

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134050151

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

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

G Gross receipts \$ 20,481,499

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.PHOEBE.ORG

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

L Year of formation: 2000

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE HEALTHCARE, CULTURAL AND RECREATIONAL ACTIVITIES, AND ROOM AND BOARD FOR RESIDENTS.

2 Check this box ☐ 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 16

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 275

6 Total number of volunteers (estimate if necessary) 6 131

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 99,288 322,927

9 Program service revenue (Part VIII, line 2g) 19,497,570 19,996,046

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,979 20,329

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 187,103 83,270

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,794,940 20,422,572

Expenses

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) 8,320,927 8,770,710

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 11,497,853 10,926,863

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19,818,780 19,697,573

19 Revenue less expenses. Subtract line 18 from line 12 -23,840 724,999

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 40,070,004 40,454,878

21 Total liabilities (Part X, line 26) 41,749,445 41,778,969

22 Net assets or fund balances. Subtract line 21 from line 20 -1,679,441 -1,324,091

Part II Signature Block

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

Sign Here

Signature of officer
ROBERT RICHARDS CFO
Type or print name and title

2021-05-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ BAKER TILLY US LLP
Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 39-0859910
Phone no. (717) 740-4863

PTIN P00760402

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 16,065,949 including grants of \$ 0) (Revenue \$ 19,996,046)
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 \$1,979,110 IN FY2020, 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 16,065,949

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	No
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 ComplianceCheck 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	48
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	

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

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 275			
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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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	16	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SCOTT R STEVENSON PRESIDENT/CEO	40.00	X		X				0	693,406	57,219
(2) LISA B FICHERA EVP/COO	40.00			X				0	336,643	47,597
(3) ROBERT RICHARDS SR VP FIN./CFO	40.00			X				0	290,097	32,628
(4) JASMIN-JOSEPH BERLINE CERTIFIED NURSING ASSISTANT	40.00					X		124,017	0	24,083
(5) LAURA ALVAREZ RN CHARGE NURSE	40.00					X		123,725	0	32,351
(6) ROBERT MILLER CHAIRPERSON	1.00	X		X				0	0	0
(7) REV DR HILARY J BARRETT VICE CHAIRPERSON	1.00	X		X				0	0	0
(8) DONALD A SEIBERT TREASURER	1.00	X		X				0	0	0
(9) WILLIAM C HACKER SECRETARY	1.00	X		X				0	0	0
(10) DONNA WRIGHT BOARD MEMBER	1.00	X						0	0	0
(11) JOHN T LAWTON BOARD MEMBER	1.00	X						0	0	0
(12) PETER E FISHER MD MBA BOARD MEMBER	1.00	X						0	0	0
(13) REV DANIEL T MOSER II BOARD MEMBER	1.00	X						0	0	0
(14) REV DR BONNIE BATES BOARD MEMBER	1.00	X						0	0	0
(15) REV WILLIAM PAUL WORLEY BOARD MEMBER	1.00	X						0	0	0
(16) ROBERT BERTOLETTE BOARD MEMBER	1.00	X						0	0	0
(17) SYLVIA BETZ GARDNER BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REV DR CARRIE CALL BOARD MEMBER	1.00	X						0	0	0
(19) DEBBIE MERRILL BOARD MEMBER	1.00	X						0	0	0
(20) REV DR DAVID CHARLES SMITH BOARD MEMBER	1.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								247,742	1,320,146	193,878

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
TRUSTHOUSE SERVICES GROUP INC PO BOX 743676 ATLANTA, GA 303744367	DIETARY SVC	1,886,541
ARAMARK HEALTHCARE SUPPORT SVC 1101 MARKET ST PHILADELPHIA, PA 19107	HEALTHCARE SUPPORT	993,090
CREATING RESULTS LLC 14000 CROWN CT STE 211 WOODBIDGE, VA 22193	MARKETING SERVICES	690,506
RLPS ARCHITECTS LLP 250 VALLEYBROOK DR LANCASTER, PA 17601	ARCHITECTURAL SERVICES	636,284
BARRY ISETT & ASSOCIATES INC 85 SOUTH ROUTE 100 ALLENTOWN, PA 18106	LEGAL SERVICES	292,079
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 ► 8		

