

Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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) Room/suite
1925 TURNER STREET

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 18104

F Name and address of principal officer
SCOTT R STEVENSON
1925 TURNER STREET
ALLENTOWN, PA 18104

D Employer identification number

23-3045622

E Telephone number

(610) 794-5142

G Gross receipts \$ 13,749,018

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

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 ▶

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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	214	
	6 Total number of volunteers (estimate if necessary)	6	221	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		79,445	37,912	
		13,048,161	13,594,920	
		3,753	21,298	
		84,815	94,888	
Expenses		13,216,174	13,749,018	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0		
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,906,055	8,008,147		
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,889,153	6,463,829	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,795,208	14,471,976	
	19 Revenue less expenses Subtract line 18 from line 12	420,966	-722,958	
		Beginning of Current Year	End of Year	
		19,095,349	24,988,401	
		18,225,679	25,469,383	
		869,670	-480,982	

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

2017-05-10
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

Preparer's signature
JULIUS C GREEN CPA

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(2015)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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 ELDERS, 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 \$ 13,022,664 including grants of \$ 0) (Revenue \$ 13,594,920)

1) SKILLED NURSING - PHOEBE RICHLAND PROVIDES QUALITY NURSING CARE IN A COMFORTABLE HEALTH CARE CENTER THE PHOEBE RICHLAND SKILLED NURSING PROGRAM SERVED 443 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2016 THEY HAD 45,759 SKILLED NURSING CARE CENSUS DAYS DURING THAT TIME, WHICH WAS APPROXIMATELY 93 30% OCCUPANCY ADDITIONALLY, 154,447 NURSING CARE HOURS WERE DEVOTED TO ACCOMPLISHING THIS PROGRAM SERVICE 3) PERSONAL CARE - PHOEBE RICHLAND PROVIDES INTERMEDIATE LEVELS OF CARE WHEN INDIVIDUALS NEED HELP WITH SOME ACTIVITIES OF DAILY LIVING BUT DO NOT REQUIRE 24 HOUR SKILLED NURSING CARE THE RICHLAND PERSONAL CARE PROGRAM SERVED 38 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2016 THEY HAD 3,113PERSONAL CARE CENSUS DAYS DURING THAT TIME, WHICH WAS APPROXIMATELY 92 19% OCCUPANCY ADDITIONALLY, 8,275 NURSING CARE HOURS WERE DEVOTED TO ACCOMPLISHING THIS PROGRAM SERVICE 3) INDEPENDENT LIVING - PHOEBE RICHLAND PROVIDES COMPREHENSIVE, INDEPENDENT LIVING SERVICES FOR AGING PEOPLE THE PHOEBE RICHLAND INDEPENDENT LIVING PROGRAM SERVED 2 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2016 THEY OPERATED AT APPROXIMATELY 100 00% OCCUPANCY 4) CARE MANAGEMENT - PHOEBE RICHLAND PROVIDES AND COORDINATES QUALITY IN-HOME CARE/SERVICES ENABLING CLIENTS/RESIDENTS TO REMAIN INDEPENDENT

4b

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

4c

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

See Additional Data

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 13,022,664

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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	1a 43		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c 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	2a 214		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
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? Note. 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 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	17	
1b	Enter the number of voting members included in line 1a, above, who are independent	15	
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
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) REV DANIEL T MOSER II CHAIRPERSON	1 00	X		X				0	0	0
(2) DONALD A SEIBERT VICE CHAIRPERSON	1 00	X		X				0	0	0
(3) ROBERT BERTOLETTE BOARD MEMBER	1 00	X						0	0	0
(4) MARTHA C DODGE BOARD MEMBER	1 00	X						0	0	0
(5) ALAN B MCFALL ESQ BOARD MEMBER	1 00	X						0	0	0
(6) REV ALAN C MILLER BOARD MEMBER	1 00	X						0	0	0
(7) RONALD L RIDER BOARD MEMBER	1 00	X						0	0	0
(8) MITCHELL G POSSINGER BOARD MEMBER	1 00	X						0	0	0
(9) DR DEBORAH A SIEGER BOARD MEMBER	1 00	X						0	0	0
(10) PETER E FISHER MD MBA BOARD MEMBER	1 00	X						0	0	0
(11) WILLIAM C HACKER BOARD MEMBER	1 00	X						0	0	0
(12) JOHN T LAWTON BOARD MEMBER	1 00	X						0	0	0
(13) ANTHONY R THOMAS BOARD MEMBER	1 00	X						0	0	0
(14) REV WILLIAM PAUL WORLEY BOARD MEMBER	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(15) SCOTT R STEVENSON PRESIDENT/CEO/CFO	40 00	X		X				0	797,441	45,215
(16) REV DR HILARY J BARRETT SECRETARY	1 00	X		X				0	0	0
(17) ROBERT MILLER TREASURER	1 00	X		X				0	0	0
(18) LISA B FICHERA EVP/COO	40 00			X				0	371,757	42,319
(19) SANDRA A MASSETTI EVP/CHIEF HEALTHCARE OFFICER	40 00			X				0	266,160	41,505
(20) TRACY L ROMAN EXECUTIVE DIRECTOR	40 00					X		125,772	0	9,869
(21) LINDA E GERSTLAUER DIR, THERAPY SERVICES	40 00					X		113,848	0	22,797
(22) LAURA ALVAREZ RN CHARGE NURSE	40 00					X		108,212	0	2,780

