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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A F.		2000			-lli oc 20 200				•		
			endar yea	r, or tax year beginning 07-01-2008 an C Name of organization	nd ending 06-30-200	9	_	D Employer ide	ntification number		
	eck if ap dress ch		Please use IRS	PHOEBE RICHLAND HEALTH CARE CENTER INC				22.204562	2		
_		ange	label or	Doing Business As				23-3045622 E Telephone number			
Na 	me char		print or type. See	-				(610) 704 5	142		
Inı	tıal retur		Specific Instruc-	Number and street (or P O box if mail is not d	delivered to street addre	ss) Room	/suite	(610) 794-5 G Gross receipt			
Te	minatio		tions.	1925 TURNER STREET				d dross receipt	3 φ 12,432,101		
– _{An}	nended r	eturn		City or town, state or country, and ZIP + 4							
— _{Ap}	plication	pending		ALLENTOWN, PA 18104							
		` ` L	F Non	ne and address of Principal Officer		l					
				R STEVENSON			Is this affiliat	a group return	for		
				URNER STREET			ammac		, 105 / 100		
				TOWN, PA 18104		Н(Ь)	Are all	affiliates include	d?		
[18	ıx-exem	pt status	№ 501(c)	(3) ◀ (insert no)	<u>/</u>	1			See instructions)		
ı w	eb site	e: 🕨 WW\	<i>N</i> PHOEBE	ORG		H(c)	Group	Exemption Nui	mber 🟲		
						Ц					
∢ Тур	e of org	anızatıon	 ✓ Corporat	on		L Year	r of Fon	mation 2000 M :	State of legal domicile PA		
Pa	rt I	Sumn	nary								
	1	Briefly d	escribe th	e organization's mission or most significa	ant activities						
w		TO PRO	VIDE HEA	LTHCARE SERVICES TO ITS RESIDE	NTS THROUGH ITS	NURSI	NG H	OME			
2											
₹											
<u>ē</u>	2	Check th	nis box 🗀	of the organization discontinued its opera	ations or disposed o	f more t	han 25	5% of its assets			
aovemanice			,	nembers of the governing body (Part VI,			16				
			-	dent voting members of the governing bo	,			_	15		
ACIIVIIIES &				nployees (Part V, line 2a)			•	5	178		
2						_	110				
3				lunteers (estimate if necessary)				_			
•				ed business revenue from Part VIII, line		•		/a _ 7b	-10,234 -10,234		
	P D	Net unite	iated busi	ness taxable income from Form 990-T, l	iiiie 54				· · · · · · · · · · · · · · · · · · ·		
<u>a</u>							Prio	r Year	Current Year		
	8			I grants (Part VIII, line 1h)			30,852	46,728			
Ravenue	9	-		revenue (Part VIII, line 2g)			11,812,079	12,360,125			
Š	10			ne (Part VIII, column (A), lines 3, 4, and			-3,857	1,559			
_	11		-	art VIII, column (A), lines 5, 6d, 8c, 9c,	•			35,369	23,855		
	12	Total re	evenue—a	ld lines 8 through 11 (must equal Part V	'III, column (A), lın	e		11,874,443	12,432,267		
	13		and simila	r amounts paid (Part IX, column (A), line	es 1 – 3)						
	14			r for members (Part IX, column (A), line							
	15		•	mpensation, employee benefits (Part IX							
8	15	10)	s, other co	impensation, employee benefits (Fait 12)		6,308,056	6,465,328				
Expenses	16a	Profess	ional fund	raising fees (Part IX, column (A), line 11	Le)				C		
Ě	ь	(Total fu	ndraising exi	penses, Part IX, column (D), line 25 ⁰	١						
ш	17	•		Part IX, column (A), lines 11a-11d, 11f	/ f=24f)			5,405,678	5,329,426		
	18			add lines 13–17 (must equal Part IX, lin	•			11,713,734	11,794,754		
	19			enses Subtract line 18 from line 12	10 23, column (A))			160,709	637,513		
br 40	1.5	vevella	- 1633 EXP	C.,SCS SUBGREENING TO HOM IMP 12			odie				
net Assers or Fund Bałances						Be	ginnii	ng of Year	End of Year		
34E	20		•	t X, line 16)				8,360,457	8,012,346		
둏	21	Total li	abilities (F	art X, line 26)				12,999,382	12,013,758		
žĪ	22	Net ass	sets or fun	d balances Subtract line 21 from line 20	O			-4,638,925	-4,001,412		
Pa	rt II	Signa	ture Blo	ock							
				gury, I declare that I have examined this return,							
Plea		١.		orrect, and complete Declaration of preparer (otl	nei than officer) is base	u on all ini			ı ная апу кпоwiedge		
Sigr		***** Signat	ture of office	r			2010- Date	05-06			
Her		[Date				
			T R STEVENS or print name	ON PRESIDENT/CEO/CFO							
		F 'ype'	- Print Halli		Γ			T			
		Preparer's		Date I S Frey		Check If self-		Preparer's PTIN (See Gen Inst)		
Paid		signature	F	,		empolyed	٠ [
•	arer's		me (or yours	PARENTEBEARD LLC	I			ETN L			
Jse	Only	ıf self-em address, a	ployed), and ZIP + 4	1869 CHARTER LANE STE 301				EIN Þ			
								Phone no 🕨 (7:	17) 393-5696		
	+bc 701		- +b	LANCASTER, PA 17601	uno truo tiere s			1	✓ Yes No		
чaу	rue TKS	5 UISCUSS	s triis retu	n with the preparer shown above? (See i	mstructions)				ı+ res i No		

