

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. ALBRIGHT CARE SERVICES	Taxpayer identification number (TIN) 23-1887138
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5285 WESTVIEW DRIVE, 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICK, MD 21703	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ANDREW JEANNERET**
5285 WESTVIEW DRIVE - FREDERICK, MD 21703

Telephone No. **(301) 250-2100** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALBRIGHT CARE SERVICES		D Employer identification number 23-1887138
	Doing business as RIVERWOODS, NORMANDIE RIDGE, ALB		E Telephone number 570-522-3880
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 77,960,097.
	5285 WESTVIEW DRIVE	200	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code FREDERICK, MD 21703		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: SHAUN T. SMITH SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ALBRIGHTCARE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1912
			M State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EXPLORING POSSIBILITIES TO LIVE YOUR BEST LIFE BY DOING ALL THE GOOD WE CAN WITH INTEGRITY,		
	2 Check this box <input type="checkbox"/> 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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	59
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,470,640.	4,344,375.
	9 Program service revenue (Part VIII, line 2g)	60,438,867.	67,411,272.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-801,901.	-210,808.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,556.	2,556.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,110,162.	71,547,395.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	798,571.	733,819.
	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)	25,716,250.	29,878,881.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 439,433.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,927,060.	48,082,128.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,441,881.	78,694,828.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,331,719.	-7,147,433.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 94,874,527.	End of Year 105,663,548.
	21 Total liabilities (Part X, line 26)	72,206,408.	85,426,306.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,668,119.	20,237,242.

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	DocuSigned by: <i>Andrew Jeanneret</i>	Date			
	Signature of officer ANDREW JEANNERET, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name JOHN NORMAN	Preparer's signature JOHN NORMAN	Date 11/05/24	Check if self-employed <input type="checkbox"/>	PTIN P01506766
	Firm's name CLIFTONLARSONALLEN LLP	Firm's address 227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202	Firm's EIN 41-0746749	Phone no. 704-998-5200	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO CREATE THE HIGHEST QUALITY OF LIFE BY ENCOURAGING PURPOSEFUL LIVING THROUGH PERSONALIZED, PROGRESSIVE, AND COMPASSIONATE COMMUNITIES DEEPLY ROOTED IN SERVING OTHERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 22,664,848. including grants of \$ 0.) (Revenue \$ 26,908,598.) LIFE (LIVING INDEPENDENTLY FOR ELDER) IS PENNSYLVANIA'S VERSION OF THE NATIONALLY-RECOGNIZED PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE).

4b (Code:) (Expenses \$ 21,306,886. including grants of \$ 221,063.) (Revenue \$ 21,512,192.) RIVERWOODS SENIOR COMMUNITY CONSISTS OF THE FOLLOWING:

SKILLED NURSING FACILITY: SKILLED NURSING FACILITY FOR OLDER ADULTS WITH 119 TOTAL BEDS PROVIDING 33,604 DAYS OF SERVICE IN 2023. \$7,650,039 OF CONTRACUAL ALLOWANCES WERE PROVIDED TO RESIDENTS OF THE SNF IN 2023.

RESIDENTIAL LIVING FACILITY: OPERATION OF 130 RESIDENTIAL LIVING UNITS FOR OLDER ADULTS, PROVIDING 44,263 DAYS OF SERVICE IN 2023. \$0 OF BENEVOLENT CARE AND \$1,850 OF CONTRACTUAL ALLOWANCES WERE PROVIDED TO RESIDENTIAL LIVING RESIDENTS DURING 2023.

4c (Code:) (Expenses \$ 17,592,008. including grants of \$ 512,756.) (Revenue \$ 18,990,482.) NORMANDIE RIDGE COMMUNITY CONSISTS OF THE FOLLOWING:

SKILLED NURSING FACILITY: SKILLED NURSING FACILITY FOR OLDER ADULTS WITH 64 TOTAL BEDS PROVIDING 21,966 DAYS OF SERVICE IN 2023. \$3,379,130 OF CONTRACUAL ALLOWANCES WERE PROVIDED TO RESIDENTS OF THE SNF IN 2023.

RESIDENTIAL LIVING FACILITY: OPERATION OF 154 RESIDENTIAL LIVING UNITS FOR OLDER ADULTS, PROVIDING 53,610 DAYS OF SERVICE IN 2023. \$2,470 OF CONTRACTUAL ALLOWANCES WERE PROVIDED TO RESIDENTIAL LIVING RESIDENTS DURING 2023.

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

4e Total program service expenses 61,563,742.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 170	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	10	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	10	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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
ANDREW JEANNERET - (301)250-2100
5285 WESTVIEW DRIVE, FREDERICK, MD 21703

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANDREW JEANNERET TREASURER	1.00 39.00			X				0.	580,617.	36,244.
(2) ANDREW JOSEPH SECRETARY	1.00 39.00			X				0.	441,003.	29,015.
(3) SHAUN T. SMITH PRESIDENT	1.00 39.00			X				0.	374,850.	40,149.
(4) DON NGUYEN MEDICAL DIRECTOR	40.00 0.00					X		0.	252,590.	35,004.
(5) CHRISTOPHER MORELLO VICE PRESIDENT	40.00 0.00					X		0.	173,367.	31,858.
(6) AARON BARTH EXECUTIVE DIRECTOR (RW)	40.00 0.00			X				0.	158,285.	30,880.
(7) LAUREN DIETER EXECUTIVE DIRECTOR (NR)	40.00 0.00			X				0.	173,259.	15,608.
(8) LOUISE SHIVELY VICE PRESIDENT	40.00 0.00					X		0.	168,927.	15,618.
(9) FRANCINE ASHBY VICE PRESIDENT	40.00 0.00					X		0.	150,286.	23,359.
(10) JOHN T. BLESSING ASST TREASURER	40.00 0.00			X				0.	145,793.	23,036.
(11) KRYSTAL BEITZ PHARMACY MANAGER	40.00 0.00					X		0.	148,192.	6,822.
(12) CAROL A. KLOSE ASST SECRETARY	40.00 0.00			X				0.	76,018.	21,766.
(13) DALE MOYER CHAIR	1.00 0.00	X		X				0.	0.	0.
(14) ERIC M. RASKI VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(15) HOWARD C. BERTHOLD, JR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MONTE FOOR DIRECTOR	3.00 0.00	X						0.	0.	0.
(17) LARRY KEMMERER DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) DIANE MCELWAIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) NANCY STORY SOMERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) STEVE TAKACH DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) GRETCHEN M. WAGONER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) BRIAN L. WOLFE DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	2,843,187.	309,359.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	2,843,187.	309,359.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 36

