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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

D Employer identification number
23-3045622

E Telephone number
(610) 794-5142

G Gross receipts $ 19,794,940

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PHOEBE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2000

M State of legal domicile: PA

Part I Summary

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	298
6	Total number of volunteers (estimate if necessary)	**6**	167
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	55,433	99,288
9	Program service revenue (Part VIII, line 2g)	17,775,686	19,497,570
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,390	10,979
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	95,041	187,103
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,928,550	19,794,940
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)	8,455,895	8,320,927
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,405,001	11,497,853
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,860,896	19,818,780
19	Revenue less expenses. Subtract line 18 from line 12	-932,346	-23,840

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	26,462,264	40,070,004
21	Total liabilities (Part X, line 26)	27,712,099	41,749,445
22	Net assets or fund balances. Subtract line 21 from line 20	-1,249,835	-1,679,441

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

****** 2020-05-12
Signature of officer Date

ROBERT RICHARDS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00760402

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601 — Phone no. (717) 740-4863

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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 ENRICH THE LIVES OF OUR SENIORS, THEIR FAMILIES, AND THE COMMUNITIES WE SERVE."

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 $ 16,072,555 including grants of $ 0) (Revenue $ 19,497,570)

See Additional Data

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

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

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

PHOEBE RICHLAND PROVIDED CHARITY CARE, SUBSIDIES, AND OTHER SUPPORT OF THOSE IN NEED TO MANY OF THE PROGRAMS AND INDIVIDUALS IT SERVES. UNCOMPENSATED CARE TOTALED $2,044,308 IN FY2019, INCLUDING SERVICES PROVIDED TO MEDICAID RESIDENTS WHOSE COSTS EXCEEDED MEDICAID REIMBURSEMENT.

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

4e **Total program service expenses ▶** 16,072,555

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		No
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		
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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	49		
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			

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**	298		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
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	
b	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?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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) DONALD A SEIBERT TREASURER	1.00	X		X				0	0	0
(2) DR DEBORAH A SIEGER BOARD MEMBER	1.00	X						0	0	0
(3) JOHN T LAWTON BOARD MEMBER	1.00	X						0	0	0
(4) MITCHELL G POSSINGER BOARD MEMBER	1.00	X						0	0	0
(5) PETER E FISHER MD MBA BOARD MEMBER	1.00	X						0	0	0
(6) REV DR HILARY J BARRETT VICE CHAIRPERSON	1.00	X		X				0	0	0
(7) REV DR BONNIE BATES BOARD MEMBER	1.00	X						0	0	0
(8) REV WILLIAM H LONG BOARD MEMBER (RESIGNED JAN '19)	1.00	X						0	0	0
(9) REV WILLIAM PAUL WORLEY BOARD MEMBER	1.00	X						0	0	0
(10) ROBERT BERTOLETTE BOARD MEMBER	1.00	X						0	0	0
(11) ROBERT MILLER CHAIRPERSON	1.00	X		X				0	0	0
(12) SCOTT R STEVENSON PRESIDENT/CEO	40.00	X		X				0	615,160	51,735
(13) SYLVIA BETZ GARDNER BOARD MEMBER	1.00	X						0	0	0
(14) WILLIAM C HACKER SECRETARY	1.00	X		X				0	0	0
(15) REV DANIEL T MOSER II BOARD MEMBER	1.00	X						0	0	0
(16) DONNA WRIGHT BOARD MEMBER	1.00	X						0	0	0
(17) LISA B FICHERA EVP/COO	40.00			X				0	297,492	42,903

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			
(18) ROBERT RICHARDS SR VP FIN/CFO	40.00			X				0	255,323	7,323
(19) TRACY L ROMAN EXECUTIVE DIRECTOR	40.00					X		113,813	0	10,220
(20) LAURA ALVAREZ RN CHARGE NURSE	40.00					X		102,550	0	27,274
(21) JASMIN-JOSEPH BERLINE CERTIFIED NURSING ASSISTANT	40.00					X		100,637	0	19,862
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								317,000	1,167,975	159,317

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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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
TRUSTHOUSE SERVICES GROUP INC PO BOX 743676 ATLANTA, GA 303744367	DIETARY SVC	1,535,729
ARAMARK HEALTHCARE SUPPORT SVC 27310 NETWORK PLACE CHICAGO, IL 606731248	HEALTHCARE SUPPORT	873,945
GENERAL HEALTHCARE RESOURCES INC 2250 HICKORY ROAD SUITE 240 PLYMOUTH MEETIN, PA 19460	HEALTHCARE SUPPORT	105,089

