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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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.

Department of the Treasury
Internal Revenue Service

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ContinueCare Hospital at Baptist Health LLC

% MIKE MURRAY

Doing business as

See Schedule O

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

7800 N DALLAS PARKWAY SUITE 200

Room/suite

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

PLANO, TX 75024

F Name and address of principal officer

Pamela Harrison

7800 N DALLAS PARKWAY 200

PLANO, TX 75024

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

D Employer identification number

20-0925675

E Telephone number

(972) 943-6431

G Gross receipts \$

9,224,830

I Tax-exempt status

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

J Website: WWW CONTINUECARE ORG/CORBIN

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

2004

M State of legal domicile

KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities

AS A 'HOSPITAL WITHIN A HOSPITAL', IT IS THE MISSION OF CCHBH TO ENHANCE COMMUNITY HEALTH THROUGH SERVICE WITH COMPASSION, CARING, ACCOUNTABILITY, RESPECT, AND EMPATHY

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)

6

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

5

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

112

6 Total number of volunteers (estimate if necessary)

0

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

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

0

9 Program service revenue (Part VIII, line 2g)

14,794,967

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

3,210

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

468

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

14,798,645

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

7,500

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

5,406,293

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

0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

9,657,245

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

15,071,038

19 Revenue less expenses Subtract line 18 from line 12

-272,393

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

3,468,859

21 Total liabilities (Part X, line 26)

1,819,860

22 Net assets or fund balances Subtract line 21 from line 20

1,648,999

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

2020-05-13

Date

JAMES HILL TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P01207335

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 425 HOUSTON STREET STE 600

Phone no (817) 335-1900

FORT WORTH, TX 76102

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 (2018)

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

AS A 'HOSPITAL WITHIN A HOSPITAL', IT IS THE MISSION OF CONTINUECARE HOSPITAL AT BAPTIST HEALTH (CCHBH) TO ENHANCE COMMUNITY HEALTH THROUGH SERVICE WITH COMPASSION, CARING, ACCOUNTABILITY, RESPECT, AND EMPATHY

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 \$ 8,150,078 including grants of \$ 10,850) (Revenue \$ 9,215,055)
See Additional Data

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

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

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

4e Total program service expenses ▶ 8,150,078

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 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 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 | No |
| 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 Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 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 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No | |
|------------|--|-----|-----|----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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 | 11 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |

| | | | | | | |
|---|--|-----------|-----|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 112 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | 4a | | No |
| b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | |
| | | | | 8 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a Gross income from members or shareholders | | | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | 13b | | |
| c Enter the amount of reserves on hand | | | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | | | |
| | | | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | | | |
| | | | | 16 | | No |

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 6 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 5 | | |
| 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 | Yes | |
| 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 | Yes | |
| 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 | | No |
| 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: _____

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.
 ▶ MIKE MURRAY 7800 N DALLAS PARKWAY SUITE 200 PLANO, TX 75024 (972) 943-1225

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Larry Gray Director (Until 11/18) | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (2) Anthony Powers Director (Start 12/18) | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (3) Jeannie Hensley Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (4) Roy Taylor Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (5) Troy Baxter Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (6) April Myers Director | 1 0 39 0 | X | | | | | | 0 | 251,666 | 49,514 |
| (7) Brad Hall director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (8) James Hill Treasurer | 1 0 39 0 | | | X | | | | 0 | 317,389 | 37,861 |
| (9) David Butler Secretary | 1 0 39 0 | | | X | | | | 0 | 420,755 | 32,255 |
| (10) TOMMY LE CEO | 40 0 0 0 | | | X | | | | 0 | 152,652 | 18,998 |
| (11) Della Rains CNO (Until 6/19) | 40 0 0 0 | | | | | X | | 0 | 120,089 | 19,370 |
| (12) ANNETTE A BROWN RN | 40 0 0 0 | | | | | X | | 121,143 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII

| | |
|--|--|
| 1b Sub-Total | |
| c Total from continuation sheets to Part VII, Section A | |
| d Total (add lines 1b and 1c) | |