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE WILLIAMSPORT HOSPITAL 700 HIGH STREET, WILLIAMSPORT, PA 17701	HOSPITAL & REHABILITATIVE SERVIC	902,179.
LANCASTER GENERAL HOSPITAL P.O. BOX 3077, LANCASTER, PA 17604	HOSPITAL & REHABILITATIVE SERVIC	814,296.
CARING FOR YOU, 1466 WASHINGTON BLVD, WILLIAMSPORT, PA 17701	HOME HEALTH CARE SERVICES	477,922.
NEFFSVILLE NURSING AND REHABILITATION 2829 LITITZ PIKE, LANCASTER, PA 17601-3321	NURSING & REHABILITATIVE SERVIC	468,147.
GOOD SAMARITAN HOSPITAL P.O. BOX 645983, CINCINNATI, OH 45264-5986	HOSPITAL & REHABILITATIVE SERVIC	390,226.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		14

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	530,216.				
	e	Government grants (contributions)	1e	3,814,159.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		4,344,375.				
Program Service Revenue	2 a	NET RESIDENT & CLIENT SERVICE REV	Business Code 623000	63,045,363.	63045363.			
	b	AMORTIZATION OF ENTRANCE FEES	623000	3,594,713.	3,594,713.			
	c	OTHER OPERATING REVENUE	623000	771,196.	771,196.			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		67,411,272.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		981,398.			981,398.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	3,600.				
			(ii) Personal					
	b	Less: rental expenses	6b	1,044.				
	c	Rental income or (loss)	6c	2,556.				
	d	Net rental income or (loss)		2,556.			2,556.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	5,219,452.				
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b	5,905,863.	505,795.			
c	Gain or (loss)	7c	-686,411.	-505,795.				
d	Net gain or (loss)		-1,192,206.			-1192206.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			71,547,395.	67411272.	0.	-208,252.	

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	733,819.	733,819.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,824,176.	18,921,984.	4,544,829.	357,363.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	583,359.	449,611.	133,748.	
9 Other employee benefits	3,437,672.	2,390,851.	995,256.	51,565.
10 Payroll taxes	2,033,674.	1,643,852.	359,317.	30,505.
11 Fees for services (nonemployees):				
a Management	5,107,085.		5,107,085.	
b Legal	248,960.		248,960.	
c Accounting	40,606.		40,606.	
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 Sch O.)	4,127,659.	4,120,874.	6,785.	
12 Advertising and promotion	123,797.	2,349.	121,448.	
13 Office expenses	5,353,765.	3,483,468.	1,870,297.	
14 Information technology	1,587,743.	19,371.	1,568,372.	
15 Royalties				
16 Occupancy	1,726,174.	1,726,174.		
17 Travel	215,591.	130,315.	85,276.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	1,300,163.	1,300,163.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,574,010.	5,574,010.		
23 Insurance	677,083.		677,083.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL & PHARMACY SUPP	16,593,307.	16,578,333.	14,974.	
b REPAIRS & MAINTENANCE	2,156,193.	2,086,854.	69,339.	
c FOOD	1,422,933.	1,422,933.		
d OTHER EXPENSES	1,323,593.	946,506.	377,087.	
e All other expenses	503,466.	32,275.	471,191.	
25 Total functional expenses. Add lines 1 through 24e	78,694,828.	61,563,742.	16,691,653.	439,433.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,950,384.	1	7,224,957.
	2 Savings and temporary cash investments	2,214,813.	2	2,454,417.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,980,540.	4	3,152,614.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	102,400.
	8 Inventories for sale or use	1,067,685.	8	1,122,763.
	9 Prepaid expenses and deferred charges	981,189.	9	541,062.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 123,483,802.		
	b Less: accumulated depreciation	10b 70,069,626.		
	11 Investments - publicly traded securities	55,157,784.	10c	53,414,176.
	12 Investments - other securities. See Part IV, line 11	16,165,527.	11	18,351,564.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	1,160,099.
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,356,605.	15	18,139,496.	
	94,874,527.	16	105,663,548.	
Liabilities	17 Accounts payable and accrued expenses	1,173,534.	17	1,528,253.
	18 Grants payable		18	
	19 Deferred revenue	21,036,990.	19	23,437,947.
	20 Tax-exempt bond liabilities	19,565,092.	20	18,143,129.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	30,430,792.	25	42,316,977.
	26 Total liabilities. Add lines 17 through 25	72,206,408.	26	85,426,306.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,681,385.	27	9,334,402.
	28 Net assets with donor restrictions	9,986,734.	28	10,902,840.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,668,119.	32	20,237,242.
33 Total liabilities and net assets/fund balances	94,874,527.	33	105,663,548.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,547,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,694,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,147,433.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,668,119.
5	Net unrealized gains (losses) on investments	5	2,669,861.
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 on Schedule O)	9	2,046,695.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,237,242.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
--	--

