

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ACCESSIBLE DENTAL SERVICES INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15238

F Name and address of principal officer
RICK SENFT
100 PASSAVANT WAY
PITTSBURGH, PA 15238

D Employer identification number
26-2432726

E Telephone number
(412) 820-1010

G Gross receipts \$ 2,739,365

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

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

J Website: ▶ HTTP //WWW PASSAVANT ORG

L Year of formation 2008 **M** State of legal domicile PA

K Form of organization Corporation Trust Association Other ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ACCESSIBLE DENTAL SERVICES (ADS) WAS ESTABLISHED TO ELIMINATE THE BARRIERS THAT RESULTED IN THE INABILITY OF INDIVIDUALS WITH DEVELOPMENTAL OR INTELLECTUAL DISABILITIES TO RECEIVE EQUITABLE DENTAL SERVICES ADS HAS ADVANCED PRACTICAL SOLUTIONS BY USING A COMBINATION OF FACILITY AND MOBILE BASED SERVICES QUALITY DENTAL CARE IS PROVIDED IN SAFE AND SECURE ENVIRONMENTS RESULTING IN UNSURPASSED CLINICAL OUTCOMES

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	5
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	2,269,697	2,739,365
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,269,697	2,739,365
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	370,746	394,582
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶200		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,835,542	1,795,921
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,206,288	2,190,503
19 Revenue less expenses Subtract line 18 from line 12	63,409	548,862

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	811,173	1,251,026
21 Total liabilities (Part X, line 26)	478,010	364,641
22 Net assets or fund balances Subtract line 21 from line 20	333,163	886,385

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2018-11-21
ROBERT DOUGHERTY CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: JEFFREY J PETRELL CPA
Preparer's signature: JEFFREY J PETRELL CPA
Date: 2018-11-20
Check if self-employed PTIN: P00138808
Firm's name: ARNETT CARBIS TOOTHMAN LLP Firm's EIN: 55-0486667
Firm's address: 5700 CORPORATE DRIVE STE 650
PITTSBURGH, PA 15237 Phone no: (412) 635-6270

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ACCESSIBLE DENTAL SERVICES (ADS) WAS ESTABLISHED TO ELIMINATE THE BARRIERS THAT RESULTED IN THE INABILITY OF INDIVIDUALS WITH DEVELOPMENTAL OR INTELLECTUAL DISABILITIES TO RECEIVE EQUITABLE DENTAL SERVICES ADS HAS ADVANCED PRACTICAL SOLUTIONS BY USING A COMBINATION OF FACILITY AND MOBILE BASED SERVICES QUALITY DENTAL CARE IS PROVIDED IN SAFE AND SECURE ENVIRONMENTS RESULTING IN UNSURPASSED CLINICAL OUTCOMES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,034,029 including grants of \$) (Revenue \$ 2,739,365)
See Additional Data

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

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

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

4e Total program service expenses ▶ 2,034,029

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (ROBERT L DOUGHERTY 100 PASSAVANT WAY PITTSBURGH, PA 15238 (412) 820-1010)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK WADDELL CHAIRMAN	0 30	X		X				0	0	0
(2) MARY ANN BOLLAND VICE CHAIRMAN	0 30	X		X				0	0	0
(3) PATTY EPPLEY BOARD MEMBER	0 30	X						0	0	0
(4) DEBBIE VOGEL BOARD MEMBER	0 30	X						0	0	0
(5) WENDY LONG BOARD MEMBER	0 30	X						0	0	0
(6) ROBERT DOUGHERTY CFO & CO-TREASURER	1 00 40 00			X				0	259,320	34,441
(7) CAROL GRANT VP OF BUSINESS OPER & VICE PRESIDENT	1 00 40 00			X				0	314,565	18,580
(8) GREG HERSHBERGER COO AND VICE PRESIDENT (UNTIL 9/8/17)	1 00 40 00			X				0	516,618	27,756
(9) LAWRENCE KUSHIK VP OF ADMIN & CO-SECRETARY	1 00 40 00			X				0	186,312	28,738
(10) LEWIS MINETT VP OF CORPORATE PROJECTS & CO-SECRETARY	1 00 40 00			X				0	151,762	19,206
(11) RICK SENFT CEO & PRESIDENT	1 00 40 00			X				0	853,803	43,987
(12) ZACHARY SENFT CHIEF OF STAFF AND CO-TREASURER	1 00 40 00			X				0	202,058	3,136
(13) BRENDA WYMAN VP OF OPER & CO-SEC (UNTIL 5/17/18)	1 00 40 00			X				0	175,080	7,036