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission PHOEBE RICHLAND HEALTH CARE CENTER, INC COMMUNITY OF FAITH, CALLED BY GOD, TO SE				
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .	gnıfıcant program servı	ces during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?	g or make significant cl	nanges in how it cond	lucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947 (a)(1) trus	its are required to re	port the amount of grants a	•
4a	(Code) (Expenses \$	i 10,320,985 in	cluding grants of \$	0) (Revenue \$	12,360,125)
	Skilled Nursing - PROVIDE QUALITY NURSING INDIVIDUALS FOR THEIR YEAR ENDED JUNE 96 80% OCCUPANCY ADDITIONALLY, 134,0	30, 2009 THEY HAD 42,397	SKILLED NURSING CARE	CENSUS DAYS DURING THAT TI	ME, WHICH WAS APPROXIMATELY
4b	(Code) (Expenses \$	s inc	cluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	s ind	cluding grants of \$) (Revenue \$)
4d	Other program services (Describe i (Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	10,320,985	Must equal Part IX, l	Line 25, column (B).	

art TV	Check	klist of	Required	Schedules
		11136 01	NC quii cu	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 19			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
_	year?	 		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Rody a	<u>and</u>	Management	

				165	110
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, descriptoresses, or changes in Schedule O. See instructions.	cribe the circumstances,			
1a	Enter the number of voting members of the governing body 1a	16			
Ь	Enter the number of voting members that are independent 1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?	•	2		No
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compan		3		No
4	Did the organization make any significant changes to its organizational documents since filed? $$.	the prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	non's assets?	5		Νo
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one governing body?		7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions u year by the following	ndertaken during the			
а	the governing body?		8a	Yes	
ь	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a		No
b	If "Yes," does the organization have written policies and procedures governing the activit affiliates, and branches to ensure their operations are consistent with those of the organization.	• •	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was fi must describe in Schedule O the process, if any, the organization uses to review the Form		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who the organization's mailing address? If "Yes," provide the names and addresses in Schedu		11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

revena rossi vp of finance 1925 TURNER ST ALLENTOWN,PA 18104 (610) 794-5012

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(C) Position (check all that apply)									(F)	
	(A) and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	01	Estima mount o compens from t rganizati relati organiza	fother ation he on and ed
										_			
1b Total								<u> </u>	243,45		578		95,208
	of individuals (including i from the organization		a) who i	recei	ved	moi	re thar	า \$1	00,000 in reportab	e			
													N
3 Did the organi	zation list any former o	officer, direc	torort	ruste	e, k	ey e	employ	/ee,	or highest compens	sated employee		Yes	No
on line 1a? <i>If</i>	"Yes," complete Schedul	e J for such	ındıvıdı	ıal .				•			3	Yes	
	dual listed online 1a, is ind related organizatior												
ındıvıdual .				•	•	•		•			4	Yes	
	n listed on line 1a rece												_
	n listed on line 1a rece ie organization? <i>If</i> "Y <i>es</i>										5		No
rendered to th		," complete S									5		No
rendered to the Section B. Ind 1 Complete this	le organization? If "Yes lependent Contract table for your five high	," complete s ctors lest comper	sated i	e J foi	suc	h p	ers on	•			5		No
rendered to the Section B. Ind 1 Complete this	le organization? If "Yes lependent Contrac table for your five high compensation from the	ctors est comperorganization	is ated i	e J foi	suc	h p	ers on	•	s that received mo	re than	5	(0)
rendered to the Section B. Ind 1 Complete this	le organization? If "Yes lependent Contrac table for your five high compensation from the	," complete s ctors lest comper organization	is ated i	e J foi	suc	h p	ers on	•	s that received mo	e than	5	(C Comper)
rendered to the Section B. Ind 1 Complete this	le organization? If "Yes lependent Contrac table for your five high compensation from the	ctors est comperorganization	is ated i	e J foi	suc	h p	ers on	•	s that received mo	re than	5)
rendered to the Section B. Ind 1 Complete this	le organization? If "Yes lependent Contrac table for your five high compensation from the	ctors est comperorganization	is ated i	e J foi	suc	h p	ers on	•	s that received mo	re than	5)

Statement of Revenue (A) (C) (B) (D) Total Revenue Related or Unrelated Revenue Exempt Business Excluded from Function Revenue Tax under IRC 512, 513, or 514 Revenue Federated campaigns . . 1a Contributions, gifts, grants and other similar amounts b Membership dues . Fundraising events . **1**c Related organizations . . . 1d Government grants (contributions) 46,728 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ _ 46,728 Total (Add lines 1a-1f) . . . h Business Code Program Service Revenue RESIDENT REVENUE 12,360,125 623,000 12,360,125 b c All other program service revenue Total. Add lines 2a-2f . **\$** 12,360,125 3 Investment income (including dividends, interest 1,559 1,559 other similar amounts) Income from investment of tax-exempt bond proceeds . 4 5 Royalties . (ı) Real (II) Personal 9,600 **Gross Rents** 6a Less rental 19,834 ь expenses Rental income -10,234 or (loss) Net rental income or (loss) . . -10,234 -10,234 d (ı) Securities (II) Other Gross amount 7a from sales of assets other than inventory Less cost or b other basis and sales expenses Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including Other Revenue of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a b Less direct expenses . . .b Net income or (loss) from fundraising events . C 9a Gross income from gaming activities See part IV, line 19 Complete Schedule G ıf total exceeds \$15,000 b Less direct expenses . . .b Net income or (loss) from gaming activities C 10a Gross sales of inventory, less returns and allowances . b Less cost of goods sold . Net income or (loss) from sales of inventory . c Miscellaneous Revenue Business Code 33,738 623,000 33,738 11a Beauty Shop Income 623,000 351 351 b OTHER C All other revenue d Total. Add lines 11a-11d \$ 34,089 12,432,267 12,360,125 -10,234 35,648 12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d,

