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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

PHOEBE RICHLAND HEALTH CARE CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1925 TURNER STREET

Room/suite

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

ALLENTOWN, PA 18104

D Employer identification number

23-3045622

E Telephone number

(610) 794-5142

G Gross receipts \$ 12,673,014

F Name and address of principal officer

SCOTT R STEVENSON  
1925 TURNER STREET  
ALLENTOWN, PA 18104

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.PHOEBE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

2000

M State of legal domicile

PA

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTHCARE, CULTURAL AND RECREATIONAL ACTIVITIES, AND ROOM AND BOARD FOR RESIDENTS	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	201
Revenue	6	Total number of volunteers (estimate if necessary)	240
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0
		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	38,79364,654
	9	Program service revenue (Part VIII, line 2g)	12,416,89412,459,905
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,1662,005
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,044146,450
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,532,89712,673,014
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	00
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,160,2437,483,152
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,367,3294,758,912
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,527,57212,242,064
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	5,325430,950
		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	10,470,59611,749,958
	21	Total liabilities (Part X, line 26)	9,668,46911,007,747
	22	Net assets or fund balances Subtract line 21 from line 20	802,127742,211

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2015-05-11

Date

SCOTT R STEVENSON PRESIDENT/CEO/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JULIUS C GREEN CPA JD

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00350393

Firm's name

BAKER TILLY VIRCHOW KRAUSE LLP

Firm's EIN

39-0859910

Firm's address

1650 MARKET STREET SUITE 4500  
PHILADELPHIA, PA 19103

Phone no

(215) 972-0701

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization’s mission

PHOEBE RICHLAND HEALTH CARE CENTER IS AN AFFILIATED ENTITY OF PHOEBE MINISTRIES ITS MISSION ADHERES TO THE PHOEBE MINISTRIES' MISSION "A COMMUNITY OF FAITH, CALLED BY GOD, TO SERVE THE NEEDS AND TO ENHANCE THE LIVES OF OUR ELDER, THEIR FAMILIES AND THE BROADER COMMUNITY"

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 10,727,747 including grants of \$ 0 ) (Revenue \$ 12,459,905 )

1) SKILLED NURSING - PHOEBE RICHLAND PROVIDES QUALITY NURSING CARE IN A COMFORTABLE HEALTH CARE CENTER THE PHOEBE RICHLAND SKILLED NURSING PROGRAM SERVED 399 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2014 THEY HAD 42,687 SKILLED NURSING CARE CENSUS DAYS DURING THAT TIME, WHICH WAS APPROXIMATELY 97.46% OCCUPANCY. ADDITIONALLY, 145,946 NURSING CARE HOURS WERE DEVOTED TO ACCOMPLISHING THIS PROGRAM SERVICE. 2) INDEPENDENT LIVING - PHOEBE RICHLAND PROVIDES COMPREHENSIVE, INDEPENDENT LIVING SERVICES FOR AGING PEOPLE THE PHOEBE RICHLAND INDEPENDENT LIVING PROGRAM SERVED 3 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2014 THEY OPERATED AT APPROXIMATELY 100% OCCUPANCY. 3) CARE MANAGEMENT - PHOEBE RICHLAND PROVIDES AND COORDINATE QUALITY IN-HOME CARE/SERVICES ENABLING CLIENTS/RESIDENTS TO REMAIN INDEPENDENT THERE WAS AN AVERAGE OF 1 CLIENT/RESIDENT DURING THE FISCAL YEAR

4b

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

4c

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

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

PHOEBE RICHLAND PROVIDED CHARITY CARE, SUBSIDIES, AND OTHER SUPPORT OF THOSE IN NEED TO MANY OF THE PROGRAMS AND INDIVIDUALS IT SERVES UNCOMPENSATED CARE TOTALLED \$1,506,488 IN 2014, INCLUDING SERVICES PROVIDED TO MEDICAID RESIDENTS WHOSE COSTS EXCEEDED MEDICAID REIMBURSEMENT

4d

Other program services (Describe in Schedule O )



















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses 10,727,747

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school 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 United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	24	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c 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 Statements, filed for the calendar year ending with or within the year covered by this return.	201	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for 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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a 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?		9b	
10 Section 501(c)(7) organizations. Enter			
a 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.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THOMAS BAER CPA EXEC DIRFINANCE 1925 TURNER ST ALLENTOWN,PA 18104 (610) 794-5022