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a DENTAL SERVICES REVENUE	Business Code	621300	2,739,365	2,739,365		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			2,739,365			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	b Less direct expenses b					
		c Net income or (loss) from fundraising events ▶					
		9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See Instructions ▶			2,739,365	2,739,365	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	308,360	308,360		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	4,264	4,264		
10 Payroll taxes.	81,958	81,958		
11 Fees for services (non-employees):				
a Management.	153,714		153,714	
b Legal.	2,560		2,560	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,336,385	1,336,385		
12 Advertising and promotion.	4,014	3,814		200
13 Office expenses.	35,760	35,760		
14 Information technology.	616	616		
15 Royalties.				
16 Occupancy.	63,065	63,065		
17 Travel.	26,264	26,264		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	8,306	8,306		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,636	18,636		
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a BAD DEBT	140,360	140,360		
b BANK FEES	3,465	3,465		
c MISCELLANEOUS	1,442	1,442		
d COMMUNICATIONS	1,334	1,334		
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	2,190,503	2,034,029	156,274	200
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,314	1	27,758
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	441,289	4	993,962
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,550	9	1,948
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 415,631		
	b Less accumulated depreciation	10b 304,828	60,610	10c 110,803
	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		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	303,410	15	116,555
16 Total assets. Add lines 1 through 15 (must equal line 34)	811,173	16	1,251,026	
Liabilities	17 Accounts payable and accrued expenses	238,641	17	165,979
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	239,369	25	198,662
	26 Total liabilities. Add lines 17 through 25	478,010	26	364,641
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	333,163	27	886,385
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	333,163	33	886,385
	34 Total liabilities and net assets/fund balances	811,173	34	1,251,026

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,739,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,190,503
3	Revenue less expenses Subtract line 2 from line 1	3	548,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	333,163
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	4,360
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	886,385

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 26-2432726

Name: ACCESSIBLE DENTAL SERVICES INC

Form 990 (2017)

Form 990, Part III, Line 4a:

ACCESSIBLE DENTAL SERVICES (ADS) PROVIDES QUALITY DENTAL CARE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND BEHAVIORAL HEALTH NEEDS. WE USE A COMBINATION OF FACILITIES-BASED SERVICES, ALONG WITH A MOBILE UNIT TO CREATE A SUPERIOR DENTAL EXPERIENCE FOR OUR PATIENTS. THE ADS PROFESSIONAL TEAM IS ABLE TO EXPERTLY ADDRESS THE UNIQUE ORAL HEALTH NEEDS OF INDIVIDUALS, WHO IN MANY CASES WOULD OTHERWISE NOT HAVE ACCESS TO QUALITY DENTAL CARE. THROUGH EXTENDED APPOINTMENT TIMES, SEATING CONTINGENT ON THE PATIENT'S NEEDS AND ADDITIONAL SUPPORT STAFF, ADS IS ABLE TO ELIMINATE THE ANXIETY THAT MANY INDIVIDUALS EXPERIENCE WHEN VISITING A DENTAL OFFICE. FOR MORE INFORMATION, PLEASE VISIT ACCESSIBLEDENTAL.ORG

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.
▶ 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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ACCESSIBLE DENTAL SERVICES INC

Employer identification number

26-2432726

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,809,268	2,238,517	1,893,330	2,269,697	2,642,464	10,853,276
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,809,268	2,238,517	1,893,330	2,269,697	2,642,464	10,853,276
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						10,853,276

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1,809,268	2,238,517	1,893,330	2,269,697	2,642,464	10,853,276
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,809,268	2,238,517	1,893,330	2,269,697	2,642,464	10,853,276
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 26-2432726

Name: ACCESSIBLE DENTAL SERVICES INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

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

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

Name of the organization
ACCESSIBLE DENTAL SERVICES INC

Employer identification number
26-2432726

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		42,322	10,095	32,227
c Leasehold improvements				
d Equipment		373,309	294,733	78,576
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				110,803

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM RELATED	116,555
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	116,555

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
NOTE PAYABLE	12,757
FNB LOANS	128,725
FNB LINE OF CREDIT	55,505
INTEREST RATE SWAP AGREEMENT	1,675
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	198,662

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	2,739,365
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,739,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,739,365

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

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

1	Total expenses and losses per audited financial statements		1	2,190,503
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,190,503
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,190,503

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 26-2432726

Name: ACCESSIBLE DENTAL SERVICES INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON ITS EXEMPT INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE THE ORGANIZATION FOLLOWS THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A CORPORATION'S FINANCIAL STATEMENTS THAT PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET THE GUIDANCE ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE MANAGEMENT HAS DETERMINED THAT THIS GUIDANCE HAD NO MATERIAL EFFECT ON THE FINANCIAL STATEMENTS THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN GENERAL AND ADMINISTRATIVE EXPENSES THERE WERE NO INTEREST OR PENALTIES RECOGNIZED ON THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AS A RESULT OF THIS GUIDANCE GENERALLY, TAX RETURNS FOR YEARS ENDED JUNE 30, 2015, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ACCESSIBLE DENTAL SERVICES INC