9c, 10c, and 11e

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	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 governments and organizations in the U S See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. 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	5,175,658	4,805,315						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	152,654	141,731	10,923					
9	Other employee benefits	749,263	691,627	57,636					
10	Payroll taxes	387,753	360,008	27,745					
L1	Fees for services (non-employees)								
а	Management	772,181		772,181					
b	Legal	27,087	13,000	14,087					
c	Accounting	14,273		14,273					
d	Lobbying	565		565					
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	1,310,378	1,280,288	30,090					
.2	Advertising and promotion	46,209		46,209					
.3	Office expenses	934,296	873,030	61,266					
.4	Information technology	6,940	4,000	2,940					
.5	Royalties								
.6	Occupancy	243,719	243,719						
L 7	Travel	10,228	1,828	8,400					
L8	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings								
20	Interest	180,276	180,276						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	535,390	535,390						
23	Insurance	165,254	165,254						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	License, fees, taxes an	831,625	817,037	14,588					
b	bad Debts	196,992	196,992						
c	Miscellaneous	28,933	5,407	23,526					
d	Dues, Memberships, and	25,080	6,083	18,997					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	11,794,754	10,320,985	1,473,769					
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X	Balance	Sheet

					(A) Beginning of year		•	3) fyear
	1	Cash—non-interest-bearing			beginning or year	1	Liid 0	ı year
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			3		1,424	
	4	Accounts receivable, net			1,642,878	4		1,616,196
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S	ction 4	1958(f)(1)) and		6		
	7	Notes and loans receivable, net			141,500	7		141,500
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges			81,228	9		89,026
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	7,963,187				
⋖	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10a 10b	2,795,815	1	100		5,167,372
	11	Investments—publicly traded securities	TOD	2,700,010	15,409	11		25,998
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII /	· ·	304,346			320,196
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Pa			004,040	12		
	13	of Schedule D .	it viii			13		
	14	Intangible assets			585,667	14		502,000
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			132,343	15		148,634
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,360,457	16		8,012,346
	17	Accounts payable and accrued expenses .			1,332,750	17		1,190,171
	18	Grants payable		18				
	19	Deferred revenue		800	19		800	
	20	Tax-exempt bond liabilities		3,602,851	20		3,444,868	
_ <u>`</u>	21	Escrow account liability Complete Part IV of Schedule D		-		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
- =		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			8,062,981	25		7,377,919
	26	Total liabilities. Add lines 17 through 25			12,999,382	26	1	2,013,758
		Organizations that follow SFAS 117, check here ▶ ✓ and complet through 29, and lines 33 and 34.	ete lin	es 27				
anc	27	Unrestricted net assets			-4,638,925	27		-4,013,349
Balance	28	Temporarily restricted net assets				28		11,937
<u> </u>	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ► □ and	l comp	lete				
<u></u>		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .	•			31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
¥	33	Total net assets or fund balances			-4,638,925	33		-4,001,412
_	34	Total liabilities and net assets/fund balances			8,360,457	34		8,012,346
Pa	rt XI	Financial Statements and Reporting						
		_					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

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As Filed Data -

DLN: 93493130024030

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

PHOEBI	ERICE	ILAND HEALIH	CARE CENTER INC					22	-3045622	,		
Par	+ T	Reason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio					
				ation because it is (Please					moduce	101137		
1	Ī			nurches, or association of ch					(A)(i).			
2	Ţ.	•		tion 170(b)(1)(A)(ii). (Attac				(- / (- / (X7(-7-			
3	Г			e hospital service organizati		•	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4		•	•	zatıon operated ın conjunctı			-		• •		•	
	·	hospital's r	name, city, and	state								
5	Г	•		or the benefit of a college or	universit	y owned o	roperated	by a gove	rnmental	unıt desc	rıbed ın	
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Γ			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7		-	· -	ally receives a substantial p						n the gene	eral public	:
				(1)(A)(vi) (Complete Par			_			_	·	
8	Γ	A communi	ty trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	굣	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gro	SS
		receipts fro	m activities re	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	Anorganiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	e instruc	tions)	
11	Γ	Anorganiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	ses 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 that describes the type of supporting organization and complete lines 11e through 11h a										
e	\vdash		•	rtify that the organization is			-					
-	,	•		agers and other than one or			•				•	
		section 50		3		, ,,	,				. , ,	,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	ation,
		check this		as the organization accepted	d any gift i	or contrib	ution from	any of the				ı
g		following pe		as the organization accepted	a any gne	or contrib		any or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following infori	nation about the organizatio	ns the org	janızatıon	supports					
					<u> </u>		1		1			
	• •	ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	(vii) Am	
•		oorted nization		(described on lines 1-9 above or IRC section	organiz col (i)	ation in listed in		inization i) of your		ation in rganized	supp	ort ⁷
,	rgai	iizatioii		(See Instructions))	your go			ort?	in the			
					docur	_						
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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