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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); 13 First 5 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10% -facts-and-circumstances test - 2023; b 10% -facts-and-circumstances test - 2022; 18 Private foundation.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	646,579.	3462526.	6457360.	4470640.	4344375.	19381480.
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	50820791.	55177952.	53960685.	60438867.	67411272.	287809567
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	51467370.	58640478.	60418045.	64909507.	71755647.	307191047
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		13,815.	36,725.	12,082.	21,152.	83,774.
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		13,815.	36,725.	12,082.	21,152.	83,774.
8 Public support. (Subtract line 7c from line 6.)						307107273

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	51467370.	58640478.	60418045.	64909507.	71755647.	307191047
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	185,507.	914,287.	908,140.	446,644.	984,998.	3439576.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	185,507.	914,287.	908,140.	446,644.	984,998.	3439576.
11 Net income from unrelated business activities not included on 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.)	79,071.					79,071.
13 Total support. (Add lines 9, 10c, 11, and 12.)	51731948.	59554765.	61326185.	65356151.	72740645.	310709694

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	98.84 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	98.91 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	1.11 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.92 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

ALBRIGHT CARE SERVICES

Employer identification number

23-1887138

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>530,216.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,814,159.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		16,494.
j Total. Add lines 1c through 1i			16,494.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A PORTION OF THE ORGANIZATION'S DUES TO THE NATIONAL PACE ASSOCIATION AND THE PENNSYLVANIA LIFE PROVIDER ALLIANCE IS USED FOR LOBBYING.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **ALBRIGHT CARE SERVICES** Employer identification number **23-1887138**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a 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 Tax 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

Part V Endowment Funds Complete if the organization answered "Yes" 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	7,481,678.	7,114,663.	6,554,270.	6,537,667.	3,599,781.
b Contributions			32,230.	9,508.	108,511.
c Net investment earnings, gains, and losses	784,733.	367,015.	528,168.	7,095.	3,093,004.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					263,629.
g End of year balance	8,266,411.	7,481,678.	7,114,663.	6,554,270.	6,537,667.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 79.2400 %
 - b Permanent endowment 13.7200 %
 - c Term endowment 7.0400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" 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		3,180,000.		3,180,000.
b Buildings		99,598,163.	57,202,365.	42,395,798.
c Leasehold improvements		4,480,381.	2,365,152.	2,115,229.
d Equipment		16,201,689.	10,502,109.	5,699,580.
e Other		23,569.		23,569.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				53,414,176.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) OTHER RECEIVABLES	212,626.
(2) FUNDS HELD IN TRUST	4,242,719.
(3) RIGHT OF USE ASSETS-LEASES	11,135,667.
(4) RESIDENT TRUST FUNDS	46,388.
(5) OTHER DEPOSITS	418,858.
(6) BENEFICIAL INTEREST IN NET ASSETS OF ASBURY FOUNDATION	1,794,196.
(7) VALUATION OF DERIVATIVE INSTRUMENTS	289,042.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	18,139,496.

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	
(2) LEASES PAYABLE	11,352,924.
(3) DEFERRED GIVING ARRANGEMENTS	128,441.
(4) ENTRANCE FEES (EF)-REFUNDABLE	766,123.
(5) CONTINGENT REFUNDABLE EF	5,111,507.
(6) RESIDENT & OTHER DEPOSITS	405,386.
(7) DUE TO ACOMM	21,098,593.
(8) RESERVE FOR LIFE PROGRAM	3,454,003.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	42,316,977.

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 FASB 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	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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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.

PART V, LINE 4:

ALBRIGHT CARE SERVICES REVIEWS AND UPDATES SPENDING CRITERIA OF THE ENDOWMENT FUNDS ANNUALLY. IT IS THE ORGANIZATION'S OVERALL INTENT TO SPEND THE FUNDS BASED ON THE DONOR'S DIRECTIVE.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED AS THERE ARE NO UNRELATED TRADES OR BUSINESSES.

THE ORGANIZATION HAS IMPLEMENTED PROCESSES TO ENSURE COMPLIANCE WITH THE

Part XIII Supplemental Information (continued)

IRC INTERMEDIATE SANCTIONS PROVISIONS FOR ALL ITS SUPPORTED ORGANIZATIONS, INCLUDING THE ORGANIZATION. THIS INCLUDES AN INDEPENDENT REVIEW BY THE BOARD'S COMPENSATION COMMITTEE OF ALL COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS AND OUTSIDE COMPENSATION CONSULTANTS TO PROVIDE INDEPENDENT THIRD-PARTY REVIEW AND ADVISEMENT, AND THE IMPLEMENTATION OF A DETAILED CONFLICT-OF-INTEREST POLICY AND ANNUAL DISCLOSURE PROCESS FOR ALL DISQUALIFIED PERSONS.

THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MUST BE RECOGNIZED ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION. THE ORGANIZATION'S REASSESSMENT OF ITS TAX POSITIONS DID NOT HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S RESULTS OF OPERATIONS OR FINANCIAL POSITION.

THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **ALBRIGHT CARE SERVICES** Employer identification number **23-1887138**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BENEVOLENT CARE FOR ALBRIGHT RESIDENTS	15	733,819.	0.		

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

PART I, LINE 2:

ALL RESIDENTS SEEKING BENEVOLENT CARE FINANCIAL SUPPORT MUST COMPLETE AN APPLICATION WHICH SHALL BE REVIEWED IN ACCORDANCE WITH BENEVOLENT CARE POLICIES AND PROCEDURES, WHICH MAY BE REVISED FROM TIME TO TIME. BENEVOLENT CARE SUPPORT IS DEPENDENT UPON MEETING SPECIFIC REQUIREMENTS AND THE ORGANIZATION'S ABILITY TO PROVIDE FINANCIAL AID.