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	99,288		
	g Noncash contributions included in lines 1a - 1f:$ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		99,288		
Program Service Revenue		Business Code				
	2a RESIDENT REVENUE	623000	19,497,570	19,497,570		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f . . . . ▶		19,497,570			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		10,928			10,928
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	84,159				
	b Less: rental expenses	0				
	c Rental income or (loss)	84,159				
	d Net rental income or (loss) . . . . . ▶		84,159			84,159
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		51			
	b Less: cost or other basis and sales expenses		0			
	c Gain or (loss)		51			
	d Net gain or (loss) . . . . . ▶		51			51
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . a					
	b Less: direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . . a					
	b Less: direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less: cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a INSURANCE COST REDUCTION	623000	46,774			46,774
	b BEAUTY SHOP	623000	45,628			45,628
	c HOUSEKEEPING	623000	3,090			3,090
	d All other revenue		7,452			7,452
	e **Total.** Add lines 11a–11d . . . . . ▶		102,944			
	12 **Total revenue.** See Instructions. . . . . ▶		19,794,940	19,497,570	0	198,082

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,881,871	6,286,731	595,140	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	88,252	80,620	7,632	
9 Other employee benefits	843,926	633,393	210,533	
10 Payroll taxes	506,878	469,667	37,211	
11 Fees for services (non-employees):				
a Management	1,828,100		1,828,100	
b Legal	2,642		2,642	
c Accounting	22,550		22,550	
d Lobbying	425		425	
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)	4,489,127	4,429,423	59,704	
12 Advertising and promotion	813,493		813,493	
13 Office expenses	306,448	230,270	76,178	
14 Information technology	44,260		44,260	
15 Royalties				
16 Occupancy	408,168	408,168		
17 Travel	6,894	2,183	4,711	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	638,822	638,822		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,459,542	1,459,542		
23 Insurance	152,514	152,514		
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	610,095	610,095		
b LICENSES, FEES, & TAXES	352,882	351,468	1,414	
c BAD DEBT EXPENSE	308,999	308,999		
d DUES & MEMBERSHIPS	30,783	1,492	29,291	
e All other expenses	22,109	9,168	12,941	
25 **Total functional expenses.** Add lines 1 through 24e	19,818,780	16,072,555	3,746,225	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	501	1	328,996
	2	Savings and temporary cash investments	2,749,499	2	2,421,004
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,794,875	4	1,507,555
	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	57,715	9	67,878
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 43,637,708			
	b	Less: accumulated depreciation — 10b: 9,765,558	19,157,461	10c	33,872,150
	11	Investments—publicly traded securities	1,681,820	11	728,281
	12	Investments—other securities. See Part IV, line 11	504,420	12	551,194
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	374,473	15	451,446
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	26,462,264	16	40,070,004
Liabilities	17	Accounts payable and accrued expenses	1,954,644	17	2,338,715
	18	Grants payable		18	
	19	Deferred revenue	19,283	19	317,843
	20	Tax-exempt bond liabilities	17,584,011	20	17,475,374
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	48,818	21	59,745
	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	132,000	23	12,504,004
	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	7,973,343	25	9,053,764
	26	**Total liabilities.** Add lines 17 through 25	27,712,099	26	41,749,445
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	-1,249,835	27	-1,679,441
	28	Temporarily restricted net assets		28	
	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	-1,249,835	33	-1,679,441
	34	Total liabilities and net assets/fund balances	26,462,264	34	40,070,004

Part XI Reconcilliation 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	19,794,940
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,818,780
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,840
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,249,835
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-405,766
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,679,441

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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.	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-3045622

Name: PHOEBE RICHLAND HEALTH CARE CENTER INC

Form 990, Part III, Line 4a:

1) SKILLED NURSING - PHOEBE RICHLAND PROVIDES QUALITY NURSING CARE IN A COMFORTABLE HEALTH CARE CENTER. THE PHOEBE RICHLAND SKILLED NURSING PROGRAM SERVED 571 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2019. THEY HAD 45,290 SKILLED NURSING CARE CENSUS DAYS DURING THAT TIME, WHICH WAS APPROXIMATELY 94.72% OCCUPANCY. ADDITIONALLY, 142,957 NURSING CARE HOURS WERE DEVOTED TO ACCOMPLISHING THIS PROGRAM SERVICE.2) 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 125 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2019. THEY HAD 27,890 PERSONAL CARE CENSUS DAYS DURING THAT TIME, WHICH WAS APPROXIMATELY 95.51% OCCUPANCY. ADDITIONALLY, 58,700 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 3 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2019. THEY OPERATED AT APPROXIMATELY 93.25% OCCUPANCY.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	79,445	37,912	23,043	55,433	99,288	295,121
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	13,048,161	13,594,920	15,278,436	17,775,686	19,497,570	79,194,773
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .	30,325	34,866	39,459	43,109	45,628	193,387
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	13,157,931	13,667,698	15,340,938	17,874,228	19,642,486	79,683,281
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,050	300		100	50	5,500
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. .	5,050	300		100	50	5,500
8 **Public support.** (Subtract line 7c from line 6.)						79,677,781