			n line 9 of Part				
Se	ection A. Public Support						_
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	, ,	` '	, ,	` '	•	•
	membership fees received (Do not	39,943	23,048	53,896	30,852	46,728	194,467
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed,						
	or facilities furnished in any activity that	10,710,511	10,875,168	10,518,071	11,812,079	12,360,125	56,275,954
	ıs related to the organızatıon's tax-						
	exempt purpose						
3	Gross receipts from activities that are			20 540	24.050		
	not an unrelated trade or business under			20,518	34,869	33,738	89,125
	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	10.750.454	10.000.016	10 500 105	11 077 000	12 110 501	56 550 546
6	Total Add lines 1-5	10,750,454	10,898,216	10,592,485	11,877,800	12,440,591	56,559,546
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
C	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						56,559,546
	line 6)						
	otal Support			T			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	10,750,454	10,898,216	10,592,485	11,877,800	12,440,591	56,559,546
10a	Gross income from interest, dividends,						
	payments received on securities loans,	10,719	9,600	11,272	1,756	1,559	34,906
	rents, royalties and income from similar	,	,	'	,	,	,
	sources						
Ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses				-5,613	-10,234	-15,847
	acquired after 30 June, 1975						
C	Add lines 10a and 10b	10,719	9,600	11,272	-3,857	-8,675	19,059
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	whether or not the business is regularly carried on						
12	whether or not the business is regularly carried on Other income Do not include gain or loss					254	254
12	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets					351	351
	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					351	351
	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and					351	351 56,578,956
13	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)						56,578,956
13	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the company of the sale o	rganızatıon's fır	st, second, third	, fourth, or fifth	tax year as a 50		56,578,956 zation,
13	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	rganızatıon's fır	st, second, third	, fourth, or fifth	tax year as a 50		56,578,956
13 14	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here		st, second, third	, fourth, or fifth	tax year as a 50		56,578,956 zation,
13 14 Co	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here	entage		,	tax year as a 50	01(c)(3) organi:	56,578,956 zation, ▶ ¯
13 14 Co 15	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Dimputation of Public Support Percentage for 2008 (line 8)	entage column (f) divid	led by line 13 cc	,	tax year as a 50	01(c)(3) organi:	56,578,956 zation, ▶ □
13 14 Co	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here	entage column (f) divid	led by line 13 cc	,	tax year as a 50	01(c)(3) organi:	56,578,956 zation, ▶ ¯
13 14 <u>Co</u> 15 16	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the concect this box and stop here Dimputation of Public Support Percentage for 2008 (line 8 Public Support Percentage for 2007 Sched	entage column (f) dividule ule A, Part IV-A	led by line 13 cc	,	tax year as a 50	01(c)(3) organi:	56,578,956 zation, ▶ □
13 14 <u>Co</u> 15 16	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Different Support Percentage for 2008 (line 8 Public Support Percentage for 2007 Sched	entage column (f) dividule A , Part IV - A Percentage	led by line 13 cc	olumn (f))		15 16	56,578,956 zation, 99 970 % 99 850 %
13 14 Co 15 16	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the concect this box and stop here Dimputation of Public Support Percentage for 2008 (line 8 Public Support Percentage for 2007 Sched	entage column (f) dividule A, Part IV-A Percentage ne 10c column	led by line 13 cc	olumn (f)) e 13 column (f))		01(c)(3) organi:	56,578,956 zation, ▶ ☐ 99 970 %

17	0 030	%
18	0 100	%

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



►V

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr zations_complete Part III	oxy Tax)		
Na	nme of the organization OEBE RICHLAND HEALTH CARE CENTER	·		Employer ider 23-3045622	ntification number
Par		oy all organizations exempt on the exempt of			
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign act	ivities in Part IV	
2	Political expenditures	\$			
3	V olunteer hours				
Par	To be completed b for Schedule C for d	oy all organizations exempt (etails.)	under sectio	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	-7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		y all organizations exempt (for Schedule C for details.)	under sectio	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file $f I$	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	g organization's own interna Olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
_					
				1	1

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec		768								
	Check If the filing organization belongs to an affiliated group										
<u>B</u>		bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)							
ь	Total lobbying expenditures to influe										
c	Total lobbying expenditures (add line	es 1a and 1b)									
d	Other exempt purpose expenditures										
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)								
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000							
	Over \$17,000,000	\$1,000,000									
	Grassroots nontaxable amount (ente	er 25% of line 1f)									
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a								
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c								
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	reporting Yes No					
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five				
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period						
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total				
_2a	Lobbying non-taxable amount										
	Lobbying ceiling amount (150% of line 2a, column(e))										
	: Total lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2008

art II-B	To be completed by organizations exempt under section 501(c)(3) that h	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for	r details.)	

		(a	a)	(b)
		Yes	No	A mount
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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		565
j	Total lines 1c through			565
_	11		1 1	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
С	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?			
Par	tIII-A To be completed by all organizations exempt under section $501(c)(4)$. section	501(c)(5), or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
С	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		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Activities	phoebe richland health care center PAYS DUES TO PANPHA AND AAHSA A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCABLE TO LOBBYING EXPENSES THE TOTAL AMOUNT OF DUES PAID BY PHOEBE richland THAT IS ALLOCABLE TO LOBBYING IS \$565

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization PHOEBE RICHLAND HEALTH CARE CENTER INC 23-3045622 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Part	IIII Organizations Maintaining Co	llections of Art, His	tori	cal Treasu	res, or Othe	r Similar Ass	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any of th	ie fol	lowing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Г	Loan or excl	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain how	v the	y further the c	organization's ex	empt purpose in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t					ular	Yes	┌ No
Par		Arrangements. Com	plet	e if the orga		ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıary	for c	ontributions (or other assets i		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mo	unt	
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 Fo	orm 990, Part X, line 21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1						
Par	t V Endowment Funds. Complete							
		(a)Current Year (b)	Prior `	Year (c)Tw	o Years Back (d)	Three Years Back (e) Four Ye	ears Back
1a	Beginning of year balance							
Ь	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the yea	r end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ►							
3a	Are there endowment funds not in the posses organization by	ssion of the organization	thata	are held and a	dministered for	the	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to $3a(II)$, are the related organization	ns listed as required on S	ched	ule R?		3b		
4	Describe in Part XIV the intended uses of the							
Par	VI Investments—Land, Buildings	s, and Equipment. S	ee F	orm 990, Pa	art X, line 10.			
	Description of investment			Cost or other is (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1 a L	and				600,000			600,000
b B	Guildings				5,581,346	1,757,195		3,824,151
c L	easehold improvements							
d E	quipment				1,642,857	1,038,620		604,237
e 0)ther				138,984			138,984
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		, line	10(c).)		►		5,167,372
	·					Schedule D (Form 9	90) 2008