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c										
	d Related organizations		1d	50									
	e Government grants (contributions)		1e	249,944									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	72,933									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f										322,927		
Program Service Revenue			Business Code										
	2a RESIDENT REVENUE		623000	19,996,046		19,996,046							
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		19,996,046										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,329						20,329			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	98,673									
	b Less: rental expenses		6b	58,927									
	c Rental income or (loss)		6c	39,746									
	d Net rental income or (loss)				39,746				39,746				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss)												
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11a BEAUTY SHOP			623000	32,010						32,010			
b OTHER INCOME			623000	9,739						9,739			
c INSURANCE COST REDUCTION			623000	1,775						1,775			
d All other revenue													
e Total. Add lines 11a-11d					43,524								
12 Total revenue. See instructions					20,422,572		19,996,046		0		103,599		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,482,136	6,514,098	968,038	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	168,944	147,086	21,858	
9 Other employee benefits	566,040	336,032	230,008	
10 Payroll taxes	553,590	486,818	66,772	
11 Fees for services (non-employees):				
a Management	1,301,304		1,301,304	
b Legal	1,991		1,991	
c Accounting	23,897		23,897	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,321,801	4,274,965	46,836	
12 Advertising and promotion	807,116		807,116	
13 Office expenses	317,351	242,146	75,205	
14 Information technology	38,807		38,807	
15 Royalties				
16 Occupancy	368,205	368,205		
17 Travel	9,484	1,642	7,842	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	630,323	630,323		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,631,560	1,631,560		
23 Insurance	138,655	138,655		
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	513,347	513,347		
b BAD DEBT EXPENSE	455,226	455,226		
c LICENSES, FEES, & TAXES	317,396	314,988	2,408	
d DUES & MEMBERSHIPS	31,354	1,632	29,722	
e All other expenses	19,046	9,226	9,820	
25 Total functional expenses. Add lines 1 through 24e	19,697,573	16,065,949	3,631,624	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		328,996	1	758,537	
	2	Savings and temporary cash investments		2,421,004	2	1,181,042	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,507,555	4	2,014,938	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		141,500	7	141,500	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		67,878	9	60,197	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	45,782,960			
	b	Less: accumulated depreciation	10b	11,267,351	33,872,150	10c	34,515,609
	11	Investments—publicly traded securities		728,281	11	680,501	
	12	Investments—other securities. See Part IV, line 11		551,194	12	552,968	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		451,446	15	549,586	
16	Total assets. Add lines 1 through 15 (must equal line 34)		40,070,004	16	40,454,878		
Liabilities	17	Accounts payable and accrued expenses		2,338,715	17	2,615,357	
	18	Grants payable			18		
	19	Deferred revenue		317,843	19	1,704,303	
	20	Tax-exempt bond liabilities		17,475,374	20	17,357,618	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		59,745	21	117,250	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		12,504,004	23	13,008,555	
	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		9,053,764	25	6,975,886	
	26	Total liabilities. Add lines 17 through 25		41,749,445	26	41,778,969	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		-1,679,441	27	-1,324,091	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		-1,679,441	32	-1,324,091	
33	Total liabilities and net assets/fund balances		40,070,004	33	40,454,878		

Part XI Reconciliation of Net AssetsCheck 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	20,422,572
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,697,573
3	Revenue less expenses. Subtract line 2 from line 1	3	724,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,679,441
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	-369,649
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,324,091

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

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

Form 990 (2019)

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 525 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2020. THEY HAD 45,397 SKILLED NURSING CARE CENSUS DAYS DURING THAT TIME, WHICH WAS APPROXIMATELY 94.68% OCCUPANCY. \ADDITIONALLY, 153,761 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 128 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2020. THEY HAD 27,938 PERSONAL CARE CENSUS DAYS DURING THAT TIME, WHICH WAS APPROXIMATELY 95.42% OCCUPANCY. ADDITIONALLY, 63,835 NURSING CARE HOURS WERE DEVOTED TO ACCOMPLISHING THIS PROGRAM SERVICE.3) INDEPENDENT LIVING - PHOEBE RICHLAND PROVIDES COMPREHENSIVE, INDEPENDENT LIVING SERVICES FOR AGING PEOPLE. THE PHOEBE RICHLAND INDEPENDENT LIVING PROGRAM SERVED 2 INDIVIDUALS FOR THE YEAR ENDED JUNE 30, 2020. THEY OPERATED AT APPROXIMATELY 100% OCCUPANCY.

