)				\$P\$100000000000000000000000000000000000
(5)			经等额运动	
(J)			上海海岸 4年(66年)1985年1985年	all 1965年,在1962年,其代《新安东门》

(7) 8,823. Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

Schedule D (Form 990) 2016

61-1508839 Page 4 Schedule D (Form 990) 2016 Alliance Health Services Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 40 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Part X, Line 2: The System and all related entities, with the exception of Enterprises, DMA and CAHS, are not-for-profit corporations as described in Sections 501(c)(3) of the Code and are exempt from federal income taxes on related income pursuant to Sections 501(a) of the Code. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to the consolidated financial statements. Enterprises, DMA and CAHS (dissolved in September 2017) are for-profit organizations and, in accordance with federal and state tax laws, file 632054 08-29-16 Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2016 Open to Public Inspection

Name of the organization

Employer identification number

Alliance Health Services 61-1508839 Form 990, Part VI, Section A, line 6: The sole member of Alliance Health Services is CMC Healthcare System. Form 990, Part VI, Section A, line 7a: The directors are appointed by the sole member. Form 990, Part VI, Section A, line 7b: The sole member has reserved powers over Alliance Health Services but does not approve each separate action taken by the board. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent tax accounting firm (Baker Newman Noyes). Upon completion, a draft of the Form 990 is sent to the Organization, where the CFO, Controller, and Director of Accounting perform a final in-house review prior to submission to the Board of Directors for final approval. Upon approval from the Board, the Form 990 is filed with the Internal Revenue Service. Form 990, Part VI, Section B, Line 12c: Officers and directors are required to complete a conflict of interest questionnaire annually. Form 990, Part VI, Section B, Line 15: A related organization, Catholic Medical Center utilizes a compensation committee of the board of directors to set compensation levels and determine bonus potential for its senior leadership team. The committee is LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Employer identification number Alliance Health Services 61-1508839 assisted by an independent consultant who surveys like-sized and performing institutions to benchmark relevant salary scales for each position. The consultant's findings are presented to the compensation committee who considers that external data with actual performance against a list of pre-established goals per senior leaders to set prospective compensation levels and bonus values. Bonus amounts are determined by how well an executive achieves a pre-defined set of goals. These goals, in general, are tied to the achievement of a specific task or project. Some goals are attached to achieve overall financial performance and mission performance, not solely revenue generation. Form 990, Part VI, Section C, Line 19: The governing documents, the conflict of interest policy, and the financial statements are available upon request. Form 990, Part IX, Line 11g, Other Fees: Physician Fees: 3,404,713. Program service expenses Management and general expenses 0.

Fundraising expenses 0.

Total expenses 3,404,713.

Total Other Fees on Form 990, Part IX, line 11g, Col A 3,404,713.

Form 990, Part XI, line 9, Changes in Net Assets:

Transfer From Affiliates 1,450,000.

Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Alliance Health Services	Employer identification number 61-1508839

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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OMB No 1545-0047

Open to Public

Employer identification number 61-1508839

Part 13 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Alliance Health Services

Name of the organization

Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
yanasa sana		Toreign country)			entry
				;	
Part IIN Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	t ions. Complete if the organization an	iswered "Yes" on Form 990, Pa	irt IV, line 34 becaus	e it had one or more re	elated tax-exempt

(a)	(q)	(2)	(D)	(e)	(a)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	2(b)(13) iled
of related organization		foreign country)	section	status (if section	entity	entlty?	2
	 			501(c)(3))		Yes	ş
Catholic Medical Center - 02-0315693							
100 Mcgregor Street					CMC Healthcare		
Manchester, NH 03102	Hospital	New Hampshire	501(c)(3)	Line 3	System		×
CMC Healthcare System - 01-0568516							
100 Mcgregor Street	-		-			_	
Manchester, NH 03102	Parent	New Hampshire	501(c)(3)	Line 12b, II N/A	N/A		×
CMC Physician Practice Associates -							
02-0460245, 100 Mcgregor Street, Manchester,	1				CMC Healthcare		
NH 03102	Practices	New Hampshire	501(c)(3)	Line 10	System		×
St. Peter's Home - 02-022228							
100 Mcgregor Street					CMC Healthcare		
Manchester, NH 03102	Day Care Services	New Hampshire	501(c)(3)	Line 10	System		×
For-Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2016	Form 990) 2016