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(including name or security) Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other INVESTMENT IN AFFILIATES	320,196	C
Other INVESTMENT IN ATTIETATES	320,130	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	320,196	
Part VIII Investments—Program Related. See	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip		(b) Book value
resident deposits		70,995
DEFERRED FINANCING COSTS		77,639
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	▶ 148,634
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DUE TO RELATED ORGANIZATIONS	4,525,095	
PDH EQUITY INVESTMENT	2,582,368	
RESIDENT DEPOSITS	61,222	
RESERVE FOR WORKMAN'S COMPENSATION	209,234	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,377,919	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,432,26
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,794,754
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	637,51
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	637,51
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	 rn
1	Total revenue, gains, and other support per audited financial statements	1	84,903,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	72,450,899
3	Subtract line 2e from line 1	3	12,452,10
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-19,83
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,432,26
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	92,178,000
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
b	Prior year adjustments	1	
c d	Losses reported on Form 990, Part IX, line 25	-	
e	Add lines 2a through 2d	2e	80,383,240
3	Subtract line 2e from line 1	3	11,794,754
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		11,794,75
+ a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,794,75
	Total expenses And mice band that (1 me should equal 1 of me 20) it is it is		

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	THE ORGANIZATION FOLLOWS THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARD BOARD (FASB) INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET FIN 48 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST, AND PENALTIES, AND DISCLOSURE MANAGEMENT HAS DETERMINED THAT FIN 48 DOES NOT HAVE A MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS
Part XII, Line 2d - Other Adjustments		CONSOLIDATING ADJUSTMENT 72450899
Part XII, Line 4b - O ther A djustments		RENTAL EXPENSES -19834
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 19834 CONSOLIDATING ADJUSTMENT 80363412

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As Filed Data -

DLN: 93493130024030

Employer identification number

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 No 1545-0047

Open to Public Inspection

PHOEBE RICHLAND HEALTH CARE CENTER INC 23-3045622 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo 4c Νo 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Yes 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

compensation contingent on the net earnings of

If "Yes," to line 6a or 6b, describe in Part III

The organization?

ın Part III

Any related organization?

Cat No 50053T

6a 6b

7

Yes

Νo

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
SCOTT R STEVENSON (274,446	34,000	2,778		20,088	331,312	131,265
william j davies (265,423	54,000	2,617		25,073	347,113	156,988
lisa b fichera (223,480	31,200	1,362		17,323	273,365	120,117
rev ronald w wells (186,372	2			7,978	194,350	150,757
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 4a	RODNEY WELLS SEPARATED FROM THE ORGANIZATION AS OF JANUARY 8, 2007 HIS SEVERANCE COMPENSATION WAS PAID FOLLOWING THE TERMS OF HIS EMPLOYMENT CONTRACT
		THE PHOEBE MINISTRIES INCENTIVE PAY PROGRAM RECOGNIZES THE ACHIEVEMENT OF ORGANIZATIONAL AND DIVISIONAL OBJECTIVES THROUGH A TWO LEVEL INCENTIVE PAY STRUCTURE THE PERFORMANCE APPRAISAL OBJECTIVES ARE EVALUATED ON A FISCAL YEAR BASIS THIS PROGRAM IS AVAILABLE TO THE PRESIDENT/CEO, OFFICERS, KEY EMPLOYEES, AND DEPARTMENT HEADS THE INCENTIVES ARE BASED ON BOTH CASH ON HAND MEASUREMENTS AND FUNDRAISING AND OTHER REVENUE RELATED ACHIEVEMENTS THERE ARE INCENTIVE LEVELS BASED UPON TITLE/ROLE IN THE ORGANIZATION
	,	THE PHOEBE MINISTRIES INCENTIVE PAY PROGRAM RECOGNIZES THE ACHIEVEMENT OF ORGANIZATIONAL AND DIVISIONAL OBJECTIVES THROUGH A TWO LEVEL INCENTIVE PAY STRUCTURE THE PERFORMANCE APPRAISAL OBJECTIVES ARE EVALUATED ON A FISCAL YEAR BASIS THIS PROGRAM IS AVAILABLE TO THE PRESIDENT/CEO, OFFICERS, KEY EMPLOYEES, AND DEPARTMENT HEADS THE INCENTIVES ARE BASED ON BOTH CASH ON HAND MEASUREMENTS AND FUNDRAISING AND OTHER REVENUE RELATED ACHIEVEMENTS THERE ARE INCENTIVE LEVELS BASED UPON TITLE/ROLE IN THE ORGANIZATION

DLN: 93493130024030

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0.

Open to Public Inspection

	e of the organization									Employer id	aentifica	ion numi	ег		
РНС	DEBE RICHLAND HEALTH CARE CE	23-3045622													
Pa	art I Bond Issues (Required	for 2008)								'					
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #			(d) Date	Issued	(e) Issu	e Price	(f) Description of Purpose			(g) Defeased		(h) O n Behalf of Issuer		
											Yes	No	Yes	No	
A	THE BOROUGH OF LANGHORNE MANOR HIGHER EDUCATION AND HEALTH AUTHORITY 23-2581246 NONEAVAIL			11-17-	2008	3,	541,091	REFINANC PURCHASE SERIES 20	HCC, REF	ED TO UNDING OF		х		х	
Pa	rt II Proceeds (Optional for	2008)	•			_		<u>'</u>				<u>'</u>			
					Α		В		C	D			E		
1_	Total Proceeds of Issue														
	Gross Proceeds in Reserve Funds														
	Proceeds in Refunding or Defeasa	nce Escrows													
4	O ther Unspent Proceeds														
_5	Issuance Costs from Proceeds														
6	Working Capital Expenditures from														
7	Capital Expenditures from Procee	ds													
8	Year of Substantial Completion								1						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
9	Were the bonds issued as part of a	a current refunding iss	sue?												
10	Were the bonds issued as part of a	an advance refunding	ıssue [?]												
11	Has the final allocation of proceed	Is been made?													
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pa	rt IIII Private Business Use	(Optional for 2008)									_			
					<u> </u>	В			C I	D				E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
1	Was the organization a partner in a which owned property financed by		ember of an LLC,												
A re there any lease arrangements with respect to the financed property which may result in private business use?															
For	Paperwork Reduction Act Notice, see th	e Instructions for Form	1 990.			Cat No 501	193E			Sch	edule K	(Form 99) 2008		