DOCUMENTS RELATED TO BENEVOLENT CARE APPLICATION/REDETERMINATION AND ON-GOING MANAGEMENT WILL BE MAINTAINED ON-SITE UNTIL THE END OF THE

Part IV Supplemental Information

CALENDAR YEAR IN WHICH THE RESIDENT IS NO LONGER RECEIVING ASSISTANCE FROM BENEVOLENT CARE. THEREAFTER THE RECORDS WILL BE MAINTAINED FOR FIVE (5) YEARS, EITHER ON-SITE OR IN STORAGE IN ACCORDANCE WITH THE RECORDS MANAGEMENT PROGRAM.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

ALBRIGHT CARE SERVICES

Employer identification number

23-1887138

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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 aren't 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 and/or 1099-NEC 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) ANDREW JEANNERET TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	392,589.	135,322.	52,706.	17,730.	18,514.	616,861.	50,895.
(2) ANDREW JOSEPH SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	307,669.	84,064.	49,270.	12,270.	16,745.	470,018.	47,871.
(3) SHAUN T. SMITH PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	305,642.	66,835.	2,373.	16,117.	24,032.	414,999.	0.
(4) DON NGUYEN MEDICAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	221,417.	27,007.	4,166.	8,479.	26,525.	287,594.	0.
(5) CHRISTOPHER MORELLO VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	146,565.	25,674.	1,128.	7,826.	24,032.	205,225.	0.
(6) AARON BARTH EXECUTIVE DIRECTOR (RW)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	142,914.	14,250.	1,121.	7,057.	23,823.	189,165.	0.
(7) LAUREN DIETER EXECUTIVE DIRECTOR (NR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,917.	15,716.	626.	7,336.	8,272.	188,867.	0.
(8) LOUISE SHIVELY VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,089.	5,007.	7,831.	6,781.	8,837.	184,545.	0.
(9) FRANCINE ASHBY VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	130,885.	18,167.	1,234.	6,614.	16,745.	173,645.	0.
(10) JOHN T. BLESSING ASST TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	139,155.	4,023.	2,615.	6,291.	16,745.	168,829.	0.
(11) KRYSTAL BEITZ PHARMACY MANAGER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	141,084.	6,948.	160.	5,295.	1,527.	155,014.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 3:

THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF ALL
DISQUALIFIED PERSONS. TO SUPPORT ITS REVIEW, THE COMPENSATION COMMITTEE
ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES INDUSTRY
COMPARABLE COMPENSATION SURVEY DATA.

PART I, LINE 4B:

THE TREASURER AND SECRETARY PARTICIPATE IN A 457(F) PLAN AND RECEIVED
DISTRIBUTIONS OF \$50,895 AND \$47,871, RESPECTIVELY, IN 2023. THERE WERE NO
OTHER PLAN DISTRIBUTIONS.

FORM 990, SECTION VII, SECTION A

THE ORGANIZATION DOES NOT ADMINISTER ANY W-2S. ALL W-2S ARE FILED UNDER
THE EIN OF AFFILIATED ASSOCIATES, INC., A RELATED PARTY 501(C)(3)
ORGANIZATION CREATED TO SUPPORT THE TAX EXEMPT FUNCTIONS OF ASBURY
COMMUNITIES AND AFFILIATES BY ADMINISTERING PAYROLL FUNDS. THE
COMPENSATION REPORTED ON FORM 990, PART VII AND PART IX REFLECTS THE
COMPENSATION PAID BY ALBRIGHT CARE SERVICES FOR THOSE ASSOCIATES

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.

DIRECTLY ALLOCATED TO ALBRIGHT CARE SERVICES PURSUANT TO AN EMPLOYEE

LEASE AGREEMENT.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **ALBRIGHT CARE SERVICES** Employer identification number **23-1887138**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A TRUIST BANK UNION CITY HOSPITAL	23-0570293	NONE	12/18/14	10000000.	CAPITAL PROJECTS		X		X		X
B AUTHORITY	23-2739624	NONE	10/04/18	14404000.	REFUND OF SERIES 2013A & 1997A		X		X		X
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	2,148,997.		3,955,000.							
2 Amount of bonds legally defeased										
3 Total proceeds of issue	10,000,000.		14,404,000.							
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds			207,004.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	10,000,000.									
11 Other spent proceeds			14,196,996.							
12 Other unspent proceeds										
13 Year of substantial completion	2014		2018							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
16 Has the final allocation of proceeds been made?	X		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2023

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	TRUIST BANK		TRUIST BANK					
c Term of hedge	16.9698630		1.7616438					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

ALBRIGHT CARE SERVICES

Employer identification number

23-1887138

FORM 990, ITEM C, DOING BUSINESS AS:

RIVERWOODS, NORMANDIE RIDGE, ALBRIGHT LIFE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRANSPARENCY, AND GRACE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSISTED LIVING FACILITY:

OPERATION OF ASSISTED LIVING FACILITY FOR OLDER ADULTS WITH 38 TOTAL
SUITES PROVIDING 12,280 RESIDENT DAYS IN 2023. \$165,160 OF BENEVOLENT
CARE AND \$52,413 OF CONTRACTUAL ALLOWANCES WERE PROVIDED TO THE
ASSISTED LIVING RESIDENTS IN 2023.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSISTED LIVING FACILITY:

OPERATION OF ASSISTED LIVING FACILITY FOR OLDER ADULTS WITH 25 TOTAL
SUITES PROVIDING 8,449 RESIDENT DAYS IN 2023. \$465,135 OF BENEVOLENT
CARE AND \$11,096 OF CONTRACTUAL ALLOWANCES WERE PROVIDED TO THE
ASSISTED LIVING RESIDENTS IN 2023.