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 instructions and the latest information.

OMB No. 1545-0047

2019

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	37,912	23,043	55,433	99,288	322,904	538,580
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	13,594,920	15,278,436	17,775,686	19,497,570	19,996,046	86,142,658
3 Gross receipts from activities that are not an unrelated trade or business under section 513	34,866	39,459	43,109	45,628	32,010	195,072
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	13,667,698	15,340,938	17,874,228	19,642,486	20,350,960	86,876,310
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	300		100	50	100	550
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. .	300		100	50	100	550
8 Public support. (Subtract line 7c from line 6.)						86,875,760

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	13,667,698	15,340,938	17,874,228	19,642,486	20,350,960	86,876,310
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	21,298	102,669	29,882	95,087	119,002	367,938
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	21,298	102,669	29,882	95,087	119,002	367,938
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.) . .	60,022	70,613	24,440	57,316	11,514	223,905
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	13,749,018	15,514,220	17,928,550	19,794,889	20,481,476	87,468,153
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.320 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.340 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.420 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.320 %

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 - 2015 AMOUNT: \$ 11,271. 2016 AMOUNT: \$ 1,824. 2017 AMOUNT: \$ 12,368. 2018 AMOUNT: \$ 4,015. 2019 AMOUNT: \$ 4,215. INSURANCE COST REDUCTION - 2015 AMOUNT: \$ 46,336. 2016 AMOUNT: \$ 66,027. 2017 AMOUNT: \$ 8,574. 2018 AMOUNT: \$ 46,774. 2019 AMOUNT: \$ 1,775. VENDING MACHINES - 2015 AMOUNT: \$ 2,415. 2016 AMOUNT: \$ 1,745. 2017 AMOUNT: \$ 1,304. 2018 AMOUNT: \$ 2,068. 2019 AMOUNT: \$ 1,547. GIFT SHOP - 2016 AMOUNT: \$ 1,017. 2017 AMOUNT: \$ 2,194. 2018 AMOUNT: \$ 1,369. 2019 AMOUNT: \$ 3,977. HOUSEKEEPING - 2018 AMOUNT: \$ 3,090.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493134050151

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		9,355,683	9,055,763	299,920
c Leasehold improvements				
d Equipment		2,211,588	2,211,588	0
e Other		32,440,689		32,440,689
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				34,515,609

Schedule D (Form 990) 2019

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	
(2) INVESTMENT IN AFFILIATE	2,582,368
(3) DUE TO AFFILIATE	3,391,568
(4) RESERVE FOR WORKMENS COMP	5,326
(5) INTEREST RATE SWAP	996,624
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	6,975,886

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	20,109,000
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	-369,649
e	Add lines 2a through 2d	2e	-369,649
3	Subtract line 2e from line 1	3	20,478,649
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	-56,077
c	Add lines 4a and 4b	4c	-56,077
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,422,572

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	19,754,000
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	57,152
e	Add lines 2a through 2d	2e	57,152
3	Subtract line 2e from line 1	3	19,696,848
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	725
c	Add lines 4a and 4b	4c	725
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,697,573

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 -369,649.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INSURANCE REIMBURSEMENT 1,775. ROUNDING ADJUSTMENT 1,075. RENTAL EXPENSES -58,927.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	INSURANCE REIMBURSEMENT -1,775. RENTAL EXPENSES 58,927.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ROUNDING ADJUSTMENT 725.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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.	
Name of the organization PHOEBE RICHLAND HEALTH CARE CENTER INC		Employer identification number 23-3045622

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		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 on 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

[illegible]

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.
PART I, LINE 4B	SCOTT STEVENSON, ROBERT RICHARDS, AND LISA FICHERA PARTICIPATE IN A NON-QUALIFIED RETIREMENT PLAN. PHOEBE MINISTRIES CONTRIBUTED \$19,500 TO EACH EXECUTIVE'S PLAN DURING THE YEAR.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

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							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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	400.0000000000 %							
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).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

Employer identification number
23-3045622

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MITCH POSSINGER	PRIOR BOARD MEMBER OF PHOEBE AND OFFICER OF TRUSTHOUSE SERVICES GROUP	1,581,980	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
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