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	347,832	1,435,358	164,485

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 ▶ 3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
HOLLENBACH CONSTRUCTION INC PO BOX 507 BOYERTOWN, PA 19512	CONSTRUCTION SVC	2,548,528
TRUSTHOUSE SERVICES GROUP INC PO BOX 743676 ATLANTA, GA 303744367	DIETARY SVC	1,039,634
ARAMARK HEALTHCARE SUPPORT SVC 24863 NETWORK PLACE CHICAGO, IL 606731248	HEALTHCARE SUPPORT	480,516
ONE POINT INC 605 E BROAD ST BETHLEHEM, PA 18018	INTERIOR DESIGN	262,278
WEAVER COMPANIES INC 4873 DIVISION HWY EAST EARL, PA 17519	CONSTRUCTION SVC	196,220

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 ▶ 5

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	37,912		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		37,912		
Program Service Revenue	2a	RESIDENT REVENUE	Business Code 623000	13,594,920	13,594,920	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		13,594,920		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		21,298	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		(i) Real				
		(ii) Personal				
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		(i) Securities				
		(ii) Other				
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
a						
b		Less direct expenses				
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19				
a						
b		Less direct expenses				
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances				
a						
b		Less cost of goods sold				
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code			
11a	INSURANCE COST REDUCTION		623000	46,336		46,336
b	BEAUTY SHOP		623000	34,866		34,866
c	VENDING MACHINES		623000	2,415		2,415
d	All other revenue			11,271		11,271
e	Total. Add lines 11a-11d			94,888		
12	Total revenue. See Instructions		13,749,018	13,594,920	0	116,186

Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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.	6,395,185	6,280,072	115,113	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	176,701	170,536	6,165	
9	Other employee benefits.	960,366	946,064	14,302	
10	Payroll taxes.	475,895	466,377	9,518	
11	Fees for services (non-employees):				
a	Management.	1,027,146		1,027,146	
b	Legal.	62,337		62,337	
c	Accounting.	27,962		27,962	
d	Lobbying.	254		254	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,585,227	2,531,833	53,394	
12	Advertising and promotion.				
13	Office expenses.	265,586	215,455	50,131	
14	Information technology.	12,324		12,324	
15	Royalties.				
16	Occupancy.	314,813	314,813		
17	Travel.	5,447	982	4,465	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	234,015	234,015		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	838,475	838,475		
23	Insurance.	118,306	118,306		
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	512,279	512,279		
b	LICENSE, FEES, & TAXES	336,974	311,866	25,108	
c	BAD DEBTS	81,786	81,786		
d	DUES & MEMBERSHIPS	20,458	879	19,579	
e	All other expenses	20,440	-1,074	21,514	
25	Total functional expenses. Add lines 1 through 24e.	14,471,976	13,022,664	1,449,312	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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			18,691	1	18,700
	2	Savings and temporary cash investments			2,731,309	2	2,731,300
	3	Pledges and grants receivable, net			33,849	3	9,746
	4	Accounts receivable, net			1,548,939	4	1,448,123
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			141,500	7	141,500
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			47,419	9	78,741
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	25,475,506			
	b	Less—accumulated depreciation	10b	6,330,628	13,028,395	10c	19,144,878
	11	Investments—publicly traded securities			427,379	11	258,459
	12	Investments—other securities. See Part IV, line 11			689,097	12	735,433
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			384,884	14	361,143
	15	Other assets. See Part IV, line 11			43,887	15	60,378
16	Total assets. Add lines 1 through 15 (must equal line 34)			19,095,349	16	24,988,401	
Liabilities	17	Accounts payable and accrued expenses			1,720,557	17	2,282,045
	18	Grants payable				18	
	19	Deferred revenue			13,560	19	11,446
	20	Tax-exempt bond liabilities			8,786,717	20	14,730,626
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			43,887	21	59,368
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			7,660,958	25	8,385,898
	26	Total liabilities. Add lines 17 through 25			18,225,679	26	25,469,383
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			867,926	27	-480,758
28		Temporarily restricted net assets			1,744	28	-224
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			869,670	33	-480,982
34		Total liabilities and net assets/fund balances			19,095,349	34	24,988,401

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	13,749,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,471,976
3	Revenue less expenses Subtract line 2 from line 1	3	-722,958
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	869,670
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	-4,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-623,694
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-480,982

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 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		No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
	☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 23-3045622

Name: PHOEBE RICHLAND HEALTH CARE CENTER INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(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 TOTALED \$2,083,325 IN 2016, INCLUDING SERVICES PROVIDED TO MEDICAID RESIDENTS WHOSE COSTS EXCEEDED MEDICAID REIMBURSEMENT			
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SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number
23-3045622

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 (Form 990 or 990-EZ))
- 3

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.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—2014.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—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						☐
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						☐
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						☐