Employer identification number
26-2432726

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	Yes								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT DOUGHERTY CFO & CO-TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	236,340	11,700	11,280	9,382	25,059	293,761	0
2 CAROL GRANT VP OF BUSINESS OPER & VICE PRESIDEN	(i)	0	0	0	0	0	0	0
	(ii)	262,385	40,000	12,180	10,403	8,177	333,145	0
3 GREG HERSHBERGER COO AND VICE PRESIDENT (UNTIL 9/8/17	(i)	0	0	0	0	0	0	0
	(ii)	255,373	45,037	216,208	9,423	18,333	544,374	0
4 LAWRENCE KUSHIK VP OF ADMIN & CO- SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	168,064	8,320	9,928	6,671	22,067	215,050	0
5 LEWIS MINETT VP OF CORPORATE PROJECTS & CO-SECRET	(i)	0	0	0	0	0	0	0
	(ii)	132,162	10,000	9,600	6,116	13,090	170,968	0
6 RICK SENFT CEO & PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	656,798	63,498	133,507	21,920	22,067	897,790	0
7 ZACHARY SENFT CHIEF OF STAFF AND CO- TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	177,058	25,000	0	3,136	0	205,194	0
8 BRENDA WYMAN VP OF OPER & CO-SEC (UNTIL 5/17/18	(i)	0	0	0	0	0	0	0
	(ii)	157,560	7,800	9,720	6,254	782	182,116	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE CEO, COO AND CFO, AS WELL AS ALL OFFICERS AND KEY EMPLOYEES, ARE EMPLOYED BY PASSAVANT DEVELOPMENT CORPORATION. THE TOTAL COMPENSATION FOR EACH OF THESE EMPLOYEES IS ALLOCATED ACROSS 16 SUBSIDIARIES AND AFFILIATES, IN ACCORDANCE WITH A COMPREHENSIVE ALLOCATION PLAN APPROVED BY THE INDEPENDENT AUDITORS AND ADOPTED BY THE BOARD OF DIRECTORS. THE COMPREHENSIVE ALLOCATION PLAN IS REVIEWED ANNUALLY. IN ADDITION, THE FOLLOWING METHODS ARE USED TO ESTABLISH THE COMPENSATION OF THE CEO, COO, CFO AND THE OFFICERS AND KEY EMPLOYEES TO ENSURE THAT THE COMPANY IS IN ACCORDANCE WITH THE IRS GUIDELINES - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OF STUDY - APPROVAL BY THE EXECUTIVE COMMITTEE AND THE FULL BOARD OF DIRECTORS.
PART I, LINE 4B	PASSAVANT DEVELOPMENT CORPORATION, A RELATED FOR-PROFIT CORPORATION, CONTRIBUTED TO A SERP PLAN FOR THE FOLLOWING INDIVIDUALS IN ACCORDANCE WITH COMPENSATION STUDIES AND APPROVED BY THE BOARD OF DIRECTORS: ROBERT DOUGHERTY - \$4,680; CAROL GRANT - \$4,680; GREG HERSHBERGER - \$54,044; LAWRENCE KUSHIK - \$3,328; LEWIS MINETT - \$3,000; RICK SENFT - \$133,283; BRENDA WYMAN - \$3,120. THE STANDARD ANNUAL SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN CONTRIBUTION WAS DEPOSITED IN JANUARY 2017. THIS ACCOUNTS FOR ALL SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN COMPENSATION. THE SERP DEFERRALS AND WITHDRAWS ARE MANDATED BY EMPLOYMENT CONTRACTS.
PART I, LINE 6	BONUSES ARE BASED ON INDIVIDUAL PERFORMANCE TARGETS AND THE OPERATIONS OF PASSAVANT DEVELOPMENT CORPORATION. THE BONUSES ARE APPROVED BY THE FULL BOARD OF DIRECTORS.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ACCESSIBLE DENTAL SERVICES INC