121,143

1,262,551

157,998

of reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

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) | (B) | (C) |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| ONE, | | |
| | | |
| | | |
| | | |

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 ► 0

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Part VIII

Statement of Revenue

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

| | | | (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 | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a - 1f \$ _____ | | | | | | |
| | h | Total. Add lines 1a-1f | 0 | | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | INPATIENT REVENUE | 623000 | 9,215,055 | 9,215,055 | | | |
| | b | _____ | | | | | | |
| | c | _____ | | | | | | |
| | d | _____ | | | | | | |
| | e | _____ | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | 9,215,055 | | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | 9,747 | | | 9,747 | |
| | 4 | | Income from investment of tax-exempt bond proceeds | 0 | | | | |
| | 5 | | Royalties | 0 | | | | |
| | 6a | (i) Real | | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | b Less rental expenses | | | | | | |
| | | c Rental income or (loss) | | 0 | 0 | | | |
| | d | | Net rental income or (loss) | 0 | | | | |
| | 7a | (i) Securities | | (ii) Other | | | | |
| | | Gross amount from sales of assets other than inventory | | | | | | |
| | | b Less cost or other basis and sales expenses | | | | | | |
| | | c Gain or (loss) | | | | | | |
| | d | | Net gain or (loss) | 0 | | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | a | 0 | | | |
| | | b Less direct expenses | | b | 0 | | | |
| | | c | | Net income or (loss) from fundraising events | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | a | 0 | | | |
| | | b Less direct expenses | | b | 0 | | | |
| | | c | | Net income or (loss) from gaming activities | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances | | a | 0 | | | |
| b Less cost of goods sold | | b | 0 | | | | | |
| c | | Net income or (loss) from sales of inventory | 0 | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | MEDICAL RECORDS | 900099 | 28 | | | 28 | | |
| b | _____ | | | | | | | |
| c | _____ | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | 28 | | | | | | |
| 12 | Total revenue. See Instructions | 9,224,830 | | | | 9,215,055 | 9,775 | |

Form 990 (2018)

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. | 10,850 | 10,850 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | | | |
| 7 Other salaries and wages. | 3,382,234 | 3,044,010 | 338,224 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 58,465 | 53,203 | 5,262 | |
| 9 Other employee benefits. | 743,940 | 676,985 | 66,955 | |
| 10 Payroll taxes. | 252,301 | 229,594 | 22,707 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 481,816 | 481,816 | | |
| b Legal. | 32,920 | | 32,920 | |
| c Accounting. | 79,300 | | 79,300 | |
| d Lobbying. | 3,338 | 3,338 | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 2,209,976 | 2,041,404 | 168,572 | 0 |
| 12 Advertising and promotion. | 4,373 | | 4,373 | |
| 13 Office expenses. | 25,381 | | 25,381 | |
| 14 Information technology. | 0 | | | |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 413,492 | 413,492 | | |
| 17 Travel. | 57,102 | | 57,102 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 2,640 | | 2,640 | |
| 20 Interest. | 17,869 | 17,869 | | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 116,688 | 116,688 | | |
| 23 Insurance. | 129,125 | 129,125 | | |
| 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 | 1,011,834 | 1,011,834 | | |
| b EQUIPMENT LEASE | 138,143 | 131,693 | 6,450 | |
| c STATE HOSPITAL TAX | 209,481 | 209,481 | | |
| d BAD DEBT EXPENSE | -549,722 | -549,722 | | |
| e All other expenses | 128,418 | 128,418 | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 8,959,964 | 8,150,078 | 809,886 | 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 | 214,947 | 1 | 764,561 |
| | 2 Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 Accounts receivable, net | 2,515,775 | 4 | 1,663,093 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 136,984 | 8 | 120,053 |
| | 9 Prepaid expenses and deferred charges | 247,930 | 9 | 177,831 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 815,405 | | |
| | b Less: accumulated depreciation | 10b 513,932 | 353,223 | 10c 301,473 |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,468,859 | 16 | 3,027,011 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,010,346 | 17 | 891,467 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 361,330 | 24 | 111,182 |
| | 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 | 448,184 | 25 | 110,497 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,819,860 | 26 | 1,113,146 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,648,999 | 27 | 1,913,865 |
| | 28 Temporarily restricted net assets | 0 | 28 | 0 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 1,648,999 | 33 | 1,913,865 | |
| 34 Total liabilities and net assets/fund balances | 3,468,859 | 34 | 3,027,011 | |