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	31,530	38,793	64,654	79,445	37,912	252,334
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	12,452,025	12,416,894	12,459,905	13,048,161	13,594,920	63,971,905
3 Gross receipts from activities that are not an unrelated trade or business under section 513	29,531	33,391	30,536	30,325	34,866	158,649
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	12,513,086	12,489,078	12,555,095	13,157,931	13,667,698	64,382,888
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	725			5,050	300	6,075
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	725			5,050	300	6,075
8 Public support. (Subtract line 7c from line 6.)						64,376,813

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	12,513,086	12,489,078	12,555,095	13,157,931	13,667,698	64,382,888
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,263	6,166	-3,095	4,133	21,298	30,765
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,263	6,166	-3,095	4,133	21,298	30,765
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	222,440	37,654	115,914	54,490	60,022	490,520
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,737,789	12,532,898	12,667,914	13,216,554	13,749,018	64,904,173

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.190 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.160 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.050 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.020 %

19a 33 1/3% support tests—2015. 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	OTHER - 2011 AMOUNT \$ 1,308 2012 AMOUNT \$ 2,389 2013 AMOUNT \$ 10,820 2014 AMOUNT \$ 2,942 2015 AMOUNT \$ 11,271 INSURANCE COST REDUCTION - 2011 AMOUNT \$ 20,280 2012 AMOUNT \$ 35,265 2013 AMOUNT \$ 103,676 2014 AMOUNT \$ 50,215 2015 AMOUNT \$ 46,336 BAD DEBT EXPENSE RECOVERY - 2011 AMOUNT \$ 200,852 VENDING MACHINES - 2013 AMOUNT \$ 1,418 2014 AMOUNT \$ 1,333 2015 AMOUNT \$ 2,415

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of 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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		254
j	Total. Add lines 1c through 1i			254
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 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, lines 1 and 2 (see instructions), 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 \$254.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number
23-3045622

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		600,000		600,000
b Buildings		7,150,343	4,328,171	2,822,172
c Leasehold improvements				
d Equipment		2,407,190	2,002,457	404,733
e Other		15,317,973		15,317,973
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				19,144,878

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	13,078,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-624,682
e	Add lines 2a through 2d	2e	-624,682
3	Subtract line 2e from line 1	3	13,702,682
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	46,336
c	Add lines 4a and 4b	4c	46,336
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	13,749,018

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	14,426,000
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	-45,976
e	Add lines 2a through 2d	2e	-45,976
3	Subtract line 2e from line 1	3	14,471,976
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	14,471,976

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 XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	ROUNDING ADJUSTMENT -988 CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS - 623,694
PART XI, LINE 4B - OTHER ADJUSTMENTS	INSURANCE REIMBURSEMENT 46,336
PART XII, LINE 2D - OTHER ADJUSTMENTS	INSURANCE REIMBURSEMENT -46,336 ROUNDING ADJUSTMENT 360

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) 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)	411,079	120,819	265,543	18,000	27,215	842,656	0
2 LISA B FICHERAEVP/COO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	253,325	49,457	68,975	18,000	24,319	414,076	0
3 SANDRA A MASSETTI EVP/CHIEF HEALTHCARE OFFICER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	196,368	35,200	34,592	18,000	23,505	307,665	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 4B	SCOTT STEVENSON, LISA FICHERA, AND SANDRA MASSETTI PARTICIPATE IN A NON-QUALIFIED RETIREMENT PLAN. PHOEBE MINISTRIES CONTRIBUTED \$18,000 TO EACH EXECUTIVE'S PLAN DURING THE YEAR.

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	12,150,666									
11	Other spent proceeds	2,559,960									
12	Other unspent proceeds	3,518,374									
13	Year of substantial completion	2016									
		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	X							
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	800 00000000000 %							
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)

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

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number
23-3045622

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	Yes	No
Total ▶ \$												

Part III Grants or Assistance Benefiting 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	1,210,553	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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC**Employer identification number**

23-3045622

Return Reference

FORM 990, PART VI, SECTION A, LINE 6

Explanation

PHOEBE-DEVITT HOMES IS THE SOLE MEMBER OF PHOEBE RICHLAND HEALTH CARE CENTER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BUSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY A BOARD TOTALING NOT MORE THAN FIFTEEN, IN ADDITION TO THE PRESIDENT/CEO Elected Trustees, not less than seven, shall be elected by the board itself and three of whom shall be elected as follows one by the PENNSYLVANIA NORTHEAST CONFERENCE OF THE UNITED CHURCH OF CHRIST CONFERENCE OR MINISTER DESIGNATE, ONE BY THE PENNSYLVANIA CENTRAL CONFERENCE OF THE UNITED CHURCH OF CHRIST CONFERENCE OR MINISTER DESIGNATE, AND ONE BY THE PENNSYLVANIA SOUTHEAST CONFERENCE OF THE UNITED CHURCH OF CHRIST CONFERENCE OR MINISTER DESIGNATE IF A CONFERENCE MINISTER CANNOT FULFILL THE ROLE AND RESPONSIBILITIES OF AN ACTIVE MEMBER OF THE GOVERNING BOARD, THE GOVERNING BOARD WILL CONSULT WITH THE CONFERENCE MINISTER AS TO AN APPROPRIATE REPRESENTATIVE OF THE CONFERENCE LEADERSHIP ALL NOMINEES FOR ELECTION BY THE BOARD SHALL BE SELECTED BY THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD ALL PERSONS SELECTED FOR NOMINATIONS SHALL BE SELECTED ON THE BASIS OF THEIR CONCERN AND INTEREST IN PHOEBE-DEVITT HOMES AND ITS SUBSIDIARY CORPORATIONS NO SALARIED OFFICER OR EMPLOYEE OF THE HOMES OR ITS SUBSIDIARY CORPORATIONS, WITH THE EXCEPTION OF THE PRESIDENT OF THE HOMES, SHALL BE ELIGIBLE FOR TRUSTEESHIP