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .	13,157,931	13,667,698	15,340,938	17,874,228	19,642,486	79,683,281
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	4,133	21,298	102,669	29,882	95,087	253,069
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	4,133	21,298	102,669	29,882	95,087	253,069
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.) . .	54,490	60,022	70,613	24,440	57,316	266,881
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	13,216,554	13,749,018	15,514,220	17,928,550	19,794,889	80,203,231

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 2018 (line 8, column (f) divided by line 13, column (f))	15	99.340 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.340 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	0.320 %
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	0.210 %

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
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.*	**11c**		

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? *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.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

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)

			Yes	No
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? *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.*	**2a**		
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? *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.*	**2b**		
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? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER - 2014 AMOUNT: $ 2,942. 2015 AMOUNT: $ 11,271. 2016 AMOUNT: $ 1,824. 2017 AMOUNT: $ 12,368. 2018 AMOUNT: $ 4,015. INSURANCE COST REDUCTION - 2014 AMOUNT: $ 50,215. 2015 AMOUNT: $ 46,336. 2016 AMOUNT: $ 66,027. 2017 AMOUNT: $ 8,574. 2018 AMOUNT: $ 46,774. VENDING MACHINES - 2014 AMOUNT: $ 1,333. 2015 AMOUNT: $ 2,415. 2016 AMOUNT: $ 1,745. 2017 AMOUNT: $ 1,304. 2018 AMOUNT: $ 2,068. GIFT SHOP - 2016 AMOUNT: $ 1,017. 2017 AMOUNT: $ 2,194. 2018 AMOUNT: $ 1,369. HOUSEKEEPING - 2018 AMOUNT: $ 3,090.

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

OMB No. 1545-0047

2018

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	Employer identification number
PHOEBE RICHLAND HEALTH CARE CENTER INC	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
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.		

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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) Yes	(a) No	(b) 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		425
j	Total. Add lines 1c through 1i			425
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).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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 $425.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☑ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,775,000		1,775,000
b Buildings		8,816,603	7,862,752	953,851
c Leasehold improvements				
d Equipment		2,145,491	1,902,806	242,685
e Other		30,900,614		30,900,614
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				33,872,150

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INVESTMENT IN AFFILIATE	2,582,368
DUE TO AFFILIATE	5,741,326
RESERVE FOR WORKMENS COMP	103,095
INTEREST RATE SWAP	626,975
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	9,053,764

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	19,342,000
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	-405,766		
e	Add lines **2a** through **2d**			2e	-405,766
3	Subtract line **2e** from line **1**			3	19,747,766
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	47,174		
c	Add lines **4a** and **4b**			4c	47,174
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	19,794,940

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	19,771,000
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	-46,774		
e	Add lines **2a** through **2d**			2e	-46,774
3	Subtract line **2e** from line **1**			3	19,817,774
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	1,006		
c	Add lines **4a** and **4b**			4c	1,006
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	19,818,780

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-3045622
Name: PHOEBE RICHLAND HEALTH CARE CENTER INC

Supplemental 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS -405,766.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INSURANCE REIMBURSEMENT 46,774. ROUNDING ADJUSTMENT 400.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	INSURANCE REIMBURSEMENT -46,774.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ROUNDING ADJUSTMENT 1,006.

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

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 Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 SCOTT R STEVENSON PRESIDENT/CEO	**(i)**	0	0	0	0	0	0	0
	(ii)	398,809	0	216,351	18,500	33,235	666,895	0
2 LISA B FICHERA EVP/COO	**(i)**	0	0	0	0	0	0	0
	(ii)	250,752	0	46,740	18,500	24,403	340,395	0
3 ROBERT RICHARDS SR VP FIN/CFO	**(i)**	0	0	0	0	0	0	0
	(ii)	218,670	0	36,653	0	7,323	262,646	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.

Return Reference	Explanation
PART I, LINE 4B	SCOTT STEVENSON AND LISA FICHERA PARTICIPATE IN A NON-QUALIFIED RETIREMENT PLAN. PHOEBE MINISTRIES CONTRIBUTED $18,500 TO EACH EXECUTIVE'S PLAN DURING THE YEAR.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number
23-3045622

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	483,000			
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	15,668,377			
11	Other spent proceeds	2,559,960			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		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	500.0000000000 %							
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).

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

OMB No. 1545-0047

2018

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	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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	1,701,688	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135026660