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

			Α		В		C		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government											
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130024030

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

Transactions with Interested Persons

or Form 990-EZ, Part V lines 38b or 40b. Internal Revenue Service Name of the organization PHOEBE RICHLAND HEALTH CARE CENTER INC

							23	3-304	5622	2							
Part I Excess Benefit Transact											Dt	M. I	4.0.1				
To be completed by organization	s" on	•				(c) Cor											
1 (a) Name of disqualifie	u person			(b) [Desc	ript	on of transa	iction				Yes	No				
											_						
2 Enter the amount of tax imposed on section 4958	_		-	or disqualified		ons •	during the y	ear ur	nder •	\$							
3 Enter the amount of tax, If any, on lir	ne 2, abov	e, reımburse	d by t	the organizatio	n.				•	\$							
Part II Loans to and/or From																	
To be completed by organiza			/es" c	on Form 990, P	art I	IV,I	ne 26, or Fo	orm 99	90-E	Z, Part (f		e 38a					
(a) Name of interested person and purpose	(b) Loar from to	the	(c)	O riginal princip amount	(d)Balance du		alance due		default? by		e) In Approverse by board) In Approve		oved ard or	1	ritten ment?
	То	From	1						No	Yes	No	Yes	No				
		•															
												-					
												1	1				
otal				> \$	•												
Part III Grants or Assistance B To be completed by organ					n 99	90,	Part IV, lın	ie 27.									
(a) Name of interested person) Relationship	betv	veen interested						nt or tv	ne of	assista	nce				
(2)		and	the o	rganization			(-)										
Part IV Business Transactions To be completed by organ					n 90	90	 Part IV lin	e 28a	a 28	b or i	28c						
. o so completed by organ		Relationship		. 10 0,, 1011		,			., _0	_, _, .		(e) Sha	rıng of				
(a) Name of interested person	betw	een interest rson and the	ed	(c) A mour transacti			(d) Description of trans		ansactı	on (organız reven						
		rganization										Yes	No				
1ITCH POSSINGER	PHOE	MEMBER C BE AND ER OF CURA	BER O F 867,382 F				MENTS FOR FOOD VICES PROVIDED BY					Νο					

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SCHEDULE 0

Department of the Treesury

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public
Inspection

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number

23-3045622

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	PHOEBE RICHLAND PROVIDED CHARITY CARE, SUBSIDIES, AND OTHER SUPPORT OF THOSE IN NEED TO MANY OF THE PROGRAMS AND INDIVIDUALS IT SERVES UNCOMPENSATED CARE TOTALED 1,233,380 IN 2009, INCLUDING SERVICES PROVIDED TO MEDICAID RESIDENTS WHOSE COSTS EXCEEDED MEDICAID REIMBURSEMENT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		PHOEBE-DEVITT HOMES IS THE SOLE MEMBER OF PHOEBE RICHLAND HEALTH CARE CENTER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE BUSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY A BOARD TOTALING NOT MORE THAN FIFTEEN, IN ADDITION TO THE PRESIDENT/CEO ELECTED TRUSTEES, NOT LESS THAN SEVEN, SHALL BE ELECTED BY THE BOARD ITSELF AND THREE OF WHOM SHALL BE ELECTED AS FOLLOWS ONE BY THE PENNSYLVANIA NORTHEAST CONFERENCE OF THE UNITED CHURCH OF CHRIST CONFERENCE OR MINISTER DESIGNATE, ONE BY THE PENNSYLVANIA CENTRAL CONFERENCE OF THE UNITED CHURCH OF CHRIST CONFERENCE OR MINISTER DESIGNATE, AND ONE BY THE PENNSYLVANIA SOUTHEAST CONFERENCE OF THE UNITED CHURCH OF CHRIST CONFERENCE OR MINISTER DESIGNATE IF A CONFERENCE MINISTER CANNOT FULFILL THE ROLE AND RESPONSIBILITIES OF AN ACTIVE MEMBER OF THE GOVERNING BOARD, THE GOVERNING BOARD WILL CONSULT WITH THE CONFERENCE MINISTER AS TO AN APPROPRIATE REPRESENTATIVE OF THE CONFERENCE LEADERSHIP ALL NOMINEES FOR ELECTION BY THE BOARD SHALL BE SELECTED BY THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD ALL PERSONS SELECTED FOR NOMINATIONS SHALL BE SELECTED ON THE BASIS OF THEIR CONCERN AND INTEREST IN PHOEBE-DEVITT HOMES AND ITS SUBSIDIARY CORPORATIONS NO SALARIED OFFICER OR EMPLOYEE OF THE HOMES OR ITS SUBSIDIARY CORPORATIONS, WITH THE EXCEPTION OF THE PRESIDENT OF THE HOMES, SHALL BE ELIGIBLE FOR TRUSTEESHIP