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 ACKNOWLEDGEMENT STATEMENTS INCLUDE LANGUAGE REGARDING FAMILY AND BUSINESS RELATIONSHIPS AS SOURCES OF POSSIBLE INTERESTED PERSONS 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	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.

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	PHY S I C I A N A N D M E D I C A L F E E S P R O G R A M S E R V I C E E X P E N S E S 88,663 M A N A G E M E N T A N D G E N E R A L E X P E N S E S 0 F U N D R A I S I N G E X P E N S E S 0 T O T A L E X P E N S E S 88,663 T R A N S P O R T A T I O N S E R V I C E S P R O G R A M S E R V I C E E X P E N S E S 23,320 M A N A G E M E N T A N D G E N E R A L E X P E N S E S 0 F U N D R A I S I N G E X P E N S E S 0 T O T A L E X P E N S E S 23,320 O T H E R P R O F E S S I O N A L F E E S P R O G R A M S E R V I C E E X P E N S E S 682,653 M A N A G E M E N T A N D G E N E R A L E X P E N S E S 44,569 F U N D R A I S I N G E X P E N S E S 0 T O T A L E X P E N S E S 727,222 R E P A I R A N D M A I N T E N A N C E S E R V I C E S P R O G R A M S E R V I C E E X P E N S E S 95,550 M A N A G E M E N T A N D G E N E R A L E X P E N S E S 2,089 F U N D R A I S I N G E X P E N S E S 0 T O T A L E X P E N S E S 97,639 P U R C H A S E D S E R V I C E S P R O G R A M S E R V I C E E X P E N S E S 479,528 M A N A G E M E N T A N D G E N E R A L E X P E N S E S 6,736 F U N D R A I S I N G E X P E N S E S 0 T O T A L E X P E N S E S 486,264 D I E T A R Y S E R V I C E S P R O G R A M S E R V I C E E X P E N S E S 1,162,119 M A N A G E M E N T A N D G E N E R A L E X P E N S E S 0 F U N D R A I S I N G E X P E N S E S 0 T O T A L E X P E N S E S 1,162,119