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BERTOLETTE BOARD MEMBER	2 00	X						0	0	0
(2) WILLIAM C HACKER BOARD MEMBER	2 00	X						0	0	0
(3) MARTHA C DODGE CHAIRPERSON	2 00	X		X				0	0	0
(4) ALAN B MCFALL ESQ BOARD MEMBER	2 00	X						0	0	0
(5) REV ALAN C MILLER BOARD MEMBER	2 00	X						0	0	0
(6) ROBERT MILLER TREASURER	2 00	X		X				0	0	0
(7) REV DANIEL T MOSER II VICE CHAIRPERSON	2 00	X		X				0	0	0
(8) BRIAN R OTT ESQ BOARD MEMBER	2 00	X						0	0	0
(9) RONALD L RIDER BOARD MEMBER	2 00	X						0	0	0
(10) MITCHELL G POSSINGER BOARD MEMBER	2 00	X						0	0	0
(11) DR DEBORAH A SIEGER BOARD MEMBER	2 00	X						0	0	0
(12) CHARLES WILLIAMS BOARD MEMBER	2 00	X						0	0	0
(13) SCOTT R STEVENSON PRESIDENT/CEO/CFO	40 00	X		X				0	707,029	41,768
(14) PETER E FISHER MD MBA BOARD MEMBER	2 00	X						0	0	0
(15) DONALD A SEIBERT SECRETARY	2 00	X		X				0	0	0
(16) REV DR HILARY J BARRETT BOARD MEMBER	2 00	X						0	0	0
(17) LISA B FICHERA EVP & COO	40 00			X				0	360,099	38,977



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	230,871	1,327,044	141,028

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

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CURA HOSPITALITY INC PO BOX 827276 PHILADELPHIA PA 19182	DIETARY SERVICES	826,888
ARAMARK HEALTHCARE SUPPORT SERVICES 24863 NETWORK PLACE CHICAGO IL 60673	HEALTHCARE SUPPORT	507,885
HOLLENBACH CONSTRUCTION INC PO BOX 507 BOYERTOWN PA 19512	CONSTRUCTION SERVICES	168,462

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ➤3

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	64,654			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		64,654			
Program Service Revenue	2a	RESIDENT REVENUE	Business Code 623000	12,459,905	12,459,905		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		12,459,905			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,505		1,505
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		500		500
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue		Business Code			
11a		INSURANCE COST REDUCTION	623000	103,676			103,676
	b	BEAUTY SHOP	623000	30,536			30,536
	c	POWER CHAIR REIMBURSEMENT	623000	9,647			9,647
	d	All other revenue		2,591			2,591
	e	Total. Add lines 11a-11d		146,450			
12	Total revenue. See Instructions			12,673,014	12,459,905	0	148,455

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	5,915,632	5,553,786	361,846	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	168,531	158,218	10,313	
9	Other employee benefits.	957,276	898,528	58,748	
10	Payroll taxes.	441,713	414,682	27,031	
11	Fees for services (non-employees):				
a	Management.	905,002		905,002	
b	Legal.	2,260		2,260	
c	Accounting.	25,194		25,194	
d	Lobbying.	497		497	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	4,600		4,600	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,503,385	1,501,212	2,173	
12	Advertising and promotion.	3,305		3,305	
13	Office expenses.	243,496	193,174	50,322	
14	Information technology.	4,421		4,421	
15	Royalties.				
16	Occupancy.	251,430	251,430		
17	Travel.	8,539	576	7,963	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	85,409	85,409		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	461,311	461,311		
23	Insurance.	134,038	134,038		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	532,997	532,997		
b	LICENSE, FEES, & TAXES	310,937	293,884	17,053	
c	BAD DEBTS	176,857	176,857		
d	LOSS ON DEBT REFUNDING	51,007	51,007		
e	All other expenses	54,227	20,638	33,589	
25	Total functional expenses. Add lines 1 through 24e.	12,242,064	10,727,747	1,514,317	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing		5,684	<b>1</b>	5,687
	<b>2</b>	Savings and temporary cash investments		2,744,316	<b>2</b>	2,744,313
	<b>3</b>	Pledges and grants receivable, net		3,586	<b>3</b>	40,104
	<b>4</b>	Accounts receivable, net		1,141,293	<b>4</b>	1,298,092
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net		141,500	<b>7</b>	141,500
	<b>8</b>	Inventories for sale or use			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges		54,894	<b>9</b>	54,318
	<b>10a</b>	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 11,006,177			
	<b>b</b>	Less accumulated depreciation	<b>10b</b> 5,093,477	5,183,395	<b>10c</b>	5,912,700
	<b>11</b>	Investments—publicly traded securities		581,087	<b>11</b>	480,593
	<b>12</b>	Investments—other securities See Part IV, line 11		535,206	<b>12</b>	638,882
	<b>13</b>	Investments—program-related See Part IV, line 11			<b>13</b>	
	<b>14</b>	Intangible assets		55,972	<b>14</b>	399,607
	<b>15</b>	Other assets See Part IV, line 11		23,663	<b>15</b>	34,162
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		10,470,596	<b>16</b>	11,749,958
Liabilities	<b>17</b>	Accounts payable and accrued expenses		1,458,246	<b>17</b>	1,488,218
	<b>18</b>	Grants payable			<b>18</b>	
	<b>19</b>	Deferred revenue		14,444	<b>19</b>	13,216
	<b>20</b>	Tax-exempt bond liabilities		2,715,125	<b>20</b>	2,559,960
	<b>21</b>	Escrow or custodial account liability Complete Part IV of Schedule D		23,662	<b>21</b>	33,861
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,456,992	<b>25</b>	6,912,492
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25		9,668,469	<b>26</b>	11,007,747
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		808,986	<b>27</b>	728,412
	<b>28</b>	Temporarily restricted net assets		-6,859	<b>28</b>	13,799
	<b>29</b>	Permanently restricted net assets			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	Total net assets or fund balances		802,127	<b>33</b>	742,211
	<b>34</b>	Total liabilities and net assets/fund balances		10,470,596	<b>34</b>	11,749,958