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number
23-3045622

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PHOEBE-DEVITT HOMES IS THE SOLE MEMBER OF PHOEBE RICHLAND HEALTH CARE CENTER.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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. 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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 8,061. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,061. TRANSPORTATION SERVICES: PROGRAM SERVICE EXPENSES 31,059. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 31,059. REPAIR AND MAINTENANCE SERVICES: PROGRAM SERVICE EXPENSES 164,016. MANAGEMENT AND GENERAL EXPENSES 6,205. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 170,221. PHYSICIAN AND MEDICAL FEES: PROGRAM SERVICE EXPENSES 614,421. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 614,421. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 931,445. MANAGEMENT AND GENERAL EXPENSES 588. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 932,033. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 973,043. MANAGEMENT AND GENERAL EXPENSES 52,911. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,025,954. DIETARY SERVICES: PROGRAM SERVICE EXPENSES 1,707,378. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,707,378.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN FAIR VALUE OF SWAP AGREEMENT -405,766.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	ORGANIZATIONAL OVERVIEW: PHOEBE-DEVITT HOMES (D/B/A PHOEBE MINISTRIES) IS A NOT-FOR-PROFIT , MULTI-FACILITY CHARITABLE ORGANIZATION SPECIALIZING IN HEALTHCARE, HOUSING, AND SUPPORT SERVICES FOR OLDER ADULTS. FOUNDED IN 1903 AS A SINGLE ALLENTOWN NURSING HOME, PHOEBE'S MI NISTRY NOW INCLUDES FOUR CONTINUING CARE RETIREMENT COMMUNITIES, EIGHT AFFORDABLE HOUSING FACILITIES, HOME- AND COMMUNITY-BASED SERVICES, AND THREE PHARMACIES THAT SERVE 70 SKILLED NURSING, PERSONAL CARE, INDEPENDENT LIVING AND DRUG/ALCOHOL REHABILITATION FACILITIES IN PENNSYLVANIA. OUR REACH NOW EXTENDS TO 12 PENNSYLVANIA COUNTIES: ADAMS, BERKS, BUCKS, FRAN KLIN, LANCASTER, LEBANON, LEHIGH, MONTGOMERY, NORTHAMPTON, PHILADELPHIA, UNION, AND YORK. PHOEBE'S COMPREHENSIVE SERVICES INCLUDE SKILLED NURSING CARE, PERSONAL CARE, INDEPENDENT L IVING, AFFORDABLE HOUSING, AT-HOME CARE, SHORT-TERM AND OUTPATIENT REHABILITATION, MENTAL HEALTH SERVICES, SPECIALIZED DEMENTIA CARE, TELEMEDICINE FOR PARKINSON'S DISEASE PATIENTS, AND PHARMACY SERVICES. FOR MORE THAN A CENTURY, PHOEBE'S TRADITION OF EXCELLENCE AND PASS ION FOR CARING HAVE MADE US THE LEADER IN CARE FOR SENIOR ADULTS AND THEIR FAMILY MEMBERS. PHOEBE'S CHARITABLE CARE BENEFIT: PHOEBE'S CHARITABLE CARE TOTALED $12 MILLION FISCAL YEA R 2018-2019, NEARLY 10% OF OUR OPERATING EXPENSES. PHOEBE REMAINS FULLY COMMITTED TO OUR R ESIDENTS AND EMPLOYS COMPREHENSIVE CHARITABLE CARE TO ALLOW RESIDENTS TO RECEIVE UNCOMPROM ISED CARE EVEN WHEN THEY EXHAUST THEIR FUNDS. AS PEOPLE LIVE LONGER AND HEALTH CARE COSTS INCREASE, CHARITABLE CARE IS A GROWING NEED. OUR COMMITMENT TO PROVIDING THIS CARE IS A DE MONSTRATION OF PHOEBE'S ENDURING LEGACY OF CARE AND COMPASSION. THOSE SERVED BY CHARITABLE CARE ARE ABLE TO RECEIVE PHOEBE'S QUALITY CARE AND PROGRAMMING, ENSURING THAT EACH AND EV ERY RESIDENT, NO MATTER THEIR AGE OR ABILITY, CAN EXPERIENCE INNOVATIVE SERVICES THAT PROM OTE FULLNESS OF LIFE. THE ANNUAL GOLF TOURNAMENT IS PHOEBE'S LARGEST FUNDRAISING EVENT OF THE YEAR AND DIRECTLY BENEFITS RESIDENTS WHO RECEIVE CHARITY CARE. THE GOLF TOURNAMENT TYP ICALLY NETS APPROXIMATELY $100,000 FOR CHARITABLE CARE AT PHOEBE. IN 2018, THE TOURNAMENT' S 10TH YEAR, 228 GOLFERS ATTENDED. THE EVENT NETTED $109,000 FOR COMPASSIONATE CARE TO RES IDENTS, BRINGING THE TOTAL RAISED OVER 10 YEARS TO MORE THAN $1 MILLION. PHOEBE'S WORKFORC E BENEFIT: PHOEBE CONTINUES TO ATTRACT SKILLED AND DEDICATED EMPLOYEES. WE OFFER COMPETITI VE SALARIES AND BENEFITS, AS WELL AS OPPORTUNITIES FOR ONGOING GROWTH AND EDUCATION WITHIN THE HEALTH CARE PROFESSION. PHOEBE MINISTRIES EMPLOYED MORE THAN 1,200 INDIVIDUALS IN FIS CAL YEAR 2018-2019. HUMAN RESOURCES STAFF ATTEND AND RECRUIT FROM JOB FAIRS AND ADVERTISE OPEN POSITIONS AT LEHIGH VALLEY COLLEGES AND OTHER UNIVERSITIES IN THE NORTHEAST. VOLUNTEE RISM AT PHOEBE: PHOEBE'S VOLUNTEERS RANGE IN AGE FROM JUST 14 YEARS OLD TO 102 YEARS OLD A ND ARE TRAINED BY PHOEBE STAFF. BECAUSE OF OUR WELL-TRAINED STAFF AND DEDICATED VOLUNTEERS , PHOEBE IS ABLE TO DELIVER HI