Employer identification number

26-2432726

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	RICK SENFT AND ZACHARY SENFT HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACCESSIBLE DENTAL SERVICES' BOARD OF DIRECTORS ARE APPOINTED BY PASSAVANT MEMORIAL HOMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SUBJECT MATTERS OF THE POWERS RESERVED TO PASSAVANT MEMORIAL HOMES (PMH) ARE AS FOLLOWS (A) THE NUMBER OF DIRECTORS THAT WILL COMPRISE THE BOARD (B) THE RE-ELECTION OF MEMBERS OF THE BOARD OF DIRECTORS (C) THE ELECTION, RE-ELECTION, APPOINTMENT AND REAPPOINTMENT OF ALL OFFICERS (D) THE AMENDMENT, REVISION, OR RESTATEMENT OF THE CORPORATION'S ARTICLES OF INCORPORATION AND/OR BYLAWS (E) THE ADOPTION OR CHANGE IN THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION (F) THE CHANGE IN GENERAL STRUCTURE OF THE CORPORATION AS VOLUNTARY, NONPROFIT CORPORATION (G) THE DISSOLUTION, DIVISION, CONVERSION OR LIQUIDATION OF THE CORPORATION, THE CONSOLIDATION OR MERGER OF THE CORPORATION WITH ANOTHER CORPORATION OR ENTITY, OR THE ACQUISITION OF SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER CORPORATION OR ENTITY, SUBJECT TO THE PROVISIONS OF THE ARTICLES OF INCORPORATION (H) THE CORPORATION'S BORROWING OF MONEY, ISSUANCE OF INDEBTEDNESS AND/OR INCURRENCE OF GUARANTEES, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS, AND WHETHER OR NOT SUCH BORROWINGS OR GUARANTEES ARE TO BE SECURED BY MORTGAGE, PLEDGE, OR OTHER LIEN ON THE CORPORATION'S CURRENT OR FUTURE REAL PROPERTY, PERSONAL PROPERTY OR ENDOWMENT FUNDS (I) APPROVAL OF THE ANNUAL CAPITAL AND OPERATING BUDGETS OF THE CORPORATION, AND ANY AMENDMENTS THERETO (J) APPROVAL OF ANY CHARITABLE DONATION, OTHER THAN TO PMH, BY THE CORPORATION IN AN AMOUNT EXCEEDING \$5,000 PER DONATION OR IN AMOUNT EXCEEDING \$25,000 IN THE AGGREGATE DURING ANY ONE FISCAL YEAR (K) APPROVAL OF ANY TRANSFER OF ASSETS OTHER THAN CHARITABLE DONATIONS OF THE CORPORATION'S ASSETS UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S APPROVED BUDGETS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE - INTEREST RATE SWAP 4,360

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	ACCESSIBLE DENTAL SERVICES HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>ARTICLES FROM ANNUAL REPORT</p>	<p>CEO ARTICLE - ACHIEVING QUALITY AND CONNECTING WITH OUR COMMUNITY THROUGH THE DEDICATED EFFORTS OF OUR STAFF AND BUSINESS PARTNERS, AND WITH THE GUIDANCE AND SUPPORT OF OUR DEVOTED BOARDS OF DIRECTORS, PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES ("PMHFOS") HAS BEEN ABLE TO ACCOMPLISH A NUMBER OF GROUNDBREAKING ACHIEVEMENTS IN 2017 AS ALWAYS, IT IS MY PLEASURE AND HONOR TO BE ABLE TO BRING YOU THIS ANNUAL MESSAGE AS CEO AND PRESIDENT, AND REPORT ON JUST SOME OF THE CREATIVE WAYS THAT OUR ORGANIZATIONS ARE ABLE TO WORK COLLABORATIVELY TO PROVIDE A HOLISTIC ARRAY OF SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND BEHAVIORAL HEALTH NEEDS OUR ENDURING MISSION IS TO PROVIDE THE HIGHEST QUALITY OF SERVICES TO ALL OF THE INDIVIDUALS, FAMILIES, AND AGENCIES THAT WE ARE PRIVILEGED TO SERVE, AND FACILITATE OPPORTUNITIES FOR EACH INDIVIDUAL TO LIVE SUCCESSFULLY WITHIN HIS/HER COMMUNITY THROUGH THE COMBINED EFFORTS OF PASSAVANT MEMORIAL HOMES ("PMH"), PASSAVANT DEVELOPMENT CORPORATION ("PDC"), LIFE ENRICHMENT TRUST ("LET"), AND ACCESSIBLE DENTAL SERVICES ("ADS"), WE HAVE BEEN ABLE TO ADVANCE THIS MISSION DURING THE LATEST CALENDAR YEAR AND ARE POSITIONED FOR CONTINUED PROGRESS AS WE MOVE INTO 2018 IT WAS PMH THAT EXPERIENCED THE MOST SIGNIFICANT GROWTH DURING THE COURSE OF THE PAST YEAR, WITH RESIDENTIAL SERVICES COMMENCING OUTSIDE OF THE COMMONWEALTH OF PENNSYLVANIA FOR THE VERY FIRST TIME THREE (3) COMMUNITY HOMES WERE OPENED WITHIN THE STATE OF DELAWARE, WITH NINE (9) INDIVIDUALS BEING SERVED THIS MILESTONE WAS DERIVED FROM THE EXCELLENT RELATIONSHIP THAT HAS FORMED BETWEEN DELAWARE DIVISION OF DISABILITY SERVICES ("DDDS") LEADERSHIP AND PMH, AND WAS MADE POSSIBLE ACROSS A SHORTENED TRANSITION TIMELINE THROUGH AN EXCEPTIONAL DISPLAY OF TEAMWORK AND ORGANIZATION IN LESS THAN TWO (2) MONTHS, PMH WAS ABLE TO PURCHASE AND OUTFIT ALL OF THE RESIDENTIAL PROPERTIES, HIRE AND TRAIN ALL EMPLOYEES, AND MOST IMPORTANTLY GET TO KNOW ALL OF THE NEEDS AND WANTS OF THE INDIVIDUALS WHO SELECTED PASSAVANT AS THEIR NEW SERVICE PROVIDER YET FURTHER EVIDENCE OF PMH'S WILLINGNESS AND ABILITY TO ASSIST STATE AND COUNTY ENTITIES WITH TRANSITIONING CARE FOR INDIVIDUALS IN NEED OF SERVICES IS PMH'S SELECTION AS THE PROVIDER TO TRANSITION RESIDENTIAL SERVICES FROM CORNERSTONE COMMUNITY SERVICES, FORMERLY PART OF BEDFORD-SOMERSET DEVELOPMENTAL AND BEHAVIORAL HEALTH SERVICES ("DBHS") AFTER A COMPREHENSIVE REQUEST FOR PROPOSAL PROCESS, PMH WAS AWARDED THE OPPORTUNITY TO SERVE 19 INDIVIDUALS ACROSS EIGHT (8) RESIDENTIAL GROUP HOMES WITHIN THE COUNTIES OF BEDFORD AND SOMERSET THROUGH AN OVERABUNDANCE OF COMMUNICATION, THIS TRANSITION OCCURRED SUCCESSFULLY WITH MINIMAL DISRUPTION TO THE INDIVIDUALS RECEIVING SERVICES THESE TWO (2) EXPANSION OPPORTUNITIES ARE REPRESENTATIVE OF PMH'S TRACK RECORD OF SUCCESS IN PROVIDING RESIDENTIAL SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES, AND SPEAK TO THE COMMITMENT AND SKILL OF PMH'S LEADERSHIP TEAM AND DIRECT SERVICE</p>