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,673,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,242,064
3	Revenue less expenses Subtract line 2 from line 1	3	430,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	802,127
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-490,866
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	742,211

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization PHOEBE RICHLAND HEALTH CARE CENTER INC	Employer identification number 23-3045622
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	37,740	38,155	31,530	38,793	64,654	210,872
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,585,025	12,309,046	12,452,025	12,416,894	12,459,905	62,222,895
3 Gross receipts from activities that are not an unrelated trade or business under section 513	36,149	23,233	29,531	33,391	30,536	152,840
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	12,658,914	12,370,434	12,513,086	12,489,078	12,555,095	62,586,607
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	250		725			975
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	250		725			975
8 Public support (Subtract line 7c from line 6.)						62,585,632

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	12,658,914	12,370,434	12,513,086	12,489,078	12,555,095	62,586,607
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,712	1,362	2,263	6,166	-3,095	8,408
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,712	1,362	2,263	6,166	-3,095	8,408
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	71,269	88,972	222,440	37,654	115,914	536,249
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,731,895	12,460,768	12,737,789	12,532,898	12,667,914	63,131,264
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99 140 %	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99 330 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 010 %	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			



Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	OTHER - 2009 AMOUNT \$ 500 2010 AMOUNT \$ 275 2011 AMOUNT \$ 1,308 2012 AMOUNT \$ 2,389 2013 AMOUNT \$ 10,820 INSURANCE COST REDUCTION - 2009 AMOUNT \$ 70,769 2010 AMOUNT \$ 88,697 2011 AMOUNT \$ 20,280 2012 AMOUNT \$ 35,265 2013 AMOUNT \$ 103,676 BAD DEBT EXPENSE RECOVERY - 2011 AMOUNT \$ 200,852 VENDING MACHINES - 2013 AMOUNT \$ 1,418

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  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization PHOEBE RICHLAND HEALTH CARE CENTER INC	Employer identification number 23-3045622
--	--

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?	Yes		
	j Total Add lines 1c through 1i			497
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	497
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year.		
b	Carryover from last year.		
c	Total.		
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 (see instructions).	5	

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	PHOEBE RICHLAND HEALTH CARE CENTER PAYS DUES TO LEADINGAGE AND LEADINGAGE PA. 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 \$497.

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization PHOEBE RICHLAND HEALTH CARE CENTER INC	Employer identification number 23-3045622
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Part I 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
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

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

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

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		600,000		600,000
b Buildings . . . . .		6,942,738	3,298,596	3,644,142
c Leasehold improvements . . . . .				
d Equipment . . . . .		2,181,201	1,794,881	386,320
e Other . . . . .		1,282,238		1,282,238
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,912,700





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	12,023,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-541,738
e	Add lines 2a through 2d . . . . .	2e	-541,738
3	Subtract line 2e from line 1 . . . . .	3	12,564,738
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	4,600
b	Other (Describe in Part XIII ) . . . . .	4b	103,676
c	Add lines 4a and 4b . . . . .	4c	108,276
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	12,673,014

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	12,083,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-103,457
e	Add lines 2a through 2d . . . . .	2e	-103,457
3	Subtract line 2e from line 1 . . . . .	3	12,186,457
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	4,600
b	Other (Describe in Part XIII ) . . . . .	4b	51,007
c	Add lines 4a and 4b . . . . .	4c	55,607
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	12,242,064