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

2019

**Open to Public
Inspection**

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

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 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	TRANSPORTATION SERVICES: PROGRAM SERVICE EXPENSES 16,939. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,939. REPAIR AND MAINTENANCE SERVICES: PROGRAM SERVICE EXPENSES 162,297. MANAGEMENT AND GENERAL EXPENSES 2,220. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 164,517. PHYSICIAN AND MEDICAL FEES: PROGRAM SERVICE EXPENSES 563,382. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 563,382. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 1,003,952. MANAGEMENT AND GENERAL EXPENSES 1,800. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,005,752. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 931,044. MANAGEMENT AND GENERAL EXPENSES 42,816. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 973,860. DIETARY SERVICES: PROGRAM SERVICE EXPENSES 1,597,351. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,597,351.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN FAIR VALUE OF SWAP AGREEMENT -369,649.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>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. FOR MORE THAN A CENT URY, PHOEBE'S TRADITION OF EXCELLENCE AND PASSION FOR CARING HAVE MADE US THE LEADER IN CA RE FOR SENIOR ADULTS AND THEIR FAMILY MEMBERS. OUR COMPREHENSIVE SERVICES INCLUDE SKILLED NURSING CARE, PERSONAL CARE, INDEPENDENT LIVING, AFFORDABLE HOUSING, AT-HOME CARE, SHORT-T ERM AND OUTPATIENT REHABILITATION, MENTAL HEALTH SERVICES, SPECIALIZED DEMENTIA CARE, TELE MEDICINE FOR PARKINSON'S DISEASE PATIENTS, AND PHARMACY SERVICES. PHOEBE'S CHARITABLE CARE BENEFIT FOR RESIDENTS: AS PEOPLE LIVE LONGER AND HEALTH CARE COSTS INCREASE, CHARITABLE C ARE FOR PHOEBE RESIDENTS IS A GROWING NEED. THE NEED FOR CHARITY CARE IN SKILLED NURSING O CCURS AMONG RESIDENTS WHO ARE ALREADY EXPERIENCING LIMITED PERSONAL RESOURCES AND THOSE WH O HAVE EXHAUSTED THEIR RESOURCES ALTOGETHER. THE TOTAL COST FOR CARE PROVIDED TO THESE RES IDENTS INCLUDE THERAPIES AND OTHER MEDICAL SERVICES, AS WELL AS PROGRAM EXPENSES THAT ARE NOT FULLY REIMBURSED BY THE MEDICAL ASSISTANCE PAID BY THE GOVERNMENT. SIXTY PERCENT OF PH OEBE'S LONG-TERM CARE RESIDENTS RECEIVE MEDICAID. FALLING MEDICAID REIMBURSEMENT RATES CRE ATE A PER-RESIDENT DEFICIT EVERY DAY AT PHOEBE. THIS AMOUNT QUICKLY ADDS UP AND CREATES AN EXTRAORDINARY NEED FOR CHARITY CARE. OUR COMMITMENT TO PROVIDING THIS CARE IS A DEMONSTRA TION OF PHOEBE'S ENDURING LEGACY OF CARE AND COMPASSION. IN FISCAL YEAR 2019-2020, PHOEBE PROVIDED \$14 MILLION IN CHARITY CARE FOR OUR RESIDENTS. THIS AMOUNT IS AN INCREASE OF \$2 M ILLION FROM THE PRIOR FISCAL YEAR. WE REMAIN