61-1508839

Alliance Health Services

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(a)	(0)	3	[9]	9	1	1
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chamby	(II)	(9) Section 512(b)(13)	X13)
of related organization		foreign country)	section	status (if section	entity	controlled organization?	_ 2
				501(c)(3))		Yes	Š
Alliance Ambulatory Services - 02-0519436						╀	
100 Mcgregor Street					CMC Kealthcare		
Manchester, NH 03102	Ambulatory Surgical Center New Hampshire		501(c)(3)	Line 10	Svatem	<u></u>	
Alliance Resources - 02-0398138			(2) (2)		of seem	4	
100 Mcgregor Street	Ţ				CWC Ucolthan		
Manchester, NH 03102	Real Estate	New Hampshire	501(c)(3)	Line 12h TT	owe near mear e		
GraniteOne Health - 81-4663563			(2) (2) (2)	1	2y a celli	∜	1
100 Mcgregor Street							
Manchester, NH 03102	Supporting Organization	New Hampshire	501(c)(3)	Line 12a T	4/N	>	
Hospital - 02-0222157						4	Ì
452 Old Street Road	-						
Peterborough, NH 03458	Hospital	New Hampshire	501(2)(3)	7		-	
Huggins Hospital - 02-0223332		Ī		,	אַל מווד הפסוופ שפקדרנו	↓	
240 South Main Street	•					_	
	Hospital	New Hampshire	501(0)(3)		1000		
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Schedule R (Form 990) 2016 Alliance Health Services

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

1	Φ ~	1	j 1	1	1
3	General or Percentage managing ownership partner?	N A	N/A		
_	o er	<u> </u>	 		
s	General or managing partner?		A/N		
(3)	JBI box 3dule 1065)	N/A	1		
					
ε	Disproportionate allocations?	Z / Z	N/A		
(6)	Share of end-of-year assets	N/A	1 1		
ε	Share of total income	N/A	N/A		
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	N/A	N/A		
(p)	Direct controlling entity	N/A	N/A		
(0)	Legal domicile (state or foreign country)	NH	HN		
(q)	Primary activity	Medical Office Building	Surgical Center		
(a)	Name, address, and EIN of related organization	McGregor Steet MOB - 13-4347316, 100 McGregor Medical (Street, Manchester, NH 03102 Building	Bedford Ambulatory Surgical Center, LLC - 02-0519727, 11 Washington Place, Bedford, NH 03110		

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

organizations treated as a corporation or trust during the tax year.	iuring ine tax year.								
(a)	(g)	(0)	(p)	(e)	(u)	(6)	ε	ε	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled	- <u>6</u> 5 9 4
		country)		or trust)		assets	. <u>1-</u>	Yes A	٤
Alliance Enterprises - 02-0386795									
100 McGregor Street	1								
Manchester, NH 03102	Real Estate	HN	N/A	C CORP	N/A	N/A	N/A		×
Doctors' Medical Association - 02-0340690								-	
100 McGregor Street	Medical Office								
Manchester, NH 03102	Building	HN	N/A	c corp	N/A	N/A	N/A	<u> </u>	×
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	<u> </u>								
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Schedule R (Form 990) 2016

632162 09-06-16

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

N 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1		-
Note: Complete line I if any entity is listed in Parts II, III, of IV of this scredule. 1. Dumn the tax year, did the prognization engage in any of the following transactions with one or more related prognizations listed in Parts II.IV?	s with one or more n	elated organizations listed	n Parts II.W?	Tes
a Recent of (i) interest. (ii) annutries. (iii) rovalties, or (iv) rent from a controlled entity				Ta X
				-
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
 Dividends from related organization(s) 				¥ X
g Sale of assets to related organization(s)				Ig X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				Tj X
k Lease of facilities, equipment, or other assets from related organization(s)				
l Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			# X
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			t X
	ion(s)			th X
o Sharing of paid employees with related organization(s)				
p Heimbursement paid to related organization(s) for expenses				Ja d
q Reimbursement paid by related organization(s) for expenses				10 X
r Other transfer of cash or property to related organization(s)				¥
				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
ଷ୍ଟ				
(4)				
(5)				
(9)				
632163 09-06-16	32		Schedu	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Alliance Health Services

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

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

(a) (b) (c) (d)	(b)	Solitor certain inv		•	13	Į	5	5	
(a)	(2)	2	(n)		(6) 	<u>E</u>	Ξ,	3	¥
of entity	Primary activity	State or foreign	(related, unrelated, 501(c)(3)	Share of	Share of	Dispropor- fionate	Code V-UBI amount in box 20	General or managing	Percentage
		country)	excluded from tax under sections 512-514)	_	assets	allocations?	silications? of Schedule K-1 partner? OwnerSrip	partner?	ownersnip
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Schedule R (Form 990) 2016

Schedule R (Form 990) 2016	Alliance	Health	Services	61-1508839 Page 5
Schedule R (Form 990) 2016 Part VII Supplemental Info	ormation.			
Provide additional infor	mation for responses	to questions	on Schedule R. See instructions.	
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