FORM 990, PART III, LINE 4

ALBRIGHT CARE SERVICES, IS THE NOT-FOR-PROFIT OWNER AND OPERATOR OF
NORMANDIE RIDGE (YORK, PA) AND RIVERWOODS, (LEWISBURG, PA), WARRIOR RUN
MANOR (WATSONTOWN, PA), ALBRIGHT PHARMACY, AND ALBRIGHT LIFE. ALBRIGHT

CARE SERVICES IS THE LEGAL ENTITY RESPONSIBLE FOR PROVIDING SERVICES TO

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

THE RESIDENTS OF THESE COMMUNITIES AND CLIENTS SERVED BY ALBRIGHT LIFE. IN 2019, ALBRIGHT CARE SERVICES AFFILIATED WITH ASBURY COMMUNITIES, INC., A NOT-FOR-PROFIT SUPPORTING ORGANIZATION OF A SYSTEM OF SENIOR LIVING AND HEALTH SERVICE PROVIDERS.

ASBURY PROVIDES DEFINED BUSINESS, ADMINISTRATIVE, AND OPERATIONAL SUPPORT TO A SYSTEM OF 501(C)(3) TAX-EXEMPT, NOT-FOR-PROFIT SUPPORTED ORGANIZATIONS THAT PROVIDE RESIDENTIAL LIVING AND HEALTH CARE SERVICES TO THE AGED. BEYOND RESIDENTIAL HOUSING FOR THE AGED, THE SUPPORTED ORGANIZATIONS ALSO PROVIDE ASSISTED LIVING, SKILLED NURSING, LONG TERM CARE, PACE (LIFE) PROGRAMMING, REHABILITATION, PHARMACY, AND OTHER ANCILLARY SERVICES PURSUANT TO THEIR RESPECTIVE NOT-FOR-PROFIT MISSIONS.

THE ASBURY COMMUNITIES SYSTEM OF SENIOR LIVING AND HEALTH SERVICE PROVIDERS ORIGINATED WITH ASBURY METHODIST VILLAGE, WHICH WAS ORIGINALLY ESTABLISHED IN 1926 AS THE METHODIST HOME FOR ORPHANS AND THE AGED. ALBRIGHT CARE SERVICES SHARES ASBURY'S FAITH-BASED HERITAGE HAVING BEEN ESTABLISHED IN 1916 AS THE UNITED EVANGELICAL HOME, SERVING WIDOWED PARISHIONERS AND ORPHANS. ALTHOUGH NO LONGER FORMALLY AFFILIATED WITH THE UNITED METHODIST CHURCH, ASBURY COMMUNITIES REMAINS COMMITTED TO THE ETHICAL PRINCIPLES AND SPIRIT OF ITS HISTORICAL ROOTS. WE CARRY THOSE VALUES FORWARD IN OUR MISSION AND OUR GUIDING PRINCIPLE OF DOING ALL THE GOOD WE CAN WITH INTEGRITY, TRANSPARENCY, AND GRACE.

THE PROVIDERS WITHIN ALBRIGHT CARE SERVICES ARE COMMITTED TO FULFILLING ASBURY'S MISSION FOR THOSE WE SERVE AND TO BE A VALUED PARTNER IN THE REGIONS WHERE THEY OPERATE. EACH YEAR, OUR LEADERS AND ASSOCIATES WORK

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
--	--

WITH SERVICE ORGANIZATIONS, HEALTH PROVIDERS AND FOUNDATIONS THAT ADDRESS THE NEEDS OF THE GREATER COMMUNITY.

WE ACCOMPLISH THIS IN THREE PRIMARY WAYS:

-PROVIDING A BENEVOLENT CARE PROGRAM FOR ELIGIBLE RESIDENTS WHO OUTLIVE THEIR RESOURCES THROUGH NO FAULT OF THEIR OWN (SEE BELOW, 2023 BENEVOLENT CARE);

-PROVIDING UNREIMBURSED MEDICAL SERVICES ABOVE MEDICAID CONTRACTED PAYMENT RATES FOR RESIDENTS RECEIVING SERVICES AT ASBURY'S SKILLED NURSING CENTERS (SEE BELOW, 2023 UNREIMBURSED SERVICES); AND,

-SUPPORTING AND PARTNERING WITH NUMEROUS CHARITABLE AND COMMUNITY ORGANIZATIONS AND PROVIDING INTERNSHIP AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR A WIDE RANGE EDUCATIONAL INSTITUTIONS AND AGING SERVICES AND HEALTH PROVIDERS, (SEE SECTION, COMMUNITY BENEFIT).

IN ADDITION, ALBRIGHT CARE SERVICES, IS THE SUPPORTING ORGANIZATION OF WARRIOR RUN MANOR, WITH 75 HUD AFFORDABLE SENIOR HOUSING APARTMENTS.

ASBURY FOUNDATION

THE ASBURY FOUNDATION, A NOT-FOR-PROFIT ORGANIZATION, SECURES PHILANTHROPIC GIFTS TO SUPPORT AND ENHANCE QUALITY OF LIFE FOR OLDER ADULTS SERVED BY THE ASBURY SYSTEM, THROUGH BENEVOLENT CARE, NEW PROGRAMS AND SERVICES THAT PROMOTE RESIDENTS' WELL-BEING, AND SCHOLARSHIPS FOR ASBURY ASSOCIATES. ASBURY FOUNDATION HAS SECURED MORE THAN \$500,000 IN SCHOLARSHIPS FUNDS, WITH MANY OF THOSE DOLLARS GOING TOWARD CAREER ADVANCEMENT IN THE NURSING AND HEALTHCARE FIELDS.