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 | 9,224,830 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,959,964 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 264,866 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,648,999 |
| 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 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,913,865 |

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:
Software Version:
EIN: 20-0925675
Name: ContinueCare Hospital at Baptist Health LLC

Form 990 (2018)

Form 990, Part III, Line 4a:

CONTINUECARE HOSPITAL AT BAPTIST HEALTH (CCHBH) IS A LONG-TERM ACUTE CARE HOSPITAL (LTACH) OPERATING AS A HOSPITAL WITHIN A HOSPITAL AT BAPTIST HEALTH CORBIN IN CORBIN, KENTUCKY AS AN LTACH, CCHBH PROVIDES AN AVENUE OF CARE FOR PATIENTS THAT REQUIRE EXTENDED LENGTHS OF STAY IN AN ACUTE CARE SETTING TYPICALLY, LENGTHS OF STAY WILL AVERAGE 25 DAYS OR LONGER CONDITIONS APPROPRIATE FOR TREATMENT IN AN LTACH INCLUDE THE FOLLOWING MEDICALLY COMPLEX RESPIRATORY DISORDERS INCLUDING TRACHEOTOMY, VENTILATOR DEPENDENT CARDIAC/CARDIOVASCULAR CONDITIONS, RENAL DISEASE, ONCOLOGY, AND WOUND CARE DURING THE FISCAL YEAR ENDED 6/30/2019, CCHBH TOTAL PATIENTS ADMITTED WERE 225 AND THE TOTAL NUMBER OF PATIENT CARE DAYS PROVIDED WAS 6,559 THE AVERAGE DAILY CENSUS WAS 18 PATIENTS AND THE AVERAGE LENGTH OF STAY OF THE DISCHARGED PATIENTS TOTALED 28.8 DAYS

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ContinueCare Hospital at Baptist Health LLC

Employer identification number
20-0925675

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

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

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

| Section B. Total Support | | | | | | | |
|--|--|---------|---------|---------|---------|-----------|----------|
| Calendar year (or fiscal year beginning in) ► | | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|---|----|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| b | 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|---|------------|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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. | Yes | No |
| 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 | | | |
| <div>1</div> <div><input type="checkbox"/></div> <div>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.</div> | | | |
| 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 | <div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:
Software Version:
EIN: 20-0925675
Name: ContinueCare Hospital at Baptist Health LLC

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization ContinueCare Hospital at Baptist Health LLC | Employer identification number 20-0925675 |
|---|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | | (a) | | (b) |
|-----------|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 3,338 |
| j | Total. Add lines 1c through 1i | | | 3,338 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a | Current year | 2b | |
| b | Carryover from last year | 2c | |
| c | Total | 3 | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 4 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 5 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| LOBBYING EXPENSE | CONTINUECARE HOSPITAL AT BAPTIST HEALTH PAID \$5,084 TO NATIONAL ASSOCIATION OF LONG TERM HOSPITALS (NALTH), \$4,670 TO KHA, AND \$8,390 TO AMERICAN HOSPITAL ASSOCIATION (AHA) IN FISCAL YEAR 2019. THE PORTION OF DUES THAT WERE USED FOR LOBBYING PURPOSES WAS 12.16% FOR NALTH, 17.40% FOR KHA, AND 22.73% FOR AHA. TOTAL DUES PAID FOR LOBBYING ACTIVITIES WERE \$3,338 (\$618 NALTH, \$813 KHA, AND \$1,907 AHA = \$3,338). |

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ContinueCare Hospital at Baptist Health LLC

Employer identification number

20-0925675

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes☐ No

b

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

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

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 | | | |
| b | Buildings | | | |
| c | Leasehold improvements | 71,240 | 71,240 | 0 |
| d | Equipment | 744,165 | 442,692 | 301,473 |
| e | Other | | | |
| Total. | Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | 301,473 |

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.