990 Schedule O, Optional Information

Return Reference	Explanation
ARTICLES FROM ANNUAL REPORT	<p>PROFESSIONALS, WHOM I AM TRULY GRATEFUL FOR PDC'S PHARMACY OPERATIONS HAVE ALSO EXPERIENCED A YEAR FULL OF TRANSITIONS AND ACCOMPLISHMENTS SUCH THAT PDC IS NOW, MORE THAN EVER BEFORE, PRIMED TO BE ABLE TO OFFER SPECIALIZED PHARMACY SERVICES THAT EXCEED THE EXPECTATIONS OF PROVIDER AGENCIES SERVING INDIVIDUALS WITH INTELLECTUAL DISABILITIES PDC CONTINUES TO DEVELOP EFFICIENCIES AND FIND WAYS TO MORE EFFECTIVELY TAILOR ITS OFFERINGS THROUGH CUSTOMIZED PRESCRIPTION LABELLING, PACKAGING, AND DISPENSING METHODS, WHICH ENABLE THEIR CUSTOMERS TO COMPLY WITH ALL SPECIFIC MEDICATION ADMINISTRATION REQUIREMENTS IN AN EFFORT TO MORE SPECIFICALLY FOCUS PDC'S EFFORTS TOWARDS MEETING THE PHARMACEUTICAL NEEDS OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES, OPERATIONS AT THE KANSAS CITY, MO, PHARMACY LOCATION WERE CURTAILED THIS DECISION IS DEMONSTRATIVE OF PDC'S UNWAVERING COMMITMENT TO SERVING THE INTELLECTUAL DISABILITIES COMMUNITY, AND ALLOWS PDC TO EXCLUSIVELY ADDRESS THE UNIQUE NEEDS OF AGENCIES THAT SUPPORT INDIVIDUALS WITH INTELLECTUAL DISABILITIES FROM ITS LOCATIONS IN PITTSBURGH, PA, NORRISTOWN, PA, AND BOULDER, CO THIS COMMITMENT IS ALSO DISPLAYED THROUGH PDC'S COMMENCEMENT OF THE PROCESS TO BECOME AN ACCREDITED LONG-TERM CARE AND SPECIALTY PHARMACY, WHICH WILL RECOGNIZE PDC AS A PHARMACY THAT PROVIDES THE HIGHEST-QUALITY SERVICE THROUGH COMPLIANCE WITH NATIONAL REGULATIONS SIGNIFICANT OPERATIONAL EFFICIENCIES WERE ALSO IMPLEMENTED ACROSS LET OVER THE COURSE OF THE PAST YEAR, ALL WITH THE INTENTION OF PRESERVING OUR BENEFICIARIES' ELIGIBILITY TO RECEIVE THE GOVERNMENT BENEFITS FOR WHICH THEY ARE ENTITLED LET NOW PROVIDES TRUSTEE SERVICES TO OVER 2,000 INDIVIDUALS THROUGH THE ADMINISTRATION OF A VARIETY OF TRUST MECHANISMS INCLUDING POOLED, PAYBACK, AND THIRD-PARTY TRUSTS, WHICH ALL ACT TO SAFEGUARD AN INDIVIDUAL'S ASSETS, WHILE AFFORDING THEM THE ABILITY TO ACCESS THEIR FUNDS TO PURCHASE ITEMS/SERVICES THAT ARE NOT COVERED BY MEDICAL ASSISTANCE, SOCIAL SECURITY DISABILITY INSURANCE, AND/OR SUPPLEMENTAL SECURITY INCOME LET IS DEDICATED TO MAXIMIZING OUR BENEFICIARY'S FINANCIAL INDEPENDENCE, AND THIS IS EXEMPLIFIED BY LET'S ABILITY TO EXPEDITE DISTRIBUTIONS FROM OUR BENEFICIARIES' TRUST ACCOUNTS BY IMPLEMENTING AN ELECTRONIC STORAGE SYSTEM, OUR TRUST SERVICE ASSISTANTS ARE ABLE TO INSTANTANEOUSLY ACCESS CRITICAL INFORMATION PERTAINING TO EACH BENEFICIARY REQUESTING FUNDS, AND THEREFORE ASSES THEIR SPECIFIC CIRCUMSTANCES AND MAKE A DETERMINATION AS TO WHETHER IT IS AN ELIGIBLE DISTRIBUTION THAT CAN BE PROCESSED ADS CONTINUES TO PROVIDE A MUCH NEEDED OPTION TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND THEIR FAMILIES AND/OR PROVIDER AGENCIES WHO ARE SEEKING SPECIALIZED AND COMPASSIONATE DENTAL CARE SERVING OVER 3,000 PATIENTS, ADS OPERATES DENTAL CLINICS ACROSS THE COMMONWEALTH OF PENNSYLVANIA IN BOTH IV SEDATION AND NON-SEDATION SETTINGS OUR CLINICAL TEAM, IN CONJUNCTION WITH OUR DEDICATED DENTIST AND ANESTHESIOLOGIST PARTNERS, IS ABLE TO CRE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