SECTION I: BENEVOLENT CARE - 2023

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
--	--

BENEVOLENT CARE IS THE PAYMENT BY THE ORGANIZATION OF RESIDENTS' FEES, INCLUDING MONTHLY, AND ANCILLARY FEES, AND CERTAIN THIRD-PARTY EXPENSES, FOR RESIDENTS WHO HAVE EXHAUSTED THEIR ASSETS AND MEET ELIGIBILITY REQUIREMENTS FOR THE PROGRAM. BENEVOLENT CARE IS AT THE HEART OF ASBURY'S GUIDING PRINCIPLE TO DO ALL THE GOOD WE CAN WITH INTEGRITY, TRANSPARENCY, AND GRACE.

IN 2023, MORE THAN \$6.2 MILLION IN ANNUAL FUNDS AND UNRESTRICTED GIFTS WERE CONTRIBUTED TO HELP MEET IMMEDIATE BENEVOLENT CARE NEEDS FOR 88 COMMUNITY LIVING RESIDENTS:

ASBURY METHODIST VILLAGE \$1,986,699

ASBURY PLACE KINGSPORT \$54,360

ASBURY PLACE MARYVILLE \$32,945

ASBURY SOLOMONS \$573,262

BETHANY VILLAGE \$719,300

NORMANDIE RIDGE \$465,135

RIVERWOODS \$165,161

SPRINGHILL \$216,366

TOTAL \$4,213,228

SECTION II: UNREIMBURSED MEDICAL SERVICES

UNREIMBURSED MEDICAL SERVICES ARE THE TOTAL COST AND EXPENSES INCURRED IN THE PROVISION OF CARE TO RESIDENTS OF ASBURY'S SKILLED NURSING CENTERS THAT EXCEED THE REIMBURSEMENT PROVIDED BY CERTAIN PAYOR

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

SOURCES, INCLUDING MEDICAID (MEDICAL ASSISTANCE).

ASBURY METHODIST VILLAGE \$3,786,537

ASBURY PLACE KINGSPORT \$0.00

ASBURY PLACE MARYVILLE \$341,109

ASBURY SOLOMONS \$581,797

BETHANY VILLAGE \$628,342

NORMANDIE RIDGE \$891,790

RIVERWOODS \$2,753,293

SPRINGHILL \$459,458

TOTAL \$9,442,326

SECTION III: COMMUNITY BENEFIT

AS NOT-FOR-PROFIT ORGANIZATIONS, ALBRIGHT CARE SERVICES AND ASBURY ARE COMMITTED TO PROVIDING BENEFIT TO THE REGIONS WHERE WE OPERATE BY PARTNERING WITH ORGANIZATIONS AND INSTITUTIONS THAT PROVIDE NEEDED SERVICES TO OTHERS OR ADDRESS UNMET NEEDS. EXAMPLES OF OUR COMMUNITIES' LOCAL PRESENCE ARE WIDE RANGING. SOME CATEGORIES INCLUDE:

-PROVIDING DAILY MEALS ON WHEELS MEALS AND PROGRAM MANAGEMENT FOR THE LEWISBURG, PA. REGION AT RIVERWOODS, AS WELL AS COORDINATING AND PROVIDING RESIDENT VOLUNTEERS FOR THE PROGRAM

-TRAINING THE NEXT GENERATION OF CAREGIVERS AND AGING SERVICES PROFESSIONALS AND LEADERS THROUGH INTERNSHIPS AND PROFESSIONAL DEVELOPMENT PROGRAMS

-FOSTERING ENVIRONMENTAL SUSTAINABILITY THROUGH ENERGY-USE REDUCTION PROGRAMS AND PROJECTS THAT HELP PROTECT THE CHESAPEAKE BAY AND LOCAL

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

WATERSHEDS

-SUPPORTING AT-RISK YOUTH AND FAMILIES THROUGH A MENTORING AND ADVOCACY PROGRAM WITH LOCAL GOVERNMENT AND SCHOOLS

-SEEKING OPPORTUNITIES TO TAKE OUR SERVICES TO AT-RISK SENIORS WHO DO NOT LIVE AT OUR COMMUNITIES THROUGH GRANTS AND PARTNERSHIPS WITH PEER ORGANIZATIONS

-DONATING SPACE AT OUR COMMUNITIES FOR LOCAL CIVIC ORGANIZATIONS

-DONATING DURABLE MEDICAL EQUIPMENT OR OTHER SUPPLIES AND FOOD AND OTHER ITEMS THAT SUPPORT UNDERSERVED PEOPLE

-FUNDRAISING FOR AGING-RELATED ORGANIZATIONS SUCH AS ALZHEIMER'S ASSOCIATION AS WELL AS LOCAL CHARITABLE ORGANIZATIONS SUCH AS HOMELESS SHELTERS AND FOOD KITCHENS

-PROVIDING EDUCATIONAL PRESENTATIONS ON TOPICS BENEFICIAL TO SENIORS AND FAMILY MEMBERS

-PROVIDING PEER-TO-PEER PRESENTATIONS ON INNOVATIONS IN SENIOR WELLNESS AND TECHNOLOGY

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE MAY ACT IN PLACE OF THE BOARD WHEN THERE IS BUSINESS OF THE CORPORATION TO BE TRANSACTED BETWEEN REGULAR MEETINGS AND CONVENING A SPECIAL MEETING WAS DEEMED BY THE CHAIR TO NOT BE NECESSARY OR POSSIBLE. THE FULL BOARD WILL BE NOTIFIED WITHIN FIFTEEN (15) DAYS OF ANY ACTIONS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE WILL HAVE NO POWER TO ELECT OR REMOVE ANY MEMBER OR OFFICER OF THE BOARD OF DIRECTORS, AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION, OR TAKE SUCH OTHER ACTION AS RESTRICTED BY APPLICABLE LAW.