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 0 |
| INTERCOMPANY PAYABLES - CCC & CHC | 231,058 |
| THIRD PARTY SETTLEMENTS | -120,561 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 110,497 |

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 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | 2e | | |
| 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 | | | |
| e | Add lines 2a through 2d | | 2e | | |
| 3 | Subtract line 2e from line 1 | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | 4c | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| c | Add lines 4a and 4b | | | | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | | |

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 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | 2e | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | | |
| e | Add lines 2a through 2d | | 2e | | |
| 3 | Subtract line 2e from line 1 | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | 4c | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| c | Add lines 4a and 4b | | | | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | | |

Part XIII Supplemental Information

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

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

| | |
|------------------|--|
| Part XIII | Supplemental Information <i>(continued)</i> |
|------------------|--|

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ContinueCare Hospital at Baptist Health LLC

Employer identification number
20-0925675

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | |
|---|--------|----|
| | Yes | No |
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a Yes | |
| b If "Yes," was it a written policy? | 1b Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year | | |
| <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities | | |
| <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care | 3a Yes | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care | 3b Yes | |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | No |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a Yes | |
| b If "Yes," did the organization make it available to the public? | 6b Yes | |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | | | | |
| b Medicaid (from Worksheet 3, column a) | | | 1,241,780 | 1,909,183 | 0 | 0 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 1,241,780 | 1,909,183 | 0 | 0 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,150 | 0 | 1,150 | 0 010 % |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 209,482 | 0 | 209,482 | 2 190 % |
| j Total. Other Benefits | | | 210,632 | 0 | 210,632 | 2 200 % |
| k Total. Add lines 7d and 7j | | | 1,452,412 | 1,909,183 | 210,632 | 2 200 % |

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|----------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | -549,722 | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | | |
|---|--|--------------------------------|--|
| 5 Enter total revenue received from Medicare (including DSH and IME). | 5 | 5,570,949 | |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 5,403,075 | |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | 167,874 | |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. | | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other | |

Section C. Collection Practices

| | | | |
|---|-----------|-----|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b | Yes | |

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 CONTINUECARE HOSP AT BAPTIST HEALTH

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

| | Yes | No |
|---|---------------|----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 Yes | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 Yes | |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | No |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 Yes | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u> | | |
| b <input type="checkbox"/> Other website (list url) _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 Yes | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 Yes | |
| a If "Yes" (list url) <u>See Part V, Section C</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

CONTINUECARE HOSP AT BAPTIST HEALTH

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|-----------|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes | |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> % | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input checked="" type="checkbox"/> Insurance status | | | |
| f <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g <input type="checkbox"/> Residency | | | |
| h <input type="checkbox"/> Other (describe in Section C) | | | |
| 14 Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 | Yes | |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes | |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V, Section C</u> | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u> | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u> | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections**

CONTINUECARE HOSP AT BAPTIST HEALTH

Name of hospital facility or letter of facility reporting group

| | Yes | No |
|---|---------------|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | |
| a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | |
|---|-----------|----|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | No |
| If "No," indicate why | | |
| a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CONTINUECARE HOSP AT BAPTIST HEALTH

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| | | |
| 23 | | No |
| 24 | | No |

| Part V | Facility Information (continued) |
|--------|----------------------------------|
|--------|----------------------------------|