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF SWAP AGREEM -623,694

Return Reference	Explanation
FORM 990	ORGANIZATIONAL OVERVIEW PHOEBE-DEVITT HOMES (D/B/A PHOEBE MINISTRIES) IS A PENNSYLVANIA NOT-FOR-PROFIT CORPORATION PHOEBE STARTED AS JUST A SINGLE ALLENTOWN NURSING HOME FACILITY IN 1903 AND NOW SERVES THOUSANDS OF SENIORS ANNUALLY IN SEVEN PENNSYLVANIA COUNTIES PHOEBE FEATURES FOUR CONTINUING CARE RETIREMENT COMMUNITIES, EIGHT AFFORDABLE HOUSING FACILITIES, HOME AND COMMUNITY-BASED SERVICES AND TWO PHARMACIES PHOEBE'S COMPREHENSIVE SERVICES INCLUDE SKILLED NURSING CARE, PERSONAL CARE, INDEPENDENT LIVING, IN HOME CARE COORDINATION, SHORT TERM AND OUTPATIENT REHABILITATION, MENTAL HEALTH SERVICES, AND AWARD-WINNING MEMORY SUPPORT AND DEMENTIA SERVICES PHOEBE'S PRIMARY SERVICE AREA INCLUDES COMMUNITIES IN BERKS, BUCKS, LEHIGH, MONTGOMERY, NORTHAMPTON, LANCASTER, AND UNION COUNTIES IN PENNSYLVANIA PHOEBE'S CHARITABLE CARE BENEFIT PHOEBE'S CHARITABLE CARE LEVELS AGAIN INCREASED IN FISCAL YEAR 2016 AND EXCEEDED \$15 MILLION, A SIGNIFICANT INCREASE FROM \$14.05 MILLION IN FISCAL YEAR 2015 THIS LEVEL OF CHARITABLE CARE DEMONSTRATES OUR CONTINUED DEDICATION TO SUPPORTING SENIORS, REGARDLESS OF THEIR ABILITY TO PAY PHOEBE REMAINS COMMITTED TO OUR RESIDENTS AND EMPLOYEES COMPREHENSIVE CHARITABLE CARE PROGRAMMING TO ALLOW RESIDENTS TO RECEIVE UNCOMPROMISED CARE EVEN WHEN THEY EXHAUST THEIR FUNDS THIS IS A DEMONSTRATION OF PHOEBE'S ENDURING LEGACY OF CARE AND COMPASSION THOSE SERVED BY CHARITABLE AND BENEVOLENT CARE ARE ABLE TO RECEIVE PHOEBE'S 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 CONTINUES TO ATTRACT SKILLED AND DEDICATED EMPLOYEES WE OFFER 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 1,269 INDIVIDUALS HUMAN RESOURCES STAFF ATTENDS AND RECRUITS FROM JOB FAIRS AND ADVERTISES OPEN POSITIONS AT LEHIGH VALLEY COLLEGES AND OTHER UNIVERSITIES IN THE NORTHEAST VOLUNTEERISM AT PHOEBE PHOEBE'S VOLUNTEERS RANGE IN AGE FROM JUST 14 YEARS OLD TO 102 YEARS OLD AND ARE TRAINED BY PHOEBE STAFF FOR THE VARIOUS ACTIVITIES FOR WHICH THEY VOLUNTEER BECAUSE OF OUR WELL-TRAINED STAFF AND DEDICATED VOLUNTEERS, PHOEBE IS ABLE TO DELIVER THE BEST SERVICES TO SENIORS PHOEBE PARTNERS WITH INDIVIDUALS, LOCAL CORPORATIONS, AND ORGANIZATIONS TO THOSE WHO LIVE IN PHOEBE COMMUNITIES PHOEBE WORKS WITH MORE THAN 636 VOLUNTEERS WHO HELP WITH ACTIVITIES RANGING FROM OFFICE WORK TO CHAPLAIN DUTIES PHOEBE ALSO WELCOMES ADDITIONAL YOUTH VOLUNTEERS EVERY SUMMER, PROVIDING THEM WITH MENTORING OPPORTUNITIES AND VALUABLE EXPOSURE TO CAREERS IN THE HEALTH CARE INDUSTRY COMMUNITY EDUCATION FOUNDED IN 2001, THE PHOEBE INSTITUTE ON AGING'S MISSION IS TO PROVIDE FORUMS FOR DISCUSSION AND LEARNING, INCLUDING EDUCATIONAL PROGRAMS, COOPERATIVE VENTURES, AND OUTREACH ACTIVITIES WHICH PROMOTE IMPROVED QUALITY OF CARE FOR THE AGING AND THEIR FAMILIES IN THE REGIONS PHOEBE SERVES IT IS GUIDED BY A COMMUNITY ADVISORY BOARD WHICH INCLUDES REPRESENTATIVES OF GOVERNMENTAL AGENCIES, HOSPITAL AND MEDICAL PERSONNEL, HUMAN SERVICES PROVIDERS, AREA AGENCIES ON AGING, AND FACULTY FROM COLLEGES AND UNIVERSITIES IN 2014, A SUBCOMMITTEE OF THE PHOEBE INSTITUTE ON AGING (PIA) WAS FORMED TO FOCUS ON DEMENTIA THIS GROUP BROUGHT TOGETHER REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS AND THE PHOEBE CENTER FOR EXCELLENCE IN DEMENTIA CARE THE COMMITTEE COLLABORATES WITH LOCAL ORGANIZATIONS TO CREATE EDUCATIONAL MATERIAL AND DEVELOP STRATEGIES TO MAKE THE LEHIGH VALLEY A DEMENTIA-FRIENDLY COMMUNITY THE FALL CONFERENCE, HELD IN OCTOBER 2015 AT DESALES UNIVERSITY WITH AN ATTENDANCE OF 400, WAS TITLED "AGING AND TECHNOLOGY " PRESENTATIONS FOCUSED ON DEVELOPMENTS IN AGING SERVICES TECHNOLOGY, AS WELL AS ON INTEGRATING TECHNOLOGY IN LONG TERM CARE, STRATEGIC PLANNING, QUALITY OF LIFE, AND PROBLEM-SOLVING AT CONTINUING CARE RETIREMENT COMMUNITIES THE SPRING 2016 CONFERENCE, "INNOVATION AND CREATIVITY IN DEMENTIA CARE," WAS ATTENDED BY A RECORD-BREAKING 430 INDIVIDUALS FROM NUMEROUS DISCIPLINES ASSOCIATED WITH AGING SERVICES THE KEYNOTE SPEAKER WAS CAMERON CAMP, PH.D., THE DIRECTOR OF RESEARCH AND DEVELOPMENT FOR THE CENTER FOR APPLIED RESEARCH IN DEMENTIA, AND A NOTED PSYCHOLOGIST SPECIALIZING IN APPLIED RESEARCH IN GERONTOLOGY OTHER PRESENTATIONS AT THIS CONFERENCE INCLUDED A HOLISTIC DEMENTIA CARE AND INTERDISCIPLINARY COLLABORATION AND THE USE OF VISUAL ART AND MUSIC BY THE ALZHEIMER'S ASSOCIATION AS PART OF PHOEBE'S MISSION TO ENHANCE THE LIVES OF OUR ELDERS, THEIR FAMILIES, AND THE BROADER COMMUNITY, PHOEBE OFFERS FREE PROGRAMS TO THE PUBLIC THAT AUGMENT AND SUPPORT BOTH OUR SERVICES AND THE ROLE THAT THE COMMUNITY CAN HELP PLAY IN CARING FOR THE AGING PROGRAMS LIKE THESE ARE MADE POSSIBLE BY THE GENEROUS SUPPORT OF DONORS, VOLUNTEERS, AND UNDERWRITERS HERE ARE A FEW OF THE PROGRAMS WE PROVIDED LAST YEAR 11TH ANNUAL UPPER BUCKS FORUM ON AGING, BEING PREPARED SERIES, BERKS SUMMER BAND CONCERT SERIES, AND SENIOR HEALTH AND FITNESS DAY PASTORAL CARE PHOEBE MINISTRIES' PASTORAL CARE PROGRAM PLAYS A MAJOR ROLE IN OUR BENEFIT TO THE COMMUNITY THIS PAST YEAR, 11 STUDENTS PARTICIPATED IN THE CLINICAL PASTORAL EDUCATION (CPE) PROGRAM PHOEBE IS COMMITTED TO PROVIDING PASTORAL CARE TO OUR RESIDENTS ALL OF PHOEBE CHAPLAINS ARE TRAINED IN PHOEBE'S SPIRIT ALIVE PROGRAM AND HELP THE COORDINATOR OF THE PROGRAM MAINTAIN SPIRIT ALIVE ON ALL OF OUR CAMPUSES SPIRIT ALIVE IS A MULTI-SENSORY MONTESSORI METHOD OF LEADING WORSHIP FOR THOSE WITH MID TO LATE STAGE DEMENTIA PHOEBE EMPLOYS A DIRECTOR OF PASTORAL CARE WHO IS A CERTIFIED CPE SUPERVISOR PHOEBE'S CPE PROGRAM HAS TRAINED OVER 200 STUDENTS IN PASTORAL MINISTRY A NEW ENDOWMENT CAMPAIGN TO RAISE FUNDS FOR THE FUTURE OF THIS PROGRAM WAS LAUNCHED THIS YEAR THE DIRECTOR COORDINATES OUTREACH TO THE CHURCHES AND CONFERENCES, AS WELL AS REPRESENTS PHOEBE TO THE UCC COUNCIL FOR HEALTH AND HUMAN SERVICES MINISTRIES