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

FORM 990, PART VI, SECTION A, LINE 6:

ASBURY COMMUNITIES, INC., A NON-PROFIT, NON-STOCK MARYLAND CORPORATION,
 FEDERALLY TAX-EXEMPT UNDER IRC SECTION 501(C)(3) AND A SUPPORTING
 ORGANIZATION UNDER IRC SECTION 509(A)(3), IS THE SOLE MEMBER OF ALBRIGHT
 AND SHALL SERVE AS THE SUPPORTING ORGANIZATION OF ALBRIGHT.

FORM 990, PART VI, SECTION A, LINE 7A:

ASBURY COMMUNITIES, INC IS THE SOLE MEMBER OF ALBRIGHT.

FORM 990, PART VI, SECTION A, LINE 7B:

ASBURY COMMUNITIES, INC. (THE MEMBER) SHALL HAVE THE FOLLOWING RESERVED
 POWERS WITH RESPECT TO ALBRIGHT (THE CORPORATION), SUBJECT TO OTHER
 APPLICABLE PROVISIONS OF THESE BYLAWS:

1. REMOVAL OF ANY MEMBER(S) OF THE CORPORATION' S BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE
2. FILLING OF VACANCIES ON THE CORPORATION'S BOARD OF DIRECTORS
3. APPROVAL OF ALL MANAGEMENT SERVICES RELATIONSHIPS AND AUTHORITY TO RATIFY ANY AND ALL MANAGEMENT SERVICES AGREEMENTS ENTERED INTO BY THE CORPORATION
4. APPROVAL OF ANY MERGER, CLOSURE, SALE, LEASE OR EXCHANGE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, OR THE CREATION OF A SUBSIDIARY JOINT VENTURE, COMPANY OR OTHER ENTITY BY THE CORPORATION
5. APPROVAL OF THE MISSION AND VISION STATEMENTS OFTHE CORPORATION
6. AUTHORITY TO CAUSE AND APPROVE ALL AMENDMENTS TO THE ARTICLES OFLNCORPORATION OR BYLAWS OF THE CORPORATION
7. APPROVAL OF THE BUDGET OF THE CORPORATION, BOTH OPERATING AND CAPITAL.
 THE CORPORATION SHALL NOT MAKE OR COMMIT TO MAKE AN OPERATING OR CAPITAL EXPENDITURE WHICH MATERIALLY DEVIATES FROM THE ANNUAL CAPITAL OR OPERATING

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
---	---

BUDGET APPROVED BY THE MEMBER, OR CHANGE A COMPONENT OF THE BUDGETS, SUCH AS RESIDENT RATES, WITHOUT THE PRIOR APPROVAL OF THE MEMBER.

8. AUTHORITY AND RESPONSIBILITY TO APPROVE ANY PROPOSED PROJECT FOR THE DEVELOPMENT OF A NEW PRODUCT AND/OR FACILITY BY THE CORPORATION

9. AUTHORITY TO APPROVE EACH INCURRENCE OF INDEBTEDNESS OF THE CORPORATION WITH A REPAYMENT TERM THAT IS IN EXCESS OF FIVE (5) YEARS AND IS SECURED BY THE ASSETS OF THE CORPORATION, EXCEPT FOR NON-RECOURSE DEBT WHICH IS SECURED BY ONE OR MORE PIECES OF THAT IS THE SUBJECT OF THE NON-RECOURSE DEBT

10. AUTHORITY TO APPOINT THE AUDITOR, INSURANCE BROKER, INVESTMENT ADVISOR, AND DETERMINE THE FISCAL YEAR OF THE CORPORATION.

ADDITIONALLY, THE MEMBER MAY CREATE ADDITIONAL OR ELIMINATE RESERVED POWERS BY MAJORITY VOTE OF THE MEMBER'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:
 ASBURY COMMUNITIES, INC., THE SOLE MEMBER OF ALBRIGHT, DELEGATES REVIEW OF THE FORM 990 TO ITS AUDIT, FINANCE, AND INVESTMENT COMMITTEE (AFIC) WHICH PERFORMED ITS REVIEW ON 10/23/24. ADDITIONALLY, THE ASBURY COMMUNITIES, INC. AND ALBRIGHT CARE SERVICES BOARD OF DIRECTORS WERE FORWARDED A COPY OF THE DRAFT 990 FOR REVIEW AND WERE PROVIDED A LINK TO A RECORDING OF THE AFIC MEETING IF MEMBERS CHOSE TO LISTEN TO THE MEETINGS AS THEY REVIEWED ANY OF THE FORM 990S. ALL DIRECTORS MAY POSE QUESTIONS OR ASK FOR CLARIFICATION FROM STAFF AND THE AFIC.

FORM 990, PART VI, SECTION B, LINE 12C:
 THE ASBURY COMMUNITIES CONFLICT OF INTEREST POLICY WAS APPROVED BY THE BOARD OF DIRECTORS. THE COMPLIANCE OFFICER IS RESPONSIBLE FOR THE POLICY

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
--	--

AND OVERSEES THE IMPLEMENTATION OF THE PROCESS. ALL THE ENTITIES WITHIN THE ASBURY COMMUNITIES SYSTEM ARE SUBJECT TO THE POLICY. ANNUALLY, THE COMPLIANCE OFFICER CONDUCTS A COMPREHENSIVE CONFLICT DISCLOSURE PROCESS COVERING ALL MEMBERS OF THE GOVERNING BOARDS, SYSTEM WIDE COMMITTEES, AND INDIVIDUALS IN KEY MANAGEMENT POSITIONS. EACH PERSON COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND IS ADVISED OF THEIR FIDUCIARY OBLIGATIONS. THE COMPLIANCE OFFICER, WHO HAS A DIRECT REPORTING LINE TO THE CHAIR OF THE GOVERNANCE AND NOMINATIONS COMMITTEE AND REPORTS QUARTERLY TO THE GOVERNANCE AND NOMINATIONS COMMITTEE, ANALYZES ALL DISCLOSURE FORMS FOR POTENTIAL CONFLICTS, AND PREPARES A REPORT FOR THE SYSTEM-WIDE GOVERNANCE AND NOMINATIONS COMMITTEE. A REPORT WAS MADE TO THE BOARD THAT THERE WERE NO CONFLICTS DURING 2023. WHEN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES INVOLVING A BOARD OR COMMITTEE MEMBER, THE GOVERNANCE AND NOMINATIONS COMMITTEE IS INFORMED AND WILL FOLLOW SPECIFIC PROTOCOL OUTLINED IN THE CONFLICT OF INTEREST POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15:

ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE RELIES ON STAFF FEEDBACK AND THE DATA AND RECOMMENDATIONS PROVIDED BY AN EXTERNAL COMPENSATION CONSULTANT TO ASCERTAIN THE REASONABLENESS OF COMPENSATION AND BENEFITS OF ALL OF THE DIRECT REPORTS OF THE CEO AND OTHER POTENTIALLY DISQUALIFIED PERSONS.

IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS THE ORGANIZATION'S PROGRESS TOWARDS KEY PERFORMANCE INDICATORS SELECTED FOR INCENTIVIZING PERFORMANCE OF DISQUALIFIED PERSONS THROUGH A PERFORMANCE BASED-COMPENSATION PROGRAM.

QUARTERLY, THE COMPENSATION COMMITTEE REVIEWS UPDATES TO THE OVERALL

Name of the organization ALBRIGHT CARE SERVICES	Employer identification number 23-1887138
--	--

BENEFITS AND COMPENSATION PLAN FOR THE ORGANIZATION AS WELL AS PROGRESS ON THE ORGANIZATION'S EMPLOYER OF CHOICE STRATEGIC GOALS.

ALSO ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE SPECIFICALLY REVIEWS THE COMPENSATION AND BENEFITS OF THE CEO USING THE DATA GATHERED BY THE COMPENSATION CONSULTANT AT THE DIRECTION OF THE COMMITTEE AND PROVIDES INPUT TO THE FULL BOARD OF DIRECTORS IN ORDER TO SUPPORT THEIR DECISION MAKING PROCESS REGARDING THE CEO'S COMPENSATION.

THE COMPENSATION COMMITTEE CHARTER, THE EXECUTIVE COMPENSATION PHILOSOPHY, AND THE EXECUTIVE INCENTIVE PLAN WERE REVIEWED MOST RECENTLY IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN ON DERIVATIVES	-85,434.
CHANGE IN VALUE OF DEFERRED GIVING ARRANGEMENTS	-24,078.
TRANSFER OF CAPITAL	2,000,000.
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION	156,207.
TOTAL TO FORM 990, PART XI, LINE 9	2,046,695.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **ALBRIGHT CARE SERVICES** Employer identification number **23-1887138**

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.

(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
ASBURY ATLANTIC, INC. - 52-0607956 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING AND HEALTHCARE FOR OLDER ADULTS	MARYLAND	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC.		X
ASBURY FOUNDATION, INC. - 52-1862674 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	RAISING FUNDS FOR CHARITY CARE	MARYLAND	501(C)(3)	LINE 7	ASBURY COMMUNITIES, INC.		X
AFFILIATED ASSOCIATES, INC. - 51-0426078 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	EMPLOYEE PAYMASTER COMPANY	MARYLAND	501(C)(3)	LINE 12A, I	ASBURY COMMUNITIES, INC.		X
ASBURY COMMUNITIES HCBS, INC. - 45-0634490 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOME CARE FOR OLDER ADULTS	MARYLAND	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Part II Continuation of 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 organization?	
						Yes	No
ASBURY COMMUNITIES, INC. - 52-1862677 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	SUPPORT SERVICES	MARYLAND	501(C)(3)	LINE 12A, I			X
BETHANY DEVELOPMENT CORPORATION - 23-2078064 335 WESLEY DRIVE MECHANICSBURG, PA 17055	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC.		X
ASBURY, INC. - 62-0630670 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING AND HEALTHCARE FOR OLDER ADULTS	TENNESSEE	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC.		X
WARRIOR RUN MANOR - 23-2137458 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	ALBRIGHT CARE SERVICES	X	
FOREST RIDGE MANOR, INC. - 20-1885811 90 WILDER CHAPEL LANE MARYVILLE, TN 37804	HOUSING FOR OLDER ADULTS	TENNESSEE	501(C)(3)	LINE 12A, I	ASBURY, INC.		X
ASBURY LIVING, INC. - 93-3545102 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC.		X

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
THE ASBURY GROUP, INC. - 20-5038820 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	TECH & SUPPORT SERVICES	DE	ASBURY COMMUNITIES, INC.	C CORP					X
THRIVEWELL TECH, LLC - 26-2896175 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	INFO & CNSLT SERVICES	DE	THE ASBURY GROUP, INC.	C CORP					X
ALBRIGHT COMMUNITY SRVCS LTD - 23-3013803 90 MAPLEWOOD DR. LEWISBURG, PA 17837	SHELL CORPORATION	PA	ALBRIGHT CARE SERVICES	C CORP			100%	X	
5285 WESTVIEW DRIVE ONE, LLC - 88-1212545 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	INFO. TECH. RESELLER AND IMPLEMENTATION PARTNER	MD	THE ASBURY GROUP, INC.	C CORP					X
1569 TEELS ROAD, LLC - 87-1564257 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	OPERATE A PERSONAL CARE HOME AND SENIOR LIVING COMMUNITY	PA	THE ASBURY GROUP, INC.	C CORP					X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WARRIOR RUN MANOR	O	164,926.	ACCRUAL BASIS
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.