COMMITTED TO OUR RESIDENTS NO MATTER THEIR FI NANCIAL CIRCUMSTANCE. THOSE WHO RECEIVE CHARITABLE CARE ARE ABLE TO FULLY RECEIVE PHOEBE'S COMPASSIONATE, QUALITY CARE. PHOEBE'S WORKFORCE BENEFIT: PHOEBE CONTINUES TO ATTRACT SKIL LED AND DEDICATED EMPLOYEES. WE OFFER COMPETITIVE SALARIES AND BENEFITS, AS WELL AS OPPORT UNITIES FOR ONGOING GROWTH AND EDUCATION WITHIN THE HEALTH CARE PROFESSION. PHOEBE MINISTR IES EMPLOYED MORE THAN 1,200 INDIVIDUALS IN FISCAL YEAR 2019-2020. HUMAN RESOURCES STAFF A TTEND AND RECRUIT FROM JOB FAIRS AND ADVERTISE OPEN POSITIONS AT LEHIGH VALLEY COLLEGES AN D OTHER UNIVERSITIES IN THE NORTHEAST. VOLUNTEERISM AT PHOEBE: PHOEBE'S VOLUNTEERS RANGE I N AGE FROM JUST 14 YEARS OLD TO 102 YEARS OLD. PHOEBE PARTNERS WITH INDIVIDUALS, CORPORATI ONS, AND ORGANIZATIONS TO ATTRACT VOLUNTEERS. IN AN ORDINARY YEAR, PHOEBE WORKS WITH APPRO XIMATELY 500 VOLUNTEERS WHO HELP FACILITATE RESIDENT ACTIVITIES, OFFICE WORK, CHAPLAIN DUT IES, AND MUCH MORE. THE COVID-19 OUTBREAK IN MARCH 2020 CURTAILED PHOEBE'S VOLUNTEERS FROM VISITING OUR CAMPUSES; HOWEVE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>R, OUR VOLUNTEERS STILL ASSISTED US WITH CRITICAL NEEDS. THE PANDEMIC BROUGHT A GREATER NEED FOR PERSONAL PROTECTIVE EQUIPMENT (PPE). PHOEBE RESIDENTS, STAFF MEMBERS, NEIGHBORS, COMMUNITY AND CHURCH PARTNERS VOLUNTEERED THEIR TIME TO MAKE MASKS AND GOWNS FOR OUR FRONTLINE WORKERS. PHOEBE PROVIDED PATTERNS, MATERIALS, AND OTHER SUPPLIES. MORE THAN 100 VOLUNTEERS MADE 3,000 FABRIC MASKS AND 200 GOWNS TO KEEP STAFF AND RESIDENTS SAFE. PHOEBE INSTITUTE ON AGING (PIA): FOUNDED IN 2001, THE PIA PROVIDES FORUMS FOR DISCUSSION AND OPPORTUNITIES FOR LEARNING, INCLUDING EDUCATIONAL PROGRAMS, SCHOLARSHIPS, COOPERATIVE VENTURES, AND OUTREACH ACTIVITIES THAT PROMOTE IMPROVED QUALITY OF CARE FOR OLDER ADULTS. THE PIA ADVISORY BOARD INCLUDES REPRESENTATIVES OF GOVERNMENTAL AGENCIES, HOSPITAL AND MEDICAL PERSONNEL, HUMAN SERVICES PROVIDERS, AREA AGENCIES ON AGING, AND FACULTY FROM COLLEGES AND UNIVERSITIES. THE PIA SPEARHEADED DEMENTIA-FRIENDLY LEHIGH VALLEY (DFLV), AN INITIATIVE THAT ADDRESSES THE GROWING POPULATION OF PEOPLE EXHIBITING SIGNS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS. DFLV WAS GRANTED APPROVAL BY DEMENTIA FRIENDLY AMERICA TO BECOME PART OF ITS OFFICIAL NATIONAL COMMUNITY OF NETWORKS. PASTORAL CARE AT PHOEBE: PHOEBE MINISTRIES' PASTORAL CARE PROGRAM PROVIDES CARE TO OUR RESIDENTS REGARDLESS OF FAITH, AND PLAYS A MAJOR ROLE AMONG OUR COMMUNITIES AND IN THE GEOGRAPHIC AREAS WE SERVE. THE DIRECTOR OF PASTORAL CARE PROVIDES LEADERSHIP THROUGH OUTREACH TO CHURCHES AND CONFERENCES, AND THROUGH REPRESENTATION ON THE LEHIGH VALLEY CONFERENCE OF CHURCHES AND THE UCC COUNCIL FOR HEALTH AND HUMAN SERVICE MINISTRIES. PHOEBE'S CHAPLAINS ALSO PROVIDE SPIRITUAL SUPPORT AND LEADERSHIP TO PHOEBE'S FOUR CONTINUING CARE RETIREMENT COMMUNITIES. 