Return Reference	Explanation
FORM 990	DONOR SUPPORT OF OUR MISSION AS A RESULT OF GENEROUS CHARITABLE GIVING, SOME OF PHOEBE'S MOST PROFOUND PROGRAMS HAVE BEEN ABLE TO REACH FRUITION, AND AS OUR DONOR SUPPORT CONTINUES TO GROW, WE ARE EMPOWERED TO BRING THOSE PROGRAMS TO AN INCREASING NUMBER OF RESIDENTS -DUE TO CHARITABLE GIVING THIS FISCAL YEAR, SPIRIT ALIVE WAS ABLE TO EXPAND ITS PRESENCE ACROSS ALL CAMPUSES NOW, WITH A TOTAL OF 12 ACTIVE GROUPS THROUGH PHOEBE COMMUNITIES, SPIRIT ALIVE IS A SPECIALIZED PASTORAL CARE SERVICE DESIGNED FOR RESIDENTS IN THE MIDDLE TO LATE STAGES OF DEMENTIA SPIRIT ALIVE INTEGRATES DEMENTIA CARE INTO THE SPIRITUAL CARE OF RESIDENTS, PROVIDING THEM WITH A GREATER SENSE OF COMMUNITY, CONNECTION, AND CARING -PHOEBE'S NEUROCOGNITIVE ENGAGEMENT THERAPY (NET) WAS RECENTLY FEATURED IN THE PHILADELPHIA INQUIRER, AND WE ARE VERY PLEASED TO ANNOUNCE THAT, AS OF OCTOBER 2016, PHOEBE WYNCOTE WILL BECOME THE NATION'S SECOND HEALTH CARE PROVIDER TO OFFER NET TO RESIDENTS EXPERIENCING COGNITIVE LOSS NET WAS PILOTED AT PHOEBE ALLENTOWN WITH GREAT SUCCESS AND, IN MARCH 2016, RECEIVED THE GREAT MINDS AWARD IN EXCELLENCE IN DEMENTIA CARE FROM LEADINGAGE, A NATIONAL ASSOCIATION REPRESENTING 6,000 NONPROFIT AGING SERVICES ORGANIZATIONS, AND INTERGRACE, A MARYLAND-BASED SENIOR HOUSING AND SERVICES ORGANIZATION NET WAS DEVELOPED BY PHOEBE REHABILITATION SERVICES AND THE PHOEBE CENTER FOR EXCELLENCE IN DEMENTIA CARE TO HELP INDIVIDUALS WITH COGNITIVE IMPAIRMENT REGAIN FUNCTION AND RETURN TO THEIR HOME ENVIRONMENTS THE INNOVATIVE PROGRAM INTEGRATES BEST PRACTICES DEMENTIA CARE STRATEGIES INTO THE REHABILITATION PROCESS AND DRAWS ON KNOWLEDGE, STRATEGIES, AND INSIGHTS FROM OTHER DISCIPLINES INCLUDING MENTAL HEALTH, SOCIAL SERVICES, COMMUNITY LIFE ACTIVITIES, NURSING AND THERAPY THE DORIS AND HOWARD PAINE ENDOWMENT FOR DEMENTIA CARE WAS ESTABLISHED THROUGH THE ESTATE PLANS OF TWO GREAT PHOEBE ADVOCATES, REV DR. PAINE AND HIS WIFE, DORIS, WHO PASSED AWAY IN 2007 AND 2014, RESPECTIVELY THE PAINE LEGACY AND ITS LASTING IMPACT ON PHOEBE CANNOT BE OVERSTATED THE PAINE'S ESTABLISHED AN ESTATE GIFT OF \$458,000, ALLOWING FOR THE NAMED ENDOWMENT TO BENEFIT PHOEBE BERKS IN 2015 THEIR LEGACY IS AN EXAMPLE OF LIVING LIFE TO THE FULLEST, AND THEIR ENDOWMENT FOR DEMENTIA CARE AT PHOEBE BERKS MAKES A DIFFERENCE EVERY DAY, AND WILL CONTINUE TO TOUCH THE LIVES OF OUR CURRENT AND FUTURE RESIDENTS FOR YEARS TO COME. IN ADDITION, THE LIST BELOW OUTLINES MORE NOTEWORTHY RESULTS OF GENEROUS PHILANTHROPY FROM FOUNDATIONS, INDIVIDUALS, CORPORATE PARTNERS, CHURCHES, AND ORGANIZATIONS ALLENTOWN -TREXLER WING RENOVATIONS ON THE WESTERN SIDE OF THE HEALTH CARE CENTER WILL BE COMPLETED IN FISCAL YEAR 2016-17 WHEN FINISHED, THE WING WILL HAVE A MORE OPEN CONCEPT, SIX ADDITIONAL BEDS, A NEW CONFERENCE ROOM, RENOVATED DINING AREAS, THREE NEW SAPS, AND A REFRESHED EXTERIOR. THESE CHANGES ARE PART OF PHOEBE'S PATIENT CENTER CARE MODEL -A JOURNAL-WRITING/STORYTELLING WORKSHOP WAS HELD FOR 10 WEEKS WITH A GROUP OF RESIDENTS FROM THE INDEPENDENT LIVING, PERSONAL CARE, AND SKILLED NURSING COMMUNITIES THE WRITERS HOSTED A RECEPTION ENTITLED, "STORY POEMS WITH ELDERS MEMORIES & MEANING IN OUR WISDOM YEARS " THEY READ SELECTIONS OF THEIR WORK TO AN AUDIENCE OF FRIENDS AND FAMILY THE WORKSHOP WAS FUNDED BY A PENNSYLVANIA PARTNERS IN THE ARTS PROJECT STREAM GRANT FROM THE LEHIGH VALLEY ARTS COUNCIL BERKS -STUDIO 126 A MULTIPURPOSE