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PAYMENT OF CHARITY CARE | IN THE STATE OF KENTUCKY, IT IS NOT PERMISSIBLE TO PAY ANOTHER HEALTH PROVIDER FOR CHARITY CARE TO SATISFY THE CHARITY REQUIREMENTS |
| PART I, LINE 7 | STATE PROVIDER TAX PAID FOR DISTRIBUTION PER INDIGENT CARE NEEDS - \$17,456.83 TAX IS COLLECTED MONTHLY FROM CONTINUECARE HOSPITAL AT BAPTIST HEALTH, LLC (CCHBHC). FEDERAL MATCHING DOLLARS ARE APPLIED, AND THEN DISTRIBUTED BACK TO SHORT TERM ACUTE HOSPITALS ON A PRO-RATED BASIS PER EACH HOSPITAL'S LEVEL OF CHARITY CONTRIBUTION. LTACH'S PAY THE TAX, BUT DO NOT GET THE DISTRIBUTION IN KENTUCKY. PART I, LINE 7, COLUMN F OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS \$8,959,964. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$(549,722). THIS LEFT A TOTAL EXPENSE OF \$9,509,686 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F). SINCE CCHBHC IS A LONG TERM ACUTE CARE HOSPITAL, IT WILL HAVE LOWER PERCENTAGES THAN AN ACUTE CARE HOSPITAL. PART III, LINE 2 THE BAD DEBT COSTING METHODOLOGY VARIES BY PAYER TYPE. FOR MEDICARE, BAD DEBT IS RECORDED WHEN RECOGNIZED TO THE EXTENT OF 35%. MEDICARE REIMBURSES THE ORGANIZATION FOR ALLOWABLE BAD DEBT AT 65%. MEDICARE BAD DEBT RELATES TO THE PRIVATE PAY PORTION OF CARE SUCH AS CO-PAY AND DEDUCTIBLE AMOUNTS. FOR MANAGED CARE, WE RESERVE BAD DEBT WHEN RECOGNIZED AT 100% OF CO-PAY AND DEDUCTIBLE AMOUNTS. PART III, LINE 4 CCHBHC DOESN'T HAVE ITS OWN AUDIT. RATHER, IT IS PART OF COMMUNITY HOSPITAL CORPORATION AND THE BAD DEBT DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS DOES NOT COMPLETELY MATCH THE ORGANIZATION'S PRACTICE. THE BAD DEBT COSTING METHODOLOGY VARIES BY PAYER TYPE. FOR MEDICARE, BAD DEBT IS RECORDED WHEN RECOGNIZED TO THE EXTENT OF 35%. MEDICARE REIMBURSES THE ORGANIZATION FOR ALLOWABLE BAD DEBT AT 65%. MEDICARE BAD DEBT RELATES TO THE PRIVATE PAY PORTION OF CARE SUCH AS CO-PAY AND DEDUCTIBLE AMOUNTS. FOR MANAGED CARE, WE RESERVE BAD DEBT WHEN RECOGNIZED AT 100% OF CO-PAY AND DEDUCTIBLE AMOUNTS. PART III, LINE 8 The costing methodology used on line 6 comes from the cost report (inpatient PPS Cost-to-Charge Computation). ANY SHORTFALL IS A COMMUNITY BENEFIT AS IT IS THE COST OF PROVIDING CARE TO THE COMMUNITY THAT IS NOT REIMBURSED BY THE MEDICARE PROGRAM. BY PROVIDING CARE TO THESE INDIVIDUALS, THE HOSPITAL IS IMPROVING THE HEALTH OF THE COMMUNITY. PART III, LINE 9B IF A PATIENT OF CCHBHC QUALIFIES FOR ITS CHARITY CARE POLICY THE PATIENT'S ACCOUNT IS ADJUSTED ACCORDINGLY. PATIENT ACCOUNTS WITH REMAINING BALANCES WILL BE REASSESSED TO DETERMINE THEIR ABILITY TO PAY AND WILL EITHER BE ELIGIBLE TO PARTICIPATE IN A PAYMENT PLAN OR THEIR ACCOUNT BALANCE WILL BE WRITTEN OFF. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, Line 2 | <p>NEEDS ASSESSMENT CCHBHC FOLLOWS THE ASSESSMENT RESULTS NOTED IN ITS MOST RECENT CHNA THE HEALTH CARE PRIORITIES THAT WILL BE ADDRESSED THROUGH ITS IMPLEMENTATION PLAN ARE -Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles -Access to Affordable Care and Health Disparities Among Specific Populations PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE PATIENTS AND PERSONS WHO MAY BE BILLED FOR SERVICES ARE INFORMED UPON ADMISSION TO CCHBHC BY HOSPITAL OFFICE ASSOCIATES THE PATIENT FINANCIAL OBLIGATION IS DISCUSSED WITH THE RESPONSIBLE PARTY THE HOSPITAL CHARITY CARE POLICY IS DISCUSSED WITH EACH RESPONSIBLE PARTY AND IF IT IS FELT THAT THE PATIENT WOULD QUALIFY FOR THE CHARITY PROGRAM THEN THE NECESSARY DOCUMENTS WOULD BE PRESENTED BY THE RESPONSIBLE PARTY TO THE BUSINESS OFFICE ASSOCIATE FOR REVIEW THE CHARITY CARE POLICY IS ALSO POSTED IN THE ADMISSIONS OFFICE AND ON ITS WEBSITE</p> |