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	WHEN A RESIDENT ESTABLISHES A RESIDENT FUND MANAGEMENT SERVICE ACCOUNT, HE OR SHE AUTHORIZES PHOEBE RICHLAND TO ESTABLISH AND MANAGE AN FDIC INSURED INTEREST BEARING RESIDENT FUND OR BURIAL ACCOUNT. THE RESIDENT UNDERSTANDS THAT HE OR SHE MAY HAVE RECURRING CHECKS DEPOSITED DIRECTLY INTO THE ACCOUNT AND THAT HE OR SHE MAY MAKE DEPOSITS TO AND WITHDRAWALS FROM THE ACCOUNT. THE RESIDENT RECEIVES A QUARTERLY STATEMENT OF ACCOUNT. IN THE EVENT OF A RESIDENT'S DEATH, ANY FUNDS OWED OR ADVANCED TO THE RESIDENT BY PHOEBE RICHLAND PRIOR TO DEATH ARE PAID TO PHOEBE RICHLAND WITH ANY REMAINING BALANCE IN THE ACCOUNT BECOMING A PART OF THE RESIDENT'S ESTATE.
PART X, LINE 2	THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING 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. MANAGEMENT DETERMINED THERE WERE NO MATERIAL TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2014 AND 2013. THE ORGANIZATION'S AND ITS AFFILIATES' FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2013, 2012, AND 2011 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. IN ADDITION, THE FEDERAL AND STATE INCOME TAX RETURNS FOR THE FOR-PROFIT AFFILIATES REMAIN SUBJECT TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES FOR THE TAX YEARS 2013, 2012, AND 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS	ROUNDING ADJUSTMENT 135. LOSS ON DEBT REFUNDING -51,007. CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS -490,866.
PART XI, LINE 4B - OTHER ADJUSTMENTS	INSURANCE REIMBURSEMENT 103,676.
PART XII, LINE 2D - OTHER ADJUSTMENTS	INSURANCE REIMBURSEMENT -103,676. ROUNDING ADJUSTMENT 219.
PART XII, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DEBT REFUNDING 51,007.

[illegible]

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number  
23-3045622

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)SCOTT R STEVENSON PRESIDENT/CEO/CFO	(i)	0	0	0	0	0	0	0
	(ii)	399,008	97,873	210,148	17,500	24,268	748,797	0
(2)LISA B FICHERA EVP & COO	(i)	0	0	0	0	0	0	0
	(ii)	269,169	48,482	42,448	17,500	21,477	399,076	0
(3)SANDRA A MASSETTI EVP/CHIEF HEALTHCARE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	190,997	38,340	30,579	17,500	11,879	289,295	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	ALL OFFICERS ARE COMPENSATED BY THE RELATED AFFILIATE, PHOEBE SERVICES (EIN 23-2586359). THESE METHODS INCLUDE THE USE OF A BOARD-LEVEL COMPENSATION COMMITTEE, COMPENSATION SURVEYS USING COMPARABLE DATA FROM OTHER ORGANIZATIONS, AND APPROVAL BY THE BOARD. A FULLER DESCRIPTION OF THE COMPENSATION DETERMINATION PROCESS CAN BE FOUND ON SCHEDULE O, WITHIN THE EXPLANATION FOR PART VI, LINES 15A AND 15B.
PART I, LINE 7	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, OPERATING MARGIN ACHIEVEMENTS, AND ANNUAL PERFORMANCE APPRAISALS. THERE ARE INCENTIVE LEVELS BASED UPON TITLE/ROLE IN THE ORGANIZATION.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number  
23-3045622

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE BOROUGH OF LANGHORNE MANOR HIGHER EDUCATION AND HEALTH AUTHORITY	23-2581246	NONEAVAIL	04-09-2014	18,249,000	REFUNDING OF SERIES 2003 AND CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	18,249,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	2,559,960							
12	Other unspent proceeds	15,689,040							
13	Year of substantial completion	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	CITIZENS BANK OF PA							
c	Term of hedge	10 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2013**  
Open to Public Inspection

Name of the organization  
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number  
23-3045622

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MITCH POSSINGER	BOARD MEMBER OF PHOEBE AND OFFICER OF CURA	899,608	PAYMENTS FOR FOOD SERVICES PROVIDED BY VENDOR ALL TRANSACTIONS ARE AT ARM'S LENGTH		No

**Part V**

**Supplemental Information**  
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization PHOEBE RICHLAND HEALTH CARE CENTER INC	Employer identification number 23-3045622
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PHOEBE-DEVITT HOMES IS THE SOLE MEMBER OF PHOEBE RICHLAND HEALTH CARE CENTER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>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</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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 RETURN IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. ONCE THIS PROCESS IS COMPLETE, THE RETURN IS FILED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANY NEW EMPLOYEE OR BOARD MEMBER 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 FOR SIGNATURE. 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 DETERMINED TO EXIST, IT WILL BE REVIEWED BY THE GOVERNING BOARD TO DETERMINE WHETHER THE CONFLICT IS ACCEPTABLE. IF A BOARD MEMBER HAS A CONFLICT, HE OR SHE WOULD ABSTAIN FROM ANY VOTES THAT WERE IN THE AREA OF THE CONFLICT. ALL DOCUMENTS ARE MAINTAINED IN THE OFFICE OF THE COMPLIANCE OFFICER.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EACH YEAR A COMPENSATION SURVEY REVIEW IS COMPLETED FOR OFFICERS AND KEY EMPLOYEES. INFORMATION IS COMPILED AND COMPARED WITH CURRENT INTERNAL AND EXTERNAL DATA FOR BENCHMARKING. BASED ON THIS ANALYSIS, THE OVERALL COMPENSATION ADJUSTMENTS AND PLAN CRITERIA ARE PRESENTED TO THE COMPENSATION COMMITTEE FOR REVIEW. THE YEARLY PLAN FOR OVERALL ADJUSTMENTS IS VOTED ON BY THE COMPENSATION COMMITTEE AND PRESENTED TO THE GOVERNING BOARD FOR APPROVAL. THE COMPENSATION COMMITTEE OF THE GOVERNING BOARD IS RESPONSIBLE FOR SETTING THE COMPENSATION AND BENEFITS FOR THE PRESIDENT/CEO/CFO. ALL COMPENSATION DECISIONS MADE BY THE COMMITTEE ARE DETERMINED IN KEEPING WITHIN FAIR MARKET VALUE RANGE FOR THE INDUSTRY. THE COMPENSATION COMMITTEE DISCUSSIONS ARE RECORDED IN THEIR RESPECTIVE MINUTES. A GENERAL SUMMARY IS PROVIDED BY THE CHAIR OF THE COMPENSATION COMMITTEE TO THE GOVERNING BOARD MEMBERS THROUGH DISCUSSION IN EXECUTIVE SESSION.</p>