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Return Reference	Explanation
FORM 990	GH QUALITY SERVICES TO SENIORS. PHOEBE PARTNERS WITH INDIVIDUALS, LOCAL CORPORATIONS, AND ORGANIZATIONS AND WORKS WITH APPROXIMATELY 500 VOLUNTEERS WHO HELP WITH ACTIVITIES RANGING FROM OFFICE WORK TO CHAPLAIN DUTIES. COMMUNITY EDUCATION: FOUNDED IN 2001, THE PHOEBE INS TITUTE ON AGING'S MISSION IS TO PROVIDE FORUMS FOR DISCUSSION AND LEARNING, INCLUDING EDUC ATIONAL PROGRAMS, COOPERATIVE VENTURES, AND OUTREACH ACTIVITIES THAT PROMOTE IMPROVED QUAL ITY OF CARE FOR THE AGING AND THEIR FAMILIES IN THE REGIONS PHOEBE SERVES. IT IS GUIDED BY A COMMUNITY ADVISORY BOARD THAT INCLUDES REPRESENTATIVES OF GOVERNMENTAL AGENCIES, HOSPIT AL AND MEDICAL PERSONNEL, HUMAN SERVICES PROVIDERS, AREA AGENCIES ON AGING, AND FACULTY FR OM COLLEGES AND UNIVERSITIES. IN FISCAL 2018-2019, THE PHOEBE INSTITUTE ON AGING (PIA) HOS TED TWO CONFERENCES. THE FALL PIA CONFERENCE, HELD IN OCTOBER 2018 AT DESALES UNIVERSITY W ITH AN ATTENDANCE OF NEARLY 280 INDIVIDUALS, WAS TITLED "UNDERSTANDING ADDICTION AND OLDER ADULTS," A TIMELY AND CRITICAL TOPIC IN SENIOR CARE. THE KEYNOTE SPEAKER WAS JOSEPH M. GA RBELY, D.O., FASAM, VICE PRESIDENT OF MEDICAL SERVICES AND MEDICAL DIRECTOR OF CARON TREAT MENT CENTERS. TERESA OSBORNE, MHSA, SECRETARY OF THE PENNSYLVANIA DEPARTMENT OF AGING, WAS A SPECIAL GUEST. HER TALK CENTERED ON PENNSYLVANIA'S OPIOID CRISIS TASK FORCE. THE CONFER ENCE FOCUSED THE NEUROBIOLOGY OF ADDICTION, HEREDITARY FACTORS, AND EFFECTIVE TREATMENT ST RATEGIES. THE SPRING PIA CONFERENCE, "UNDERSTANDING MENTAL HEALTH AND OLDER ADULTS", WAS H ELD IN MAY 2019 AND ATTRACTED 350 ATTENDEES. THE KEYNOTE SPEAKER WAS LEGENDARY FOLK SINGER , POET, AND AUTHOR JUDY COLLINS. HER CANDID AND TOUCHING DISCUSSION OF HER PERSONAL CHALLE NGES WITH LOSS, ADDICTION, DEPRESSION, AND HEALING DREW ON HER OWN EXPERIENCES OF LOSING H ER SON TO SUICIDE, HER ADDICTION TO ALCOHOL, HER STRUGGLE WITH DEPRESSION, AND HER ULTIMAT E SPIRITUAL RENEWAL. THE SPRING CONFERENCE ALSO INCLUDED SESSIONS PRESENTED BY GERIATRIC P ROFESSIONALS SPECIALIZING IN TOPICS SUCH AS ADDICTION, COGNITIVE IMPAIRMENT, TRAUMA, DEPRE SSION, SUICIDE, AND THE MORAL INJURIES FACED BY MANY VETERANS. THE PHOEBE INSTITUTE ON AGI NG ALSO CONTINUED PARTICIPATION IN DEMENTIA-FRIENDLY LEHIGH VALLEY, AN OUTGROWTH OF THE CO MMUNITY CONVERSATIONS ON DEMENTIA HELD AT PHOEBE IN SPRING 2018 TO ADDRESS THE GROWING POP ULATION OF PEOPLE EXHIBITING SIGNS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS. PHOEBE'S VICE PRESIDENT OF MARKETING AND EXTERNAL RELATIONS NOW SERVES AS CO-CHAIR OF DEMENTIA FRIE NDLY LEHIGH VALLEY. PHOEBE'S SECOND LARGEST FUNDRAISING EVENT IS THE PHOEBE INSTITUTE ON A GING ANNUAL BENEFIT. THIS ANNUAL EVENT IS SUPPORTED BY CORPORATE AND INDIVIDUAL SPONSORSHI PS WITH THE PROCEEDS FROM THE BENEFIT APPLIED TO THE PIA TO HELP TO UNDERWRITE THE ANNUAL COMMUNITY CONFERENCES, NURSING AND THERAPIST SCHOLARSHIPS, AND EMPLOYEE TRAINING SEMINARS. APPROXIMATELY 200 PEOPLE ATTENDED THE EVENT IN MARCH 2019, WHICH FEATURED AN INTERGENERAT IONAL MUSICAL EXPERIENCE. AS P