ARTICLES FROM ANNUAL REPORT	<p>ATE A SETTING THAT HELPS ALLEVIATE THE FEAR AND ANXIETY THAT VISITING A DENTAL OFFICE CAN EVOKE TO FURTHER CREATE ACCESS TO THE QUALITY DENTAL CARE THAT INDIVIDUALS WITH INTELLECTUAL DISABILITIES DESERVE, ADS ALSO DEPLOYS A MOBILE DENTAL UNIT TO TREAT PATIENTS FROM REMOTE AREAS. ADDITIONALLY, ADS IS COMMITTED TO PROVIDING OPPORTUNITIES FOR ASPIRING DENTISTS TO GAIN EXPERIENCE WITH TREATING THE UNIQUE DENTAL NEEDS OF THIS POPULATION THROUGH A RELATIONSHIP WHERE UNIVERSITY OF PITTSBURGH DENTAL SCHOOL STUDENTS CAN COMPLETE ROTATIONS AT ADS CLINICS AND LEARN FROM OUR EXPERT DENTAL TEAM. EDUCATION AND COMMUNITY INCLUSION IS A CONSTANT THEME ACROSS ALL OF THE PMHFOS ORGANIZATIONS, AND THE PASSAVANT MEMORIAL HOMES FOUNDATION ("PMHF") HAS ONCE AGAIN LED THE WAY IN THIS REGARD WITH A VARIETY OF INITIATIVES. THE ANNUAL PMHF GOLF OUTING CELEBRATED ITS 25TH YEAR, AND THE PMHF BENEFIT BASH WAS ONCE AGAIN A HUGE SUCCESS, TO HIGHLIGHT JUST TWO. BOTH OF THESE EVENTS HELPED TO RAISE AWARENESS AND FUNDS FOR SPECIFIC PROJECTS TO ENHANCE THE SERVICES INDIVIDUALS WITH INTELLECTUAL DISABILITIES RECEIVE. TO ALL OF THOSE WHO SUPPORTED THE PMHF INITIATIVES THROUGHOUT THE PAST YEAR, AND CONTINUE TO ASSIST WITH ADVANCING THE BROADER MISSION OF THE PMHFOS, WE ARE TRULY GRATEFUL. WE HAVE THE PRIVILEGE TO SERVE OTHERS, PROMOTE INDIVIDUALITY, ACHIEVE QUALITY, AND CONNECT WITH OUR COMMUNITY. LOOKING AHEAD TO 2018, WE RELISH THE OPPORTUNITIES AND CHALLENGES THAT WE WILL BE PRESENTED WITH AND WILL WORK TIRELESSLY TO CONTINUE TO PROVIDE THE HIGHEST QUALITY OF SERVICES TO ALL OF THE INDIVIDUALS THAT WE ARE PRIVILEGED TO SUPPORT. I APPRECIATE YOUR INTEREST IN OUR ORGANIZATION AND LOOK FORWARD TO WORKING WITH YOU IN THE COMING YEAR AS WE STRIVE TO EXCEED INDIVIDUAL AND FAMILY EXPECTATIONS. MAY GOD'S BLESSINGS BE WITH YOU. RICK D. SENFT, CEO AND PRESIDENT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
ARTICLES FROM ANNUAL REPORT	<p>BOARD CHAIR ARTICLE - SERVING OTHERS AND PROMOTING INDIVIDUALITY 2017 REPRESENTED ANOTHER YEAR FOR WHICH I AM EXTREMELY PROUD OF THE PROGRESS PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES ("PMHFOS") WAS ABLE TO MAKE TOWARDS PROVIDING INNOVATIVE SUPPORTS TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND BEHAVIORAL HEALTH NEEDS AS BOARD CHAIR, I AM HONORED TO BE ABLE TO REPRESENT AN ORGANIZATION THAT SHOWS SUCH A COMMITMENT TO SERVING OTHERS THE PAST YEAR CERTAINLY BROUGHT WITH IT A VARIETY OF CHANGES AND CHALLENGES, AND IT IS SAFE TO SAY THAT UNDER RICK SENFT'S LEADERSHIP, PMHFOS HAS NOT ONLY BEEN ABLE TO RESPOND TO THESE CHALLENGES, BUT HAS BEEN ABLE TO FLOURISH I AM PRIVILEGED TO BE ABLE TO SHARE MY THOUGHTS THROUGH THIS ANNUAL MESSAGE AND AM ABLE TO SAY WITH GREAT CONFIDENCE THAT PMHFOS ENTERS THE NEW CALENDAR YEAR WITH A RENEWED FOCUS UPON PROMOTING INDIVIDUALITY AND ADVANCING THE ORGANIZATIONS' COLLECTIVE MISSION IN REFLECTING BACK UPON THE PAST YEAR'S ACCOMPLISHMENTS, THERE WERE A NUMBER OF SIGNIFICANT ACHIEVEMENTS THAT I COULD CALL ATTENTION TO, AS THEY ALL SPEAK TO HOW THE SERVICES THAT ARE PROVIDED ACROSS PMHFOS BENEFIT THE LIVES OF THOUSANDS OF VULNERABLE INDIVIDUALS AND PROVIDE SOLUTIONS TO A WIDE ARRAY OF COUNTY AND GOVERNMENT INITIATIVES HOWEVER, TO HIGHLIGHT ONE IN PARTICULAR, I WOULD LIKE TO RECOGNIZE THAT FOR THE FIRST TIME IN THIS ORGANIZATION'S 122-YEAR HISTORY, THE PROVISION OF RESIDENTIAL SERVICES