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 MADE AVAILABLE UPON REQUEST



Return Reference	Explanation
FORM 990, PAGE 7, PART VII, COLUMN B	THE OFFICERS OF PHOEBE MINISTRIES DEVOTE THEIR TIME TO EACH ORGANIZATION IN THE GROUP ( SEE SCHEDULE R) HOWEVER, THE TIME NEEDED FOR EACH ORGANIZATION VARIES WIDELY FROM WEEK TO WEEK, MONTH TO MONTH, ETC , AND CONSEQUENTLY , IT WOULD BE EXTREMELY DIFFICULT TO PROVIDE AN ACCURATE ANALYSIS OF THE APPROXIMATE TIME DEVOTED TO EACH ENTITY PHOEBE MINISTRIES PREFERS NOT TO PROVIDE INFORMATION THAT IT CANNOT SUBSTANTIATE AND THEREFORE WILL LIST 40 HOURS PER WEEK FOR EACH OF ITS OFFICERS AS AN ALTERNATIVE TO REPORTING HOURS WORKED FOR RELATED ORGANIZATIONS

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN AND MEDICAL FEES PROGRAM SERVICE EXPENSES 73,113 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 73,113 TRANSPORTATION SERVICES PROGRAM SERVICE EXPENSES 23,255 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 23,255 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 460,267 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 460,267 REPAIR AND MAINTENANCE SERVICES PROGRAM SERVICE EXPENSES 72,086 MANAGEMENT AND GENERAL EXPENSES 2,173 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 74,259 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 21,353 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,353 DIETARY SERVICES PROGRAM SERVICE EXPENSES 851,138 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 851,138