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	ART OF PHOEBE'S MISSION TO ENHANCE THE LIVES OF OUR SENIORS, THEIR FAMILIES, AND THE COMMU NITIES WE SERVE, PHOEBE ALSO OFFERS FREE OR LOW-COST PROGRAMS TO THE PUBLIC THAT SUPPORT B OTH OUR SERVICES AND THE ROLE THAT THE COMMUNITY CAN PLAY IN CARING FOR THE AGING. PROGRAM S LIKE THE ANNUAL UPPER BUCKS FORUM ON AGING AND PHOEBE BERKS COMMUNITY DAY ARE MADE POSSI BLE BY THE GENEROUS SUPPORT OF DONORS, VOLUNTEERS, AND UNDERWRITERS. PASTORAL CARE: PHOEBE MINISTRIES' PASTORAL CARE PROGRAM PLAYS A MAJOR ROLE IN OUR BENEFIT TO THE COMMUNITY. PHO EBE IS COMMITTED TO PROVIDING PASTORAL CARE TO OUR RESIDENTS, REGARDLESS OF FAITH. THE DIR ECTOR OF PASTORAL CARE PROVIDES LEADERSHIP THROUGH OUTREACH TO THE CHURCHES AND CONFERENCE S, AND THROUGH REPRESENTATION ON THE LEHIGH VALLEY CONFERENCE OF CHURCHES AND THE UCC COUN CIL FOR HEALTH AND HUMAN SERVICE MINISTRIES. PHOEBE'S CHAPLAINS ALSO PROVIDE SPIRITUAL SUP PORT AND LEADERSHIP TO PHOEBE'S FOUR CONTINUING CARE RETIREMENT COMMUNITIES. ADDITIONALLY, PHOEBE'S SPIRIT ALIVE AND CLINICAL PASTORAL EDUCATION PROGRAMS ARE NATIONALLY RECOGNIZED. SPIRIT ALIVE IS A MULTI-SENSORY MONTESSORI METHOD OF LEADING WORSHIP FOR THOSE WITH MID- TO LATE- STAGE DEMENTIA. DEVELOPED AND TRADEMARKED BY PHOEBE'S PASTORAL CARE DEPARTMENT, T HERE ARE CURRENTLY 13 SPIRIT ALIVE GROUPS (6-8 PEOPLE) ON PHOEBE'S FOUR CAMPUSES AND GROUP S ARE RUN BY TRAINED COMMUNITY VOLUNTEERS. ALL PHOEBE CHAPLAINS ARE TRAINED IN PHOEBE'S SP IRIT ALIVE PROGRAM AND HELP THE COORDINATOR OF THE PROGRAM MAINTAIN SPIRIT ALIVE ON ALL OF OUR CAMPUSES. PHOEBE'S CLINICAL PASTORAL EDUCATION (CPE) PROGRAM IS ONE OF ONLY TWO IN A LONG-TERM CARE SETTING, AND ONE OF ONLY 10 IN THE UNITED STATES. PHOEBE'S CPE PROGRAM IS 2 2 YEARS OLD, AND 234 STUDENTS HAVE BEEN THROUGH THE PROGRAM. THIS PAST YEAR, 12 STUDENTS P ARTICIPATED IN THE CPE PROGRAM, AND TWO STUDENTS RECEIVED SCHOLARSHIPS. IN 2017, PHOEBE ES TABLISHED THE ENDOWMENT FOR CLINICAL PASTORAL EDUCATION AND $142,000 HAS BEEN RAISED TO DA TE. THE FIRST PHASE OF THE CAMPAIGN WAS TO RAISE $100,000 FOR PASTORAL STUDENT SCHOLARSHIP S TO ATTEND PHOEBE'S CPE TRAINING. THE SECOND PHASE SEEKS TO RAISE AN ADDITIONAL $100,000 FOR PROGRAM ENHANCEMENT. THE LAST PHASE IS TO RAISE ANOTHER $100,000 TO EXPAND THE PROGRAM TO INCLUDE CLINICAL PASTORAL EDUCATION TRAINING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	DONOR SUPPORT OF OUR MISSION: THE OFFICE OF PHILANTHROPY IS DEDICATED TO PHOEBE'S MISSION TO ENRICH THE LIVES OF OUR SENIORS, THEIR FAMILIES, AND THE COMMUNITIES WE SERVE. WE ARE P ROFOUNDLY GRATEFUL FOR GENEROUS CONTRIBUTIONS FROM FOUNDATIONS, INDIVIDUALS, CORPORATE PAR TNERS, CHURCHES, AND ORGANIZATIONS. THE LIST BELOW HIGHLIGHTS NOTEWORTHY SUPPORT FROM OUR DONORS. - THE RENOVATION OF PHOEBE BERKS BEGAN IN MAY 2019, AND WILL BE COMPLETED IN MAY 2 020. PHOEBE IS OVERHAULING DINING, CREATING NEW SOCIAL SPACES, UPDATING THE ENTRANCE, AUDI TORIUM, LOCKER ROOMS AND FITNESS CENTER, AND ADDING A PUB AND A MOVIE THEATER. IN FISCAL Y EAR 2019, $107,500 WAS RAISED IN GIFTS AND PLEDGES TO THE PROJECT FROM PHOEBE BERKS RESIDE NTS AND THE READING FIGHTIN' PHILS. - MILLER PERSONAL CARE AT PHOEBE ALLENTOWN HAS ALSO BE EN RENOVATED. MILLER NOW HAS A NEW FITNESS CENTER, BEAUTY SALON, RECEPTION AREA AND SOCIAL SPACE. PHOEBE'S PLAN FOR PHASE TWO IS TO RENOVATE THE SECOND FLOOR TO BE DEDICATED PERSON AL CARE MEMORY SUPPORT. WE RECEIVED THREE LEADERSHIP GRANTS IN SUPPORT OF THE FIRST FLOOR RENOVATIONS FROM THE KEYSTONE SAVINGS FOUNDATION, THE DONALD B. AND DOROTHY L. STABLER FOU NDATION AND THE LEONA GRUBER FOUNDATION. RESPECTIVELY. THE GRANTS TOTALED $30,500. - THE O FFICE OF PHILANTHROPY RAISED $36,000 AT OUR PHOEBE INSTITUTE ON AGING BENEFIT AND MORE THA N $50,000 FOR OUR PHOEBE INSTITUTE ON AGING CONFERENCES. MORE THAN 600 CLINICIANS AND CARE GIVERS ATTENDED OUR PIA CONFERENCES LAST YEAR. - PHOEBE RECEIVED SEVERAL GRANTS TOTALING M ORE THAN $75,000 LAST YEAR, INCLUDING THE GRANTS MENTIONED ABOVE. THE CENTURY FUND ISSUED PHOEBE A GRANT IN THE AMOUNT OF $20,000 FOR CHARITY CARE. - A RESIDENT ESTABLISHED A CHARI TABLE GIFT ANNUITY WITH A PLANNED GIFT OF $50,000 TO PHOEBE BERKS. UNRESTRICTED GIFTS REMA IN THE BACKBONE OF SUPPORTING PHOEBE'S MISSION. UNRESTRICTED GIVING PROVIDES PHOEBE WITH T HE OPPORTUNITY TO USE THE MONEY WHERE IT IS NEEDED MOST AND WHERE IT WILL HAVE THE GREATES T IMPACT. AN UNRESTRICTED GIFT MAY BE USED TO SUPPORT CHARITABLE CARE, COMMUNITY LIFE OR P ASTORAL CARE PROGRAMMING, OR OTHER COMMUNITY AND PROGRAM ENHANCEMENTS. PHOEBE ALSO ACCEPTS RESTRICTED GIFTS. DONORS ARE ENCOURAGED TO FIRST DISCUSS THEIR IDEAS FOR RESTRICTED GIFTS WITH THE PHILANTHROPY OFFICE TO ASSURE THE APPROPRIATE USE OF THEIR CHARITABLE GIFT AND O FFICIAL ACCEPTANCE. MANY OF OUR DONORS CHOOSE TO REMEMBER PHOEBE MINISTRIES IN THEIR ESTAT E PLANS. THEIR THOUGHTFULLY ARRANGED DEFERRED GIFTS HAVE A SIGNIFICANT IMPACT ON PHOEBE'S MISSION AND MINISTRY. FINALLY, PHOEBE IS ALSO BLESSED BY DONORS WHO HAVE ESTABLISHED PERMA NENT ENDOWMENTS THAT ARE PRUDENTLY INVESTED AND PROVIDE INCOME 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 OFFICE OF PHILANTHROPY AT 610-