| PART VI, LINE 4 | <p>Community information CCHBHC PRIMARILY SERVES WHITLEY, KNOX, LAUREL, AND PULASKI COUNTIES IN KENTUCKY 16 2% OF RESIDENTS IN KENTUCKY ARE LIVING IN POVERTY AS OF 2012, KENTUCKY HAS THE FIFTH HIGHEST POVERTY RATE IN THE COUNTRY COMPARED TO OTHER STATES KNOX, LAUREL, PULASKI AND WHITLEY COUNTIES HAVE HIGH AGE-ADJUSTED DEATH RATES FOR HEART DISEASE AND CANCER THESE TWO CAUSES OF DEATH ARE THE TOP TWO FOR KNOX, LAUREL, PULASKI AND WHITLEY COUNTIES AS WELL AS KENTUCKY ACCORDING TO THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE PREVALENCE OF DIABETES IN KNOX, LAUREL, PULASKI AND WHITLEY COUNTIES IS HIGHER THAN KENTUCKY SMOKING AND TOBACCO USE ARE ALSO HIGHLY PREVALENT ISSUES IN THE AREA OBESITY IS ALSO A CHRONIC ISSUE IN THE AREA IN 2013, THE PERCENTAGE OF ADULTS (AGE 20+) WHO SELF-REPORTED THAT THEY HAD A BODY MASS INDEX (BMI) GREATER THAN 30 0 (OBESE) IN THE AREA (37 8%) WAS HIGHER THAN THE STATE (32 7%) AND NATIONAL RATE (27 5%) The majority of population growth over the five-year period from 2016-2021 in Knox County, Laurel County and Kentucky is expected to come from the Hispanic racial/ethnic group, while the majority of growth in Whitley County is expected to come from the Black racial/ethnic group over the same period The median age in Knox and Laurel Counties, as well as in the state, is expected to increase over the next five years The median age in Whitley County is expected to remain steady (2016-2021) Whitley County (37 6 years) has the youngest median age as compared to Knox County (39 9 years), Laurel County (39 7 years), and the state (40 8 years) (2016) The median household income in Whitley County and the state is expected to increase over the next five years, while the median household income in Knox and Laurel Counties is expected to remain steady (2016-2021) Knox (\$24,767), Laurel, (\$35,665) and Whitley (\$31,683) Counties have lower median household income levels than the state (\$40,597) (2016) Unemployment rates in Knox, Laurel and Whitley Counties, as well as in the state, decreased between 2013 and 2015 In 2015, Knox (8 3%), Laurel (6 3%) and Whitley (7 0%) Counties had higher unemployment rates than the state (5 4%) Knox, Laurel, and Whitley Counties all have lower percentages of residents with a bachelor or advanced degree than the state (2016) Knox County (10 3%) has the lowest percentage of residents with a bachelor or advanced degree, as compared to Laurel (12 7%) and Whitley (14 2%) Counties and the state (22 2%) (2016)</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 5 | <p>Promotion of community health THE FOLLOWING ARE AMONG THE IMPLEMENTATION ACTIVITIES THAT WILL PROMOTE BETTER HEALTH IN THE COMMUNITY CCHBHC PARTICIPATES WITH A COMMUNITY HEALTHCARE COALITION - A COALITION OF LOCAL HEALTHCARE PROVIDERS