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF SWAP AGREEM -490,866

Return Reference	Explanation	
	FORM 990	<p>PHOEBE MINISTRIES NARRATIVE ORGANIZATIONAL OVERVIEW PHOEBE-DEVITT HOMES (D/B/A PHOEBE MINISTRIES) IS A PENNSYLVANIA NOT-FOR-PROFIT CORPORATION THAT PROVIDES A FULL CONTINUUM OF RESIDENTIAL, HEALTH AND COMMUNITY SUPPORT SERVICES AND PROGRAMS DESIGNED TO MEET THE NEEDS OF SENIOR ADULTS AND THEIR FAMILIES. A FAITH-BASED ORGANIZATION AFFILIATED WITH THE UNITED CHURCH OF CHRIST, PHOEBE HAS BEEN IN OPERATION SINCE 1903. OUR SERVICES INCLUDE LONG-TERM CARE, INDEPENDENT LIVING, SKILLED NURSING, PERSONAL CARE, SHORT-TERM AND OUTPATIENT REHABILITATION, PHARMACY CONSULTING AND DISTRIBUTION, IN-HOME SERVICES AND GERIATRIC CARE MANAGEMENT, AWARD-WINNING MEMORY SUPPORT PROGRAMMING, TELEHEALTH (VIRTUAL MEDICAL CARE) AND RESPIRE CARE. WE SERVE THOUSANDS OF SENIORS AND THEIR FAMILIES ANNUALLY AND PROVIDE OVER \$12 MILLION IN CHARITABLE AND BENEVOLENT CARE. PHOEBE'S PRIMARY SERVICE AREA INCLUDES COMMUNITIES IN BERKS, BUCKS, LEHIGH, MONTGOMERY, NORTHAMPTON AND UNION COUNTIES IN PENNSYLVANIA. PHOEBE'S CHARITABLE CARE BENEFIT PHOEBE PROVIDES THE HIGHEST QUALITY CARE TO ALL RESIDENTS, REGARDLESS OF ABILITY TO PAY. CHARITABLE AND BENEVOLENT CARE ROSE SUBSTANTIALLY TO OVER \$ 12 MILLION DURING THE 2013-2014 FISCAL YEAR. THIS IS A TREND THAT HAS BEEN INCREASING OVER THE LAST FEW YEARS AND IS LINKED TO UNREIMBURSED MEDICAL CARE FOR OUR RESIDENTS. PHOEBE REMAINS COMMITTED TO OUR RESIDENTS AND EMPLOYS COMPREHENSIVE CHARITABLE CARE PROGRAMMING TO ALLOW RESIDENTS TO RECEIVE UNCOMPROMISED CARE EVEN WHEN THEY EXHAUST THEIR FUNDS. THIS IS A CLEAR DEMONSTRATION OF PHOEBE'S ENDURING LEGACY OF CARE AND COMPASSION. THOSE SERVED BY CHARITABLE AND BENEVOLENT CARE ARE ABLE TO RECEIVE OUR QUALITY CARE AND PROGRAMMING, ENSURING THAT EACH AND EVERY PERSON AT PHOEBE IS EXPERIENCING THE JOYS, COMFORTS, AND HAPPINESS EXPECTED IN LIFE. PHOEBE'S WORKFORCE BENEFIT PHOEBE SERVES AS A STABLE EMPLOYER WITH COMPETITIVE SALARIES, EXCELLENT BENEFITS AND OPPORTUNITIES FOR ONGOING GROWTH AND EDUCATION WITHIN THE HEALTH CARE PROFESSION. LAST YEAR, PHOEBE MINISTRIES CONTINUED AS A LEADER IN PROVIDING JOBS TO PEOPLE IN THE COMMUNITY, EMPLOYING 1,222 INDIVIDUALS. OVER THE PAST FISCAL YEAR, PHOEBE HIRED 341 EMPLOYEES. VOLUNTEERISM AT PHOEBE PHOEBE IS ABLE TO DELIVER THE BEST SERVICES TO SENIORS WITH THE HELP OF WELL-TRAINED STAFF AND DEDICATED VOLUNTEERS. PHOEBE WORKS WITH A NUMBER OF ORGANIZATIONS THAT OFFER THEIR MEMBERS AS VALUABLE RESOURCES TO ASSIST THOSE