COMMENCED TO INDIVIDUALS RESIDING OUTSIDE THE COMMONWEALTH OF PENNSYLVANIA THREE (3) COMMUNITY LIVING ARRANGEMENTS WERE OPENED TO SUPPORT NINE (9) INDIVIDUALS TRANSITIONING FROM ANOTHER PROVIDER AGENCY WITHIN THE STATE OF DELAWARE THIS OPPORTUNITY IS ONE THAT NOT ONLY REPRESENTS PASSAVANT MEMORIAL HOMES' ("PMH") ABILITY TO PROVIDE QUALITY SERVICES, BUT ALSO HOW THE STRUCTURE AND SYSTEMS PMH UTILIZES ARE ABLE TO BE SUCCESSFULLY REPLICATED ACROSS A VARIETY OF RESIDENTIAL MODELS AND GOVERNING REGULATIONS PMHFOS RELISHES OPPORTUNITIES SUCH AS THIS TO ENTER INTO NEW TERRITORIES AND OFFER OUR HOLISTIC ARRAY OF SERVICES TO THOSE IN NEED BE ASSURED THAT AS AN ORGANIZATION, PMHFOS DOES NOT TAKE THESE OPPORTUNITIES LIGHTLY, AND RECOGNIZES THE SIGNIFICANT AMOUNT OF PREPARATION AND PLANNING THAT IS NECESSARY TO ENSURING THE QUALITY OF SERVICES PROVIDED ARE OF THE HIGHEST LEVEL FROM THAT PERSPECTIVE, AS BOARD CHAIR, I AM TRULY GRATEFUL FOR ALL OF THE EFFORTS THAT EACH AND EVERY PMHFOS EMPLOYEE GIVES TOWARD MAKING THESE OPPORTUNITIES A REALITY THE TEAMWORK AND DEDICATION OUR STAFF DISPLAY IN ORDER TO ENSURE THAT EVERY INDIVIDUAL WE PROVIDE SERVICES TO IS ACCOMMODATED AND EMPOWERED TO SUCCEED IS MOST REMARKABLE TO ME IN ADDITION TO PMH, THROUGH THE ACTIVITIES OF PASSAVANT DEVELOPMENT CORPORATION'S PHARMACY LOCATIONS, THE LIFE ENRICHMENT TRUST'S ADMINISTRATION OF TRUSTS, AND ACCESSIBLE DENTAL SERVICES' OPERATION OF DENTAL CLINICS, OVER 11,000 INDIVIDUALS WITH INTELLECTUAL DISABILITIES HAVE RECEIVED SERVICES ACROSS THIS CALENDAR YEAR THIS,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
ARTICLES FROM ANNUAL REPORT	<p>I BELIEVE, SPEAKS TO PMHFOS'S COMMITMENT TO MAXIMIZING ACCESSIBILITY OF SERVICES AND TO OUR ABILITY TO TAILOR SERVICE OFFERINGS TO MEET EACH INDIVIDUAL'S UNIQUE NEEDS. ANOTHER ASPECT OF PMHFOS'S COLLECTIVE MISSION THAT HAS TAKEN SIGNIFICANT STEPS FORWARD OVER THE PAST YEAR IS THE FACILITATION OF COMMUNITY INCLUSION AND EDUCATION. ALTHOUGH THIS HAS ALWAYS BEEN A FOUNDATIONAL PILLAR THAT HAS GOVERNED HOW THE SERVICES WE PROVIDE ARE OFFERED, IT GIVES ME GREAT SATISFACTION TO SEE THAT WE ARE ALIGNED WITH THE COMMONWEALTH OF PENNSYLVANIA'S EMPHASIS ON COMMUNITY PARTICIPATION. RECOGNIZING AND ENCOURAGING EVERY INDIVIDUAL'S ABILITY TO PARTICIPATE IN AND ENJOY COMMUNITY ACTIVITIES IS SOMETHING THAT I HAVE PERSONALLY EXPERIENCED THROUGH THE PASSAVANT MEMORIAL HOMES FOUNDATION'S ANNUAL GOLF OUTING, BENEFIT BASH, AND JAMIE ELLENBERGER SCHOLARSHIP. MY COLLEAGUES AND I WHO ARE PRIVILEGED TO SERVE ON THE VARIOUS PMHFOS BOARDS OF DIRECTORS ARE GREATLY APPRECIATIVE TO ALL OF THE DEDICATED BUSINESS PARTNERS AND SUPPORTERS WHO ASSIST US IN ADVANCING THE COLLECTIVE PMHFOS INITIATIVES. I AM ALSO SINCERELY GRATEFUL FOR ALL OF THE GUIDANCE AND INSIGHT THAT OUR BOARD MEMBERS OFFER THROUGHOUT THE YEAR TO SUPPORT RICK AND HIS LEADERSHIP TEAM IN THEIR EFFORTS TO FORGE AHEAD IN DELIVERING QUALITY SERVICES TO AN EVER-INCREASING NUMBER OF INDIVIDUALS. SERVING OTHERS AND PROMOTING INDIVIDUALITY ENCOMPASSES ALL THAT PMHFOS STRIVES TO ACHIEVE, AND I AM EXCITED TO SEE WHAT 2018 MAY BRING IN THE PURSUIT OF THIS VISION. THANK YOU AND MAY GOD BLESS YOU ALWAYS, HAZEL SHEFFIELD BOARD CHAIR</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ACCESSIBLE DENTAL SERVICES INC