ACROSS THE CONTINUUM WHO DISCUSS WAYS TO ADDRESS THE TOPICS SUCH AS -BETTER COMMUNICATION -MEETING QUARTERLY WITH ALL COALITION MEMBERS -IMPROVED COMMUNITY HEALTH -GATHERING DATA FOR BASELINES -WELLNESS IMPROVEMENT INITIATIVES -SHARING BEST PRACTICES FOR EMPLOYEE WELLNESS INITIATIVES ACROSS ORGANIZATIONAL PARTICIPANTS -REDUCING HOSPITAL READMISSIONS CCHBHC WILL SEEK GRANT FUNDING AND OTHER RESOURCES TO PROVIDE AN OFFICE AND STAFF TO COORDINATE THE ACTIVITIES OF THE COALITION CCHBHC PARTICIPATES IN COALITION ACTIVITIES AS THEY ARE PLANNED THE STRUCTURE IS IN A STATE OF CHANGE WITH THE SUCCESSFUL PURSUIT OF GRANT FUNDING FOR COALITION ACTIVITIES CCHBHC REMAINS A WILLING PARTNER TO THE COALITION COMMUNITY WHERE WE CAN ASSIST IN EDUCATING THE PUBLIC ON HEALTH STATUS AND INITIATIVES -CCHBHC WILL SPONSOR VARIOUS LOCAL SPORTS PROGRAMS TO ENCOURAGE HEALTHY LIFESTYLES FROM PEE WEE SPORTS UP TO LOCAL COLLEGE ATHLETIC PROGRAMS -WILL FORMALIZE A CCH SPONSORSHIP PROGRAM -CCHBHC actively participates on a regular basis with local community groups, clubs, and schools to provide needed funding for worthy activities CCHBHC uses those opportunities to deliver targeted healthy living education to the groups We ask for 10 mins of time and then delivers a check, most often in the amount of \$250 CCHBHC WILL CONTINUE TO SEEK OPPORTUNITIES TO PARTICIPATE IN "SENIOR DAY" ACTIVITIES IN THE COMMUNITY SO TO ASSIST IN EDUCATING THE PUBLIC ON HEALTH STATUS AND INITIATIVES CCHBHC WOUND OSTOMY AND CONTINENCE NURSE GAVE A PRESENTATION ON DIABETIC FOOT EDUCATION TO A SENIORS GROUP IN A LONDON (LAUREL COUNTY) NURSING HOME THE QUALITY DIRECTORY DID HAND-HYGIENE FOR INFECTION PREVENTION EDUCATION ALSO CCHBHC WILL CONTINUE ITS INVOLVEMENT WITH THE ANNUAL "LOVE LOUD" EVENT THAT SEEKS TO PROMOTE OVERALL WELLNESS AND PROVIDE NEEDED SERVICES FREE OF CHARGE TO CITIZENS IN NEED THROUGHOUT THE COMMUNITY SERVICES INCLUDE DENTAL SERVICES LEGAL SERVICES HEALTH SCREENINGS HAIRCUTS FOOD BANKS CAR OIL CHANGES OUTDOOR EVENTS FOR CHILDREN FUEL AT LOCAL GAS STATIONS -CCHBHC Employees WILL continue to PARTICIPATE IN THE ANNUAL RELAY FOR LIFE WALKATHON THAT AIMS TO RAISE MONEY AND AWARENESS FOR SEVERAL CHARITIES WITHIN THE COMMUNITY -CCHBHC WILL SPONSOR AND PARTICIPATE IN AN ANNUAL CHARITY GOLF TOURNAMENT HOSTED BY BAPTIST HEALTH CORBIN TO HELP RAISE MONEY AND AWARENESS FOR SEVERAL CHARITIES WITHIN THE COMMUNITY -CCHBHC PARTICIPATES IN THE CHC EMPLOYEE WELLNESS PROGRAM EACH YEAR AND IS ACTIVE IN ADVOCATING FOR HEALTHY LIVING FOR THEIR STAFF AND THEIR FAMILIES THRU THE THIS PROGRAM MORE THAN 50% OF THOSE WHO ARE ELIGIBLE FOR THEIR HEALTH INSURANCE BENEFITS PARTICIPATE IN THEIR WELLNESS PROGRAM EACH YEAR SOME OF THE BENEFITS OFFERED IN THIS PROGRAM INCLUDE -HEALTH SAVINGS ACCOUNT -BIOMETRIC -SMOKING SCREENING -VARIOUS HEALTH MEASUREMENT METRICS</p> |
| PART VI, LINE 6 | <p>Affiliated health care system CCHBHC IS AN AFFILIATE OF BAPTIST HEALTH, A LOUISVILLE, KENTUCKY BASED HEALTH SYSTEM THE HEALTH PROMOTION ACTIVITIES FOR BOTH ORGANIZATIONS ARE COLLABORATIVE IN ORDER TO HAVE A FAR REACHING EFFECT ON THE COMMUNITY EACH ORGANIZATION ASSESSES THE NEEDS OF THE COMMUNITY AND THEN WORKS IN WAYS THAT WOULD MEET ANY UNMET NEEDS WITHIN THE COMMUNITY</p> |