GATHER SPACE HAS BEEN REALIZED BY REFURBISHING AN EMPTY STUDIO APARTMENT OFF THE WEST SIDE LOBBY OF THE PHOEBE BERKS VILLAGE THE NEW SPACE IS AVAILABLE TO RESIDENTS FOR SOCIAL GATHERINGS AND HEALTH CLASSES RICHLAND -MEADOW GLEN AT PHOEBE RICHLAND OPENED ITS DOORS IN FEBRUARY 2016 THE NEW 80-BED FACILITY OFFERS PERSONAL CARE AND SECURED NEIGHBORHOODS WITH MEMORY SUPPORT PERSONAL CARE -IN MARCH 2016, OUTPATIENT REHABILITATION SERVICES BECAME AVAILABLE IN AN EXCLUSIVE NEW THERAPY GYM AT MEADOW GLEN WYNCOTE -PHOEBE WYNCOTE IS REVAMPING ITS STUDIO APARTMENTS THE UPDATED LOOK INCLUDES UPGRADES AND IMPROVEMENTS TO THE CABINETRY, APPLIANCES, LAYOUTS, AND ROOM AND BATHROOM FIXTURES, CREATING A VIBRANT NEW ENVIRONMENT FOR RESIDENTS -THE TWILIGHT PROGRAM WAS IMPLEMENTED TO IMPROVE RESIDENTS' EXPERIENCES IN THE LATE AFTERNOON AND EARLY EVENINGS - AS THIS TIME OF DAY CAN CAUSE RESTLESSNESS FOR MANY RESIDENTS WITH DEMENTIA THE PROGRAM EXPANDED THE REACH OF THE REGULARLY UTILIZED SERENITY ROOM AND ENHANCED THE UTILITY OF THE EXISTING LIVING ROOM, BUILDING ON ITS WARM, HOMELIKE ATMOSPHERE 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 EACH FISCAL 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 WORKS WITH DONOR ADVISORS TO ACCOMPLISH THE DONORS' GOALS AND DESIRED OUTCOMES PHOEBE HIGHLIGHTS HERE ARE SOME NOTABLE HIGHLIGHTS FROM THIS YEAR. -PHOEBE BERKS CELEBRATED 25 YEARS OF OFFERING QUALITY CARE AND AN OUTSTANDING COMMUNITY -A NEW LACTATION STATION MAKES BREAST-FEEDING EASIER FOR ALLENTOWN EMPLOYEES -PATHSTONES, PHOEBE'S MEMBERSHIP CONTINUING CARE AT HOME PROGRAM, BEGINS -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 -THE CENTER FOR EXCELLENCE IN DEMENTIA CARE IN ACTION -INNOVATIVE MODELS & RESOURCES - NET, SPIRIT ALIVE, CCT, RESIDENT ENGAGEMENT (COMMUNITY LIFE), TRAINING STAFF, GUIDELINES MANUAL (AFA), LIFE STORY AND WELLNESS MODEL -INDUSTRY LEADERSHIP - AFA EXCELLENCE IN CARE DISTINCTION, RESEARCH PROJECTS, CONFERENCES AND GREAT MINDS AWARD -COMMUNITY-BASED SERVICES - TRAINING, CONSULTATION, PUBLIC SPEAKING AND PROMOTING A DEMENTIA-FRIENDLY COMMUNITY -PHOEBE PHARMACY HAS SEEN ITS EMPLOYEE BASE NEARLY TRIPLE SINCE 2015 DUE TO EXPANDED GROWTH -DEVITT HOUSE, A PHOEBE AFFORDABLE HOUSING FACILITY IN UNION COUNTY, PENNSYLVANIA, CELEBRATED ITS 25TH ANNIVERSARY -PHOEBE'S GOLF TOURNAMENT WELCOMED RECORD-BREAKING SUCCESS RAISING NEARLY \$150,000 AND EXPANDED PLAY TO ALL THREE COURSES OF SAUCON VALLEY COUNTRY CLUB -PHOEBE WYNCOTE PARTNERS WITH OUR LADY OF CONFIDENCE DAY SCHOOL (OLC) IN WILLOW GROVE TO PROVIDE WORK-READINESS SKILLS TRAINING FOR STUDENTS WITH INTELLECTUAL DISABILITIES LEADERSHIP RECOGNITIONS -FOR THE FOURTH YEAR IN A ROW, PHOEBE MINISTRIES WAS NAMED A TOP WORKPLACE BY THE MORNING CALL, A NEWSPAPER IN THE LEHIGH VALLEY PHOEBE IS THE ONLY LARGE BUSINESS TO MAKE THIS LIST FOR FOUR CONSECUTIVE YEARS -PHOEBE RICHLAND WAS AWARDED READERS' CHOICE BY PENNY POWER IN MARCH 2016 -FOR THE THIRD YEAR RUNNING, THE DAVID A MILLER PERSONAL CARE COMMUNITY AT PHOEBE ALLENTOWN WAS SELECTED AS THE MORNING CALL READER'S CHOICE IN THE PERSONAL CARE HOME CATEGORY -PHOEBE MINISTRIES WAS SELECTED 2016 LEADER IN PERSONAL CARE/ASSISTED LIVING FOR WHO'S WHO IN BUSINESS, SPONSORED BY LEHIGH VALLEY STYLE -PHOEBE'S NEUROCOGNITIVE ENGAGEMENT THERAPY (NET) WON THE GREAT MINDS AWARD FOR EXCELLENCE IN DEMENTIA CARE FROM LEADINGAGE -THE PHILADELPHIA INQUIRER FEATURED NET IN THEIR HEALTH SECTION ON APRIL 24, 2016