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		INITIAL REVIEW OF THE TAX RETURN IS DONE BY THE CONTROLLER OF PHOEBE MINISTRIES AFTER INITIAL APPROVAL, THE RETURN IS REVIEWED BY SENIOR MANAGEMENT FOLLOWING FINAL APPROVAL BY SENIOR MANAGEMENT, THE TAX RETURN IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEE BEFORE BEING MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW ONCE THIS PROCESS IS COMPLETE, THE RETURN IS FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		ANY NEW EMPLOYEE MEETING THE DEFINITION OF INTERESTED PERSON IS PROVIDED A LETTER REGARDING THEIR RESPONSIBILITY TO DISCLOSE ANY CONFLICTS OF INTEREST WHICH INCLUDE THE FULL POLICY AND THE CONFLICT OF INTEREST STATEMENT IS RENEWED AT THE BEGINNING OF EACH FISCAL YEAR THE COMPLIANCE OFFICER REVIEWS ALL ACKNOWLEDGEMENT STATEMENTS FOR ANY CONFLICTS OF INTEREST IF A CONFLICT IS IDENTIFIED, IT WILL BE REVIEWED BY THE GOVERNING BOARD TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS ALL DOCUMENTS ARE MAINTAINED IN THE OFFICE OF THE COMPLIANCE OFFICER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		EACH YEAR A COMPENSATION SURVEY ANALYSIS IS COMPLETED FOR OFFICERS AND KEY EMPLOYEES INFORMATION IS COMPILED AND COMPARED WITH CURRENT INTERNAL AND EXTERNAL POSITION SALARY BENCHMARKS BASED ON THIS ANALYSIS, COMPENSATION ADJUSTMENTS ARE PRESENTED TO THE COMPENSATION COMMITTEE AND COMPENSATION DECISIONS ARE IMPLEMENTED ADDITIONALLY, NEW POSITIONS ARE ANALYZED AT THIS TIME USING THE SAME COMPENSATION ANALYSIS PROCESS, NEW STARTING RANGES ARE DETERMINED, PRESENTED AND APPROVED BY THE COMPENSATION COMMITTEE ADDITIONALLY, IN THE RARE CASE WHEN THE NEED FOR A NEW POSITION IS DETERMINED OUTSIDE OF THIS TIME PERIOD, THE SAME COMPENSATION BENCHMARKING AND ANALYSIS IS COMPLETED AND CONSIDERED FOR APPROVAL BY THE COMPENSATION COMMITTEE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEB SITE AND THE 990 IS POSTED TO THE WEB SITE GUIDESTAR ORG OTHER DOCUMENTS ARE NOT MADE AVAILABLE

ldentifier	Return Reference	Explanation
FORM 990, PAGE 3, PART IV, LINE 12 AND FORM 990, PAGE 11, PART XI, LINE 2B		PHOEBE RICHLAND HEALTH CARE CENTER IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PHOEBE-DEVITT HOMES AND AFFILIATED ORGANIZATIONS

ldentifier	Return Reference	Explanation
FORM 990, PAGE 11, PART XI, LINE 2c		THE AUDIT COMMITTEE IS RESPONSIBLE FOR ENGAGING THE AUDIT FIRM THEY ARE ALSO RESPONSIBLE FOR RECOMMENDING THE APPROVAL OF THE COMPLETED AUDIT REPORT TO THE ENTIRE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Schedule A, Part III, Line 12	Explanation for Other Income	other

Identifier	Return Reference	Explanation
FORM 990	PHOEBE MINISTRIES NA RRA TIVE	Phoebe Devitt Homes (dba Phoebe Ministries) is a Pennsylvania not-for-profit corporation, which exists to provide a continuum of residential, health, and community support services, and programs designed to meet the needs of seniors. A fash-based organization affiliated with the United Chrurch of Christ, Phoebe has been in operation since 1903 Today, Phoebe services more than 2,300 older adults throughout Phoebe's 16 communities. Phoebe's primary service area includes communities in Berks, Bucks, Lehgh, Montgomery, Northampton and Union countees Phoebe's Chartable Care Benefit. Phoebe provides the highest quality care to all residents, regardless of their ability to pay - Over 53% of residents of Phoebe's nursing facilities are without personal means and are recipients of Medid funding. In the past three audited fiscal years, Phoebe provided more than \$20 million in chartable care. In fiscal year 2009 alone, this included over 56 million in embrusement shortfalls. — An additional \$1.1 million was spent to support indigent residents in Phoebe's assisted living and limited income communities. Phoebe's Worlforce Benefit. Phoebe employs nearly 1,100 individuals without a gaes and benefits exceeded \$51 million in Fiscal 99. – These 1,100 lobs create an additional 660 jobs in the Commonw ealth (ACCORDING TO CALCULATIONS PROVIDED BY THE PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS). Phoebe serves as a stable employer with good salaries, excellent benefits, and opportunities for origining growth and education within the health care profession - For most positions, Phoebe maintains a rate of compensation at or above the 78th percentile (AS DETERNINED BY A PANPHA SURVEY). Phoebe has low turnover of its caregivers, as compared to industry benchmarks, and Phoebe residents benefit from the resulting continuity of care. Phoebe invests in the staff by partnering with educational institutions, like Penn State University, and providing scholarships and delucational programs was provided for continuing education. Voluntee

ldentifier	Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 1		PHOEBE'S MISSION STATEMENT WAS CHANGED FROM PRIOR YEARS AND A VISION STATEMENT WAS CREATED AS VOTED ON BY THE BOARD ON JANUARY 5, 2010 THE MISSION STATEMENT AS CHANGED IS REFLECTED ON THIS FORM 990 THE VISION STATEMENT THAT WAS CREATED IS AS FOLLOWS "A FAITH BASED MINISTRY RECOGNIZED AS A LEADER OF INNOVATIVE SERVICES, EDUCATION, AND COMMUNITY RESOURCES THAT PROMOTE FULLNESS OF LIFE"

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

Cat No 51056K

Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

DLN: 93493130024030

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** PHOEBE RICHLAND HEALTH CARE CENTER INC 23-3045622 Part I Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity (B) Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations **(C)** Legal domicile (state (B) (F) Name, address, and EIN of related organization Primary activity Exempt Code section Public charity status Direct controlling or foreign country) if section 501(c)(3)) PHOEBE APARTMENTS INC 1901 LINDEN ST HUD HOUSING PA 501(C)(4) N/A ALLENTOWN, PA18104 23-1674396 PHOEBE HOME INC CONTINUING CARE RETIREMENT 1925 TURNER ST PΑ 501(C)(3) N/A COMMUNITY ALLENTOWN, PA18104 23-2302675 PHOEBE-DEVITT HOMES 1925 TURNER ST ADMINISTRATIVE/FUNDRAISING PA 501(C)(3) N/A ALLENTOWN, PA18104 23-1396838 PHOEBE HOUSING INC 1925 TURNER ST **ADMINISTRATIVE** PA 501(C)(3) N/A ALLENTOWN, PA18104 23-2821149 PHOEBE BERKS HEALTH CARE CENTER INC CONTINUING CARE RETIREMENT ONE HEIDELBERG DRIVE N/A PA 501(C)(3) COMMUNITY WERNERSVILLE, PA19565 23-2560952 PHOEBE SERVICES INC 1925 TURNER ST ADMINISTRATIVE & PHARMACY PΑ 501(C)(3) N/A