| 990 Schedule H, Supplemental Information | |
|--|---|
| Form and Line Reference | Explanation |
| PART VI, LINE 7 | State filing of community benefit report NOT APPLICABLE |

Additional Data

Software ID:
Software Version:
EIN: 20-0925675
Name: ContinueCare Hospital at Baptist Health LLC

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | CONTINUECARE HOSP AT BAPTIST HEALTH 1 TRILLUM WAY LOWER LEVEL CORBIN, KY 40701 WWW.CONTINUECARE.ORG/CORBIN 100417 | X | X | | | | | | | | |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------|--|
| SCHEDULE H, PART V, LINE 3E | <p>THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE CHNA ARE PRESENTED AS A PRIORITIZED DESCRIPTION SCHEDULE H, PART V, LINE 5 ContinueCare Hospital at Baptist Health Corbin (CCHBHC) operates a 32-bed long-term acute care hospital located on the lower level of host hospital, Baptist Health Corbin in Corbin, Kentucky Corbin, Kentucky is in Whitley and Knox counties in southeastern Kentucky The hospital serves a community where approximately 28 6% of the residents have incomes that are below the poverty level In Knox and Whitley counties, the median income is \$24,767- \$31,683 A comprehensive community health needs assessment (CHNA) was conducted for CCHBHC during fiscal year 2017 Community input was received during interviews conducted from November 8, 2016 - November 18, 2016 The hospital's study area was defined as Knox, Laurel, Pulaski and Whitley counties To assist in analyzing data and determining priorities of identified health needs, CCHBHC provided Community Hospital Corporation with a list of persons with special knowledge of public health in Knox, Laurel, Pulaski and Whitley Counties including public health representatives, not-for-profit organization professionals, charities and other individuals who focus specifically on underrepresented groups From that list, twelve in depth interviews were conducted using a structured interview guide Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc) served, and priorities identified by respondents Qualitative data from the interviews was also analyzed and reported Populations that were identified as more at risk by interviewees were the elderly, teens/adolescents, and un/underinsured populations With respect to the individuals providing input it was noted in the CHNA that 75% of those providing input are members of a medically underserved, low-income or minority population in the community, or individuals or organizations serving or representing the interests of such populations 25% of those providing input work for a state, local, tribal or regional governmental public health department with knowledge, information or expertise relevant to the health needs of the community Organizations interviewed *Grace Community Health Center *Laurel County Health Department *Baptist Health Corbin *Cumberland River Behavioral Health *Cumberland Valley Area Development District *Knox County Health Department *Whitley County Health Department *Dayspring Family Health Center SCHEDULE H, PART V, LINES 7A & 10A https://continuecare.org/corbin/community-health-needs-assessment/</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------|---|
| SCHEDULE H, PART V, LINE 11 | Objective #1 Increase healthy lifestyle education and prevention resources at the hospital and in the community 1 A