WHO LIVE IN PHOEBE COMMUNITIES. PHOEBE WORKS WITH MORE THAN 925 VOLUNTEERS WHO HELP WITH ACTIVITIES RANGING FROM OFFICE WORK TO CHAPLAIN DUTIES. LAST YEAR, DEDICATED PHOEBE VOLUNTEERS LOGGED 70,598 HOURS OF WORK (NOT INCLUDING GOVERNING BOARD AND COMMITTEE HOURS). PHOEBE ALSO WELCOMES YOUTH VOLUNTEERS EVERY SUMMER, PROVIDING THEM WITH MENTORING OPPORTUNITIES AND VALUABLE EXPOSURE TO CAREERS IN THE HEALTH CARE INDUSTRY. COMMUNITY EDUCATION PHOEBE COMMUNITIES SERVE AS CLINICAL TRAINING SETTINGS FOR STUDENTS IN CERTIFIED NURSING ASSISTANT (CNA), LICENSED PRACTICAL NURSE (LPN) AND REGISTERED NURSING (RN) PROGRAMS AT AREA SCHOOLS. WE ALSO PROVIDE A ROTATION SITE FOR MEDICAL RESIDENTS OF AREA HOSPITALS. PHOEBE SERVICES PHARMACY IS A TEACHING FACILITY AND ROTATION SITE FOR DOCTOR OF PHARMACY CANDIDATES. ADDITIONALLY, PHOEBE SERVES AS A TEACHING FACILITY FOR REHABILITATION SERVICES (PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY) AS WELL AS A TRAINING SITE FOR MASTER'S DEGREE-LEVEL SOCIAL WORK INTERNS. PHOEBE'S CLINICAL PASTORAL EDUCATION (CPE) PROGRAM HAS TRAINED MORE THAN 176 CLERGY, SEMINARIANS AND QUALIFIED LAY PERSONS OF ALL FAITHS IN THE ART AND SKILL OF PASTORAL CARE. OUR LONG-TERM CARE COMMUNITIES ALSO SUPPORT INTERNSHIP POSITIONS FOR STUDENTS AT AREA COLLEGES IN FIELDS SUCH AS BUSINESS, COMMUNICATIONS, NUTRITION AND INFORMATION TECHNOLOGY. THE PHOEBE INSTITUTE ON AGING PROVIDES FORUMS FOR DISCUSSION AND LEARNING, INCLUDING EDUCATIONAL PROGRAMS, COOPERATIVE VENTURES AND OUTREACH ACTIVITIES THAT PROMOTE IMPROVED QUALITY OF LIFE AND CARE FOR THE AGING AND THEIR FAMILIES IN THE REGION PHOEBE SERVES. LAST YEAR, THE ANNUAL INSTITUTE BENEFIT RAISED MORE THAN \$48,000. THESE FUNDS SUPPORTED THREE FREE COMMUNITY CONFERENCES THAT WERE ATTENDED BY NEARLY 600 CAREGIVERS, PROFESSIONALS AND STUDENTS. PHOEBE ALSO PROACTIVELY HELPS THOSE IN THE COMMUNITY TO STAY INDEPENDENT. PHOEBE AT HOME SERVICES IS A GERIATRIC CARE MANAGEMENT PROGRAM DEDICATED TO EXPLORING NEW WAYS TO PROVIDE CARE TO OLDER PERSONS LIVING AT HOME. IN-HOME SERVICES ARE BASED ON THE INDIVIDUAL'S NEEDS, INTERESTS AND VALUES. SINCE THE LAUNCH OF PHOEBE AT HOME SERVICES, THE GERIATRIC CARE MANAGEMENT PROGRAM HAS HELPED NEARLY 500 CLIENTS IN THE COMMUNITY STAY INDEPENDENT LONGER. PHOEBE MINISTRIES ALSO OFFERS ALZHEIMER'S AWARENESS EVENTS, SUPPORT GROUPS, SENIOR EXPOS, NEIGHBORHOOD CHURCH SERVICES AND INFORMATIONAL AGING FORUMS AS FREE PROGRAMS TO EDUCATE THE COMMUNITY. PASTORAL CARE PASTORAL CARE IS FUNDAMENTAL TO PHOEBE'S CONTINUUM OF CARE. PHOEBE E</p>