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	794-5132 OR PHILANTHROPY@PHOEBE.ORG TO EXPLORE GIFT PLANNING OPTIONS. PHOEBE ENCOURAGES DO NORS TO CONSULT THEIR PROFESSIONAL ADVISORS WHEN CONSIDERING SIGNIFICANT CHARITABLE GIFTS. THE PHILANTHROPY STAFF FREQUENTLY WORKS WITH DONOR ADVISORS TO ACCOMPLISH THE DONORS' GOA LS AND DESIRED OUTCOMES. ADDITIONAL PHOEBE HIGHLIGHTS FROM FISCAL YEAR 2018-2019: LEADERSH IP RECOGNITION - ROBERT RICHARDS, CFO, WAS A FINALIST FOR CFO OF THE YEAR FROM LEHIGH VALL EY BUSINESS. - MICHELL STASKA-PIER, VP OF HEALTH CARE SERVICES, WAS NAMED A LEHIGH VALLEY BUSINESS HEALTHCARE HERO. - BRYNN BUSKIRK, VP OF MARKETING AND EXTERNAL RELATIONS, WAS NAM ED ONE OF THE VALLEY'S FEATURED "40 UNDER 40" BY LEHIGH VALLEY BUSINESS. - MARTHA REITZ, T ERRACE VOLUNTEER, WAS NAMED A LEHIGH COUNTY UNSUNG HERO. - PHOEBE ALLENTOWN WAS NAMED A RE ADER'S CHOICE FOR SENIOR HEALTH CARE SERVICES BY THE MORNING CALL. - LEHIGH VALLEY BUSINES S READER RANKINGS NAMED PHOEBE ALLENTOWN FIRST IN RETIREMENT COMMUNITY SKILLED NURSING AND 55+ COMMUNITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	EXPANDED FACILITIES AND SERVICES: - PHOEBE HAS SECURED 36% OF THE PRE-SALES NEEDED FOR APARTMENTS IN OUR NEW INDEPENDENT LIVING COMMUNITY, CHESTNUT RIDGE AT RODALE IN EMMAUS, PENNSYLVANIA. THERE WILL BE A TOTAL OF 122 INDEPENDENT LIVING APARTMENTS. A WAREHOUSE ON THE SITE IS NOW HOME TO THE EMMAUS CREATIVE ARTS AND INNOVATION CENTER. PLANS FOR PROGRAMMING AT THE CENTER INCLUDE SPACE FOR DANCE, ART, MUSIC, A THEATRE, AND CLASSROOMS THAT WILL BE ACCESSIBLE TO PHOEBE RESIDENTS AND THE GENERAL PUBLIC, PROVIDING OPPORTUNITIES FOR INTERGENERATIONAL PROGRAMMING. - PHOEBE'S PHARMACY EXPANDED 43% IN FISCAL YEAR 2018-2019. CURRENTLY, PHOEBE PHARMACY SERVES 70 SKILLED NURSING, PERSONAL CARE, INDEPENDENT LIVING, AND DRUG/ALCOHOL REHAB FACILITIES, AS WELL AS EMPLOYEE PRESCRIPTIONS. PHOEBE ALSO PROVIDES CONSULTANT PHARMACIST SERVICES TO 44 SKILLED NURSING AND PERSONAL CARE FACILITIES. - PATHSTONES BY PHOEBE, THE ORGANIZATION'S CONTINUING CARE AT HOME PROGRAM, CONTINUES TO GROW AND HAS REACHED 67 MEMBERS.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number
23-3045622