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, MULTIPLE SPIRIT ALIVE GROUPS OF SIX TO EIGHT PEOPLE TAKE PLACE ON PHOEBE'S FOUR CAMPUSES. GROUPS ARE RUN BY TRAINED COMMUNITY VOLUNTEERS. ALL PHOEBE CHAPLAINS ARE TRAINED IN PHOEBE'S SPIRIT ALIVE PROGRAM AND HELP MAINTAIN SPIRIT ALIVE ON ALL OF OUR CAMPUSES. - PHOEBE'S CLINICAL PASTORAL EDUCATION (CPE) PROGRAM WAS RECENTLY REACCREDITED BY THE NATIONAL REVIEW COMMITTEE OF THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION. PHOEBE'S CPE PROGRAM IS ONE OF ONLY TWO IN A LONG-TERM CARE SETTING, AND ONE OF ONLY 10 IN THE UNITED STATES. IN 2017, PHOEBE ESTABLISHED THE ENDOWMENT FOR CLINICAL PASTORAL EDUCATION AND \$148,000 HAS BEEN RAISED TO DATE. THE INCOME FROM THE ENDOWMENT IS USED TO PROVIDE SCHOLARSHIPS FOR CPE STUDENTS IN NEED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>DONOR SUPPORT FOR PHOEBE'S 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 PROFOUNDLY GRATEFUL FOR GENEROUS CONTRIBUTIONS FROM FOUNDATIONS, INDIVIDUALS, CORPORATE PARTNERS, CHURCHES, AND ORGANIZATIONS. - UNRESTRICTED GIFTS REMAIN THE BACKBONE OF SUPPORTING PHOEBE'S MISSION. UNRESTRICTED GIVING PROVIDES PHOEBE WITH THE OPPORTUNITY TO USE THE MONEY WHERE IT IS NEEDED MOST AND WHERE IT WILL HAVE THE GREATEST IMPACT, INCLUDING SUPPORT FOR CHARITABLE CARE, COMMUNITY LIFE, AND PASTORAL CARE. - PHOEBE ALSO ACCEPTS RESTRICTED GIFTS FOR SPECIFIC PURPOSES. 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 OFFICIAL ACCEPTANCE. - MANY OF OUR DONORS ALSO CHOOSE TO REMEMBER PHOEBE MINISTRIES IN THEIR ESTATE PLANS. THEIR THOUGHTFULLY ARRANGED DEFERRED GIFTS HAVE A SIGNIFICANT IMPACT ON PHOEBE'S MISSION AND MINISTRY. - FINALLY, PHOEBE IS ALSO BLESSED BY DONORS WHO HAVE ESTABLISHED PERMANENT 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 610-794-5132 OR PHILANTHROPY@PHOEBE.ORG TO EXPLORE GIFT OPTIONS. PHOEBE ENCOURAGES DONORS TO CONSULT THEIR PROFESSIONAL ADVISORS WHEN CONSIDERING SIGNIFICANT CHARITABLE GIFTS. THE PHILANTHROPY STAFF FREQUENTLY WORKS WITH DONOR ADVISORS TO ACCOMPLISH THE DONORS' GOALS AND MEET THEIR DESIRED OUTCOMES. PHOEBE MINISTRIES HIGHLIGHTS, FISCAL YEAR 2019-2020: DURING THE PAST YEAR AND WITH THE ONSET OF THE COVID-19 PANDEMIC, PHOEBE'S HIGHEST PRIORITIES WERE TO PROTECT THE LIVES OF OUR RESIDENTS AND STAFF, AND TO SEARCH EVEN MORE DILIGENTLY FOR INNOVATIVE WAYS TO PROVIDE FULLNESS OF LIFE FOR OUR RESIDENTS. COVID-19 BROUGHT MANY CHALLENGES TO SENIOR ORGANIZATIONS, BUT REGARDLESS OF THOSE CHALLENGES, OUR DEDICATION TO PHOEBE'S MISSION, OUR RESIDENTS, AND OUR STAFF CONTINUES: - CONNECTING HEARTS: TO MEET THE CRITICAL NEEDS OF RESIDENTS AND STAFF DURING COVID-19 WHILE NOT BEING ABLE TO HOST FUNDRAISING EVENTS, THE OFFICE OF PHILANTHROPY LAUNCHED THE CONNECTING