CONTINUING CARE RETIREMENT

ALLENTOWN, PA18104 23-2586359

208 FERNBROOK AVE

WYNCOTE, PA19095 23-1352525

WYNCOTE CHURCH HOME INC

РΔ

501(C)(3)

N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary act	tivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat) ortionate ions?	(I) Code V—UBI a on Box 20 of		(J Gener mana partn	ral o Iging
								Yes	No		ŀ	Yes	No
Part IV Identification of Re	elated Org	anizations	Taxable as						<u> </u>				
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activ	ity L	(C) egal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total incom	ie	Sha end-	are of of-year ssets	Perce	H) entage ership	
PHOEBE RECIPROCAL RISK RETENTION GROU 177 MEETING ST STE 470 CHARLESTON, SC29401 20-0972649	JP	INSURANCE RELATED		РА	N/A	С	15,8	49		564,021	15 28	10 %	

(6)

Part V	Transactions with Related Organization	าร

Pa	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one oi	r more related organizations listed in Pa	rts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
ь	Gift, grant, or capital contribution to other organization(s)			1b		No
c	: Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e	Yes	
				1f		Na
	Sale of assets to other organization(s)			-		No No
	Purchase of assets from other organization(s)			1g		
	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11	Yes	
m	n Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
	Sharing of paid employees			1n	Yes	
0	Reimbursement paid to other organization for expenses			10	Yes	
p	Reimbursement paid by other organization for expenses			1р	Yes	
q	Other transfer of cash or property to other organization(s)			1q	Yes	
r	O ther transfer of cash or property from other organization(s)			1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	omplete this line, including covered rela	ationships and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
(1)						
(2))					
(3))					
(4))					
(5))					

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	D / Form											

Software ID: Software Version:

EIN: 23-3045622

Name: PHOEBE RICHLAND HEALTH CARE CENTER INC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
PHOEBE APARTMENTS INC 1901 LINDEN ST ALLENTOWN, PA18104 23-1674396	HUD HOUSING	PA	501(C)(4)		N/A
PHOEBE HOME INC 1925 TURNER ST ALLENTOWN, PA18104 23-2302675	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	9	N/A
PHOEBE-DEVITT HOMES 1925 TURNER ST ALLENTOWN, PA18104 23-1396838	ADMINISTRATIVE/FUNDRAISING	PA	501(C)(3)	7	N/A
PHOEBE HOUSING INC 1925 TURNER ST ALLENTOWN, PA18104 23-2821149	A DMINISTRATIVE	PA	501(C)(3)	9	N/A
PHOEBE BERKS HEALTH CARE CENTER INC ONE HEIDELBERG DRIVE WERNERSVILLE, PA 19565 23-2560952	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	9	N/A
PHOEBE SERVICES INC 1925 TURNER ST ALLENTOWN, PA18104 23-2586359	ADMINISTRATIVE & PHARMACY	PA	501(C)(3)	9	N/A
WYNCOTE CHURCH HOME INC 208 FERNBROOK AVE WYNCOTE, PA 19095 23-1352525	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	9	N/A

Software ID: Software Version:

EIN: 23-3045622

Name: PHOEBE RICHLAND HEALTH CARE CENTER INC

Form 990, Part VII - Section Aaa

			(C tion (hat a	chec		I			(E)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		
ROBERT BERTOLETTE , BOARD MEMBER	2 00	Х						0	0	0	
REV DR DAVID H DEREMER , BOARD MEMBER	2 00	Х						0	0	0	
MARTHA C DODGE , VICE CHAIRPERSON	2 00	Х		х				0	0	0	
ALAN B MCFALL esq , CHAIRPERSON	2 00	Х		Х				0	0	0	
REV ALAN C MILLER , BOARD MEMBER	2 00	Х						0	0	0	
ROBERT MILLER , BOARD MEMBER	2 00	Х						0	0	0	
REV DR F RUSSELL MITMAN , BOARD MEMBER	2 00	Х						0	0	0	
REV DANIEL T MOSER II , BOARD MEMBER	2 00	Х						0	0	0	
BRIAN R OTT ESQ , BOARD MEMBER	2 00	Х						0	0	0	
BRENT L PETERS , BOARD MEMBER	2 00	Х						0	0	0	
MITCHELL G POSSINGER , BOARD MEMBER	2 00	Х						0	0	0	
DR DEBORAH A SIEGER , BOARD MEMBER	2 00	Х						0	0	0	
CHARLES WILLIAMS , BOARD MEMBER	2 00	Х						0	0	0	
SCOTT R STEVENSON , president/ceo/treasurer	40 00	Х		х				0	311,224	20,088	
peter e fisher md mba , bOARD MEMBER	2 00	Х						0	0	0	
donald a seibert , boARD MEMBER	2 00	Х						0	0	0	
william j davies , evp & coo	40 00			Х				0	322,040	25,073	
lısa b fichera , avp admın and health car	40 00			Х				0	256,042	17,323	
marykay mcmahon , admınıstrator	40 00					Х		136,506	0	12,338	
lında e gerstlauer , dırector, therapy servic	40 00					Х		106,944	0	12,408	
rev ronald w wells , former officer	0 00						Х	0	186,372	7,978	