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

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

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

See Additional Data Table

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

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

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

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	(i) No
(1)PHOEBE RECIPROCAL RISK RETENTION GROUP 12 GILLON STREET CHARLESTON, SC 29401 20-0972649	INSURANCE RELATED	SC	PHOEBE-DEVITT HOMES	C	46,774	551,194	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.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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
1901 LINDEN ST ALLENTOWN, PA 18104 23-1674396	HUD HOUSING	PA	501(C)(4)		PHOEBE-DEVITT HOMES		No
1925 TURNER ST ALLENTOWN, PA 18104 23-2302675	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	LINE 10	PHOEBE-DEVITT HOMES		No
1925 TURNER ST ALLENTOWN, PA 18104 23-1396838	ADMINISTRATIVE/FUNDRAISING	PA	501(C)(3)	LINE 7	N/A		No
1925 TURNER ST ALLENTOWN, PA 18104 23-2821149	ADMINISTRATIVE	PA	501(C)(3)	LINE 10	PHOEBE-DEVITT HOMES		No
ONE HEIDELBERG DRIVE WERNERSVILLE, PA 19565 23-2560952	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	LINE 10	PHOEBE-DEVITT HOMES		No
1925 TURNER ST ALLENTOWN, PA 18104 23-2586359	ADMINISTRATIVE & PHARMACY	PA	501(C)(3)	LINE 10	PHOEBE-DEVITT HOMES		No
208 FERNBROOK AVE WYNCOTE, PA 19095 23-1352525	CONTINUING CARE RETIREMENT COMMUNITY	PA	501(C)(3)	LINE 10	PHOEBE-DEVITT HOMES		No
1925 TURNER ST ALLENTOWN, PA 18104 45-5005460	THERAPY & REHABILITATION SERVICES	PA	501(C)(3)	LINE 10	PHOEBE-DEVITT HOMES		No