HEARTS CAMPAIGN. BORN OUT OF THE PROGRAM THAT PHOEBE OFFERED TO CONNECT RESIDENTS AND THEIR FAMILIES THROUGH ZOOM CALLS, AND INSPIRED BY PHOEBE'S LOGO OF CONNECTING HEARTS, THE CAMPAIGN LAUNCHED IN MAY 2020 WITH A MATCHING GIFT CHALLENGE INSPIRED BY THE RELEASE OF EVENT SPONSORSHIPS FOR COVID RELIEF. APPROXIMATELY \$50,000 IN SPONSORSHIPS WAS RELEASED TO MATCH AN ADDITIONAL \$50,000 IN GIFTS FOR A TOTAL OF \$100,000 RAISED THROUGH THE CAMPAIGN. - ANNUAL GOLF TOURNAMENT: PHOEBE'S ANNUAL GOLF TOURNAMENT IS OUR LARGEST FUNDRAISING EVENT OF THE YEAR,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>AND TYPICALLY NETS \$100,000+ FOR CHARITABLE CARE. THE TOURNAMENT'S 11TH YEAR IN 2019 ATTRACTED 275 GOLFERS AND NETTED APPROXIMATELY \$114,000 FOR RESIDENTS IN NEED. WHILE WE WERE UNABLE TO HOLD THE 2020 TOURNAMENT, WE REACHED OUT TO OUR ANNUAL EVENT SPONSORS AND ASKED FOR ANNUAL SUPPORT. THE RESPONSE WAS OVERWHELMINGLY POSITIVE. IN TOTAL FOR FISCAL YEAR 2020, WE RAISED \$134,050 IN GOLF SPONSORSHIPS WITH \$111,000 TO BE RELEASED FOR CHARITY CARE, AND \$23,050 DEFERRED FOR THE 2021 TOURNAMENT. - PHOEBE'S SECOND LARGEST FUNDRAISING EVENT IS THE PIA ANNUAL BENEFIT. THIS ANNUAL EVENT IS SUPPORTED BY CORPORATE AND INDIVIDUAL SPONSORSHIPS WITH THE PROCEEDS FROM THE BENEFIT APPLIED TO THE PIA TO HELP UNDERWRITE THE ANNUAL COMMUNITY CONFERENCES, NURSING AND THERAPIST SCHOLARSHIPS, AND EMPLOYEE TRAINING SEMINARS. IN FISCAL YEAR 2020, PHOEBE'S OFFICE OF PHILANTHROPY REBRANDED THE PIA BENEFIT AS THE PIA 2020 GENERATIONS UN-GALA; HOWEVER, BECAUSE OF COVID-19 RESTRICTIONS, THE IN-PERSON EVENT WAS CANCELLED. WE ASKED EVENT SPONSORS OF BOTH THE UN-GALA AND THE PIA SPRING CONFERENCE IF THEY WOULD REDIRECT THEIR SUPPORT TO COVID-19 RELIEF THROUGH THE CONNECTING HEARTS CAMP AIGN. AFTER AN OVERWHELMINGLY POSITIVE RESPONSE FROM SPONSORS, THE UN-GALA BECAME A VIRTUAL STEWARDSHIP EVENT INSTEAD OF A FUNDRAISER. THE VIRTUAL PICNIC EVENT WAS ATTENDED BY MORE THAN 80 PEOPLE VIA ZOOM. DONORS WERE RECOGNIZED, THANKED, AND GIVEN A LOOK INSIDE PHOEBE DURING COVID TO DEMONSTRATE THE IMPACT OF THEIR GIFTS. - IN FISCAL 2019-2020, THE PHOEBE INSTITUTE ON AGING (PIA) PLANNED TWO CONFERENCES, BUT WAS ONLY ABLE TO HOST ONE DUE TO COVID-19. THE FALL PIA CONFERENCE, HELD IN OCTOBER 2019 AT DESALES UNIVERSITY, WAS TITLED "WEST GREETEAST: ALTERNATIVE APPROACHES TO AGING." THE EVENT ATTRACTED 256 ATTENDEES AND OFFERED INFORMATION ON INTEGRATING WESTERN AND EASTERN PHILOSOPHIES TO HELP ENSURE LONGEVITY AND QUALITY OF LIFE. - THE SPRING PIA CONFERENCE, "SEX, DRUGS, AND ROCK & ROLL: BABY BOOMERS AND AGING," FEATURING KEYNOTE SPEAKER DR. RUTH WESTHEIMER, WAS POSTPONED UNTIL MARCH 2021 DUE TO THE COVID-19 OUTBREAK. CONFERENCE SPONSORSHIPS WERE RELEASED AS UNRESTRICTED FOR COVID-19 RELIEF. - THE PHOEBE BERKS REPOSITIONING PROJECT