Employer identification number

26-2432726

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PASSAVANT DEVELOPMENT CORPORATION 100 PASSAVANT WAY PITTSBURGH, PA 15238 23-2950006	BUSINESS SERVICES	PA	PASSAVANT MEMORIAL HOMES INC	C					No
(2) PDC PHARMACY COLORADO INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 27-0450590	SALES OF PHARMACOLOGICALS	PA	PASSAVANT MEMORIAL HOMES INC	C					No
(3) VALLEY PRESCRIPTION SERVICES INC 100 PASSAVANT WAY PITTSBURGH, PA 15238 43-1495148	SALES OF PHARMACOLOGICALS	PA	PASSAVANT MEMORIAL HOMES INC	C					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 26-2432726
Name: ACCESSIBLE DENTAL SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1768224	TO FUND THE WORKERS COMPENSATION TRUST	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1891795	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1891797	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1891798	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 30-0223116	TO LEGALLY PRESERVE ASSETS FOR DISABLED INDIVIDUALS	PA	501(C)(3)	LINE 12A, I	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 20-0672805	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 20-0672875	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 20-0672915	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 20-2340470	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 20-2340513	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 20-8205630	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 20-8207234	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 26-1631009	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1869155	FUNDRAISING OPERATIONS OF PASSAVANT MEMORIAL HOMES	PA	501(C)(3)	LINE 7	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 25-1021794	AID TO THOSE WITH DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH	PA	501(C)(3)	LINE 10			No
100 PASSAVANT WAY PITTSBURGH, PA 15238 26-4399316	TO DEVELOP AND OPERATE REAL ESTATE TO HOUSE MH/MR CONSUMERS	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 45-4279696	TO PROVIDE HEALTH SERVICES TO THOSE WITH DISABILITIES	PA	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No
100 PASSAVANT WAY PITTSBURGH, PA 15238 47-3942494	TO LEGALLY PRESERVE ASSETS FOR DISABLED INDIVIDUALS	NJ	501(C)(3)	LINE 10	PASSAVANT MEMORIAL HOMES INC		No