Return Reference	Explanation	
	FORM 990	MPLOYS FOUR FULL-TIME CHAPLAINS WHO ARE BOARD CERTIFIED BY THE ASSOCIATION OF PROFESSIONAL CHAPLAINS AND THREE PART-TIME CHAPLAINS ECUMENICAL WORSHIP, SPIRITUAL ASSESSMENTS, LIFE REVIEW, POETRY THERAPY, COUNSELING, BEREAVEMENT AND SPIRITUAL SUPPORT GROUPS, FUNERALS AND MEMORIAL SERVICES ARE PROVIDED FOR RESIDENTS AND THEIR FAMILIES PHOEBE CHAPLAINS SHARE T HEIR EXPERTISE WITH LOCAL CONGREGATIONS, AGENCIES, SENIOR CENTERS AND OTHER COMMUNITY GROU PS THROUGH CONFERENCES AND COMMUNITY PRESENTATIONS

Return Reference	Explanation
FORM 990	<p>PHOEBE MINISTRIES NARRATIVE CONT DONOR SUPPORT OF OUR MISSION SUPPORT FROM OUR DONORS FUND EXCEPTIONAL CARE AND PROGRAMMING FOR OUR RESIDENTS AND ALSO ENHANCES EDUCATION FOR THOSE WHO SERVE OUR AGING POPULATION UNRESTRICTED GIFTS REMAIN THE BACKBONE OF SUPPORTING PHOEBE'S MISSION AND PLAY A PART IN MANY PROJECTS COMPLETED AT PHOEBE THROUGHOUT THE YEAR UNRESTRICTED GIVING PROVIDES PHOEBE WITH THE OPPORTUNITY TO USE THE MONEY WHERE IT IS NEEDED MOST AND WHERE IT WILL HAVE THE GREATEST IMPACT AN UNRESTRICTED GIFT MAY BE USED TO SUPPORT CHARITABLE CARE OR COMMUNITY LIFE PROGRAMMING, EQUIPMENT REPAIRS, PASTORAL CARE PROGRAMMING OR EVEN COMMUNITY ENHANCEMENTS PHOEBE ALSO ACCEPTS RESTRICTED GIFTS THAT ARE DEEMED REASONABLE BY THE INSTITUTIONAL ADVANCEMENT DEPARTMENT DONORS ARE ENCOURAGED TO FIRST DISCUSS THEIR IDEAS FOR RESTRICTED GIFTS WITH THE INSTITUTIONAL ADVANCEMENT DEPARTMENT TO ASSURE THE APPROPRIATE USE OF THEIR CHARITABLE GIFT AND OFFICIAL ACCEPTANCE MANY OF OUR DONORS ALSO CHOOSE TO REMEMBER PHOEBE MINISTRIES IN THEIR ESTATE PLANS THEIR THOUGHTFULLY ARRANGED DEFERRED GIFTS HAVE A SIGNIFICANT IMPACT ON PHOEBE'S MISSION AND MINISTRY EVEN AFTER THEIR DEATH PHOEBE IS ALSO BLESSED BY DONORS WHO HAVE ESTABLISHED PERMANENT ENDOWMENTS THAT ARE PRUDENTLY INVESTED AND PROVIDE AN ONGOING INCOME STREAM TO PHOEBE IN PERPETUITY DONORS ALSO PROVIDE SUPPORT TO PHOEBE THROUGH TRUSTS OF VARIOUS TYPES, WHILE OTHERS CHOOSE TO UTILIZE CHARITABLE GIFT ANNUITIES (A SIMPLE CONTRACT WITH PHOEBE MINISTRIES) AS A MEANS OF MAKING A SIGNIFICANT GIFT TO PHOEBE WHILE RETAINING A LIFE INCOME STREAM DONORS MAY CONTACT THE INSTITUTIONAL ADVANCEMENT OFFICE (610-794-5132) TO EXPLORE GIFT PLANNING OPTIONS ADDITIONALLY, PHOEBE ENCOURAGES DONORS TO CONSULT THEIR PROFESSIONAL ADVISORS WHEN CONSIDERING SIGNIFICANT CHARITABLE GIFTS THE INSTITUTIONAL ADVANCEMENT STAFF FREQUENTLY WORK WITH DONOR ADVISORS TO ACCOMPLISH THE DONORS' GOALS AND DESIRED OUTCOMES GENERAL GIFT PLANNING INFORMATION IS ALSO AVAILABLE AT PHOEBE.ORG/GIFTPLANNING PHOEBE AS AN INNOVATOR ALL FOUR OF OUR CONTINUING CARE RETIREMENT COMMUNITIES HAVE ACHIEVED THE EXCELLENCE IN CARE DISTINCTION FROM THE ALZHEIMER'S FOUNDATION OF AMERICA (AFA) IN FACT, PHOEBE IS CURRENTLY THE ONLY ORGANIZATION IN THE COUNTRY TO ACHIEVE THE EXCELLENCE IN CARE STATUS FOR ALL OF ITS MEMORY SUPPORT NEIGHBORHOODS WE'VE LAUNCHED A NEW MODEL OF REHABILITATION SERVICES FOR INDIVIDUALS WITH NEUROCOGNITIVE IMPAIRMENTS THE NET (NEUROCOGNITIVE ENGAGEMENT THERAPY) MODEL IS UNIQUE BECAUSE IT INCORPORATES AN INTERDISCIPLINARY TEAM OF THERAPISTS, SOCIAL WORKERS, PSYCHOLOGISTS AND COMMUNITY LIFE STAFF TO PROVIDE THE BEST THERAPY EXPERIENCE FOR INDIVIDUALS WITH DEMENTIA PHOEBE WAS INVITED TO PRESENT THE NET MODEL AT TWO NATIONAL CONFERENCESTHE NATIONAL PHYSICAL THERAPY CONFERENCE AND THE GERONTOLOGICAL SOCIETY OF AMERICA-IN THE COMING YEAR LEADERSHIP BOTH PHOEBE RICHLAND AND PHOEBE WYNCOTE RECENTLY RECEIVED THE HIGHEST AVAILABLE 5-STAR RATING FROM THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES AND WERE LISTED AS ONE OF AMERICA'S BEST NURSING HOMES BY U.S. NEWS AND WORLD REPORT EXPANDED FACILITIES AND SERVICES WE BROKE GROUND ON A DRAMATIC 72,600 SQUARE-FOOT ADDITION TO OUR PHOEBE RICHLAND CAMPUS A PERSONAL CARE FACILITY FEATURING 72 STUDIO AND ONE-BEDROOM APARTMENTS (18 ALLOCATED TO MEMORY SUPPORT) AND FOUR SEMI-PRIVATE ROOMS</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number  
23-3045622

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PHOEBE RECIPROCAL RISK RETENTION GROUP  177 MEETING ST STE 470 CHARLESTON, SC 29401 20-0972649	INSURANCE RELATED	SC	PHOEBE-DEVITT HOMES	C	103,676	638,882	15 280 %		No



Part V

Transactions With Related Organizations

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PHOEBE APARTMENTS INC  1901 LINDEN ST ALLENTOWN, PA 18104 23-1674396	HUD HOUSING	PA	501(C)(4)		PHOEBE-DEVITT HOMES		No
(1) PHOEBE HOME INC  1925 TURNER ST ALLENTOWN, PA 18104 23-2302675	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
(2) PHOEBE-DEVITT HOMES  1925 TURNER ST ALLENTOWN, PA 18104 23-1396838	ADMINISTRATIVE/FUNDRAISING	PA	501(C)(3)	7	N/A		No
(3) PHOEBE HOUSING INC  1925 TURNER ST ALLENTOWN, PA 18104 23-2821149	ADMINISTRATIVE	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
(4) PHOEBE BERKS HEALTH CARE CENTER INC  ONE HEIDELBERG DRIVE WERNERSVILLE, PA 19565 23-2560952	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
(5) PHOEBE SERVICES INC  1925 TURNER ST ALLENTOWN, PA 18104 23-2586359	ADMINISTRATIVE & PHARMACY	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
(6) WYNCOTE CHURCH HOME INC  208 FERNBROOK AVE WYNCOTE, PA 19095 23-1352525	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
(7) PHOEBE CORPORATE AND COMMUNITY BASED SERVICES INC  1925 TURNER ST ALLENTOWN, PA 18104 45-5005460	THERAPY & REHABILITATION SERVICES	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No