IS NEARLY COMPLETE, AND PROVIDES BERKS RESIDENTS WITH IMPROVED AND EXPANDED COMMUNITY SPACES FOR DINING, PHYSICAL FITNESS, AND RECREATION. - FIRST FLOOR RENOVATIONS WERE COMPLETED IN PHOEBE ALLENTOWN'S MILLER PERSONAL CARE AT 19TH AND CHEW NEIGHBORHOOD AND A NEW WELLNESS PROGRAM WAS INTRODUCED. - PHOEBE RECEIVED SEVERAL GRANTS TOTALING NEARLY \$60,000 IN FISCAL YEAR 2019-2020. - MORE THAN \$2,000 WAS RAISED THROUGH AN EMPLOYEE WISH LIST CAMPAIGN THAT PROVIDED ITEMS TO EACH CAMPUS THAT WERE IDENTIFIED AS NEEDS FOR PHOEBE RESIDENTS. PHOEBE ALLENTOWN WAS ABLE TO PURCHASE AN ACCESSIBLE PICNIC TABLE FOR OUTSIDE VISITS FOR RESIDENTS. PHOEBE BERKS WAS ABLE TO PURCHASE TWO ROBOTIC THERAPY DOGS FOR RESIDENTS WITH DEMENTIA. PHOEBE RICHLAND WAS ABLE TO PURCHASE A PROJECTOR AND SCREEN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>FOR OUTDOOR MOVIE VIEWING. PHOEBE WYNCOTE PURCHASED AN AQUARIUM FOR THE HEALTH CARE CENTE R. ADDITIONAL PHOEBE HIGHLIGHTS FROM FISCAL YEAR 2019-2020: - PHOEBE BERKS RESIDENT VERONI CA "RONNIE" BACKENSTOE'S 80 YEARS AS A GIRL SCOUT WAS PITCHED TO THE MEDIA AND WENT VIRAL. THE STORY WAS PICKED UP BY NEWS ORGANIZATIONS ACROSS THE COUNTRY AND ACROSS THE POND INCL UDING GOOD MORNING AMERICA, CNN, NPR AND THE DAILY MAIL. - JOSEPH FRANCO, PHOEBE'S EXECUTI VE DIRECTOR OF INFORMATIONAL TECHNOLOGY, WAS NAMED ONE OF THE VALLEY'S FEATURED "40 UNDER 40" BY LEHIGH VALLEY BUSINESS. - BARBARA ANN MOYER, PHOEBE ALLENTOWN VOLUNTEER, WAS NAMED A LEHIGH COUNTY UNSUNG HERO. - LEADINGAGE PA NAMED EMMANUEL NJAMFON, LPN, PHOEBE ALLENTOWN CLINICAL LEAD, AS LICENSED CAREGIVER OF THE YEAR. - LEADINGAGE PA NAMED SHARON BENDER, PH OEBE ALLENTOWN HOUSEKEEPER, AS STAFF MEMBER OF THE YEAR. - THE MORNING CALL NAMED PHOEBE A LLENTOWN AS READER'S CHOICE FOR SENIOR HEALTH CARE SERVICES. - THE AMERICAN INSTITUTE OF A RCHITECTS' (AIA) DESIGN FOR AGING AWARD WAS GIVEN TO PHOEBE'S CHESTNUT RIDGE AT RODALE CAM PUS, WHICH IS UNDERWAY IN EMMAUS, PA. - PHOEBE HAS SECURED MORE THAN 65% OF THE PRE-SALES NEEDED FOR APARTMENTS IN OUR NEW INDEPENDENT LIVING COMMUNITY, CHESTNUT RIDGE AT RODALE IN EMMAUS, PENNSYLVANIA. - PATHSTONES BY PHOEBE, THE ORGANIZATION'S CONTINUING CARE AT HOME PROGRAM, CONTINUES TO GROW AND HAS REACHED MORE THAN 70 MEMBERS.</p>

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134050151

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOEBE RICHLAND HEALTH CARE CENTER INC

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

2019

Open to Public Inspection

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) PHOEBE RECIPROCAL RISK RETENTION GROUP 12 GILLON STREET CHARLESTON, SC 29401 20-0972649	INSURANCE RELATED	SC	PHOEBE-DEVITT HOMES	C	1,775	552,968	15.280 %		No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

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