Return Reference	Explanation
FORM 990	EXPANDED FACILITIES AND SERVICES PHOEBE RICHLAND HAS EXPANDED TO INCLUDE MEADOW GLEN, THE REGION'S NEWEST CHOICE FOR OLDER ADULTS MEADOW GLEN IS A PERSONAL CARE FACILITY FEATURING 72 STUDIO AND ONE BEDROOM APARTMENTS AND FOUR SEMI-PRIVATE ROOMS THE PROJECT AFFORDS LOWER LEHIGH VALLEY AND UPPER BUCKS COUNTY SENIORS ACCESS TO PHOEBE'S QUALITY CARE CLOSER TO HOME SIGNIFICANT RENOVATIONS TO THE TREXLER WING OF THE PHOEBE ALLENTOWN HEALTH CARE CENTER ARE IN THE FINAL STAGES OF ITS RENOVATION

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PHOEBE RECIPROCAL RISK RETENTION GROUP 177 MEETING ST STE 470 CHARLESTON, SC 29401 20-0972649	INSURANCE RELATED	SC	PHOEBE-DEVITT HOMES	C	46,336	735,433	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

Schedule R (Form 990) 2015

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
PHOEBE APARTMENTS INC 1901 LINDEN ST ALLENTOWN, PA 18104 23-1674396	HUD HOUSING	PA	501(C)(4)		PHOEBE-DEVITT HOMES		No
PHOEBE HOME INC 1925 TURNER ST ALLENTOWN, PA 18104 23-2302675	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
PHOEBE-DEVITT HOMES 1925 TURNER ST ALLENTOWN, PA 18104 23-1396838	ADMINISTRATIVE/FUNDRAISING	PA	501(C)(3)	7	N/A		No
PHOEBE HOUSING INC 1925 TURNER ST ALLENTOWN, PA 18104 23-2821149	ADMINISTRATIVE	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
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
PHOEBE SERVICES INC 1925 TURNER ST ALLENTOWN, PA 18104 23-2586359	ADMINISTRATIVE & PHARMACY	PA	501(C)(3)	9	PHOEBE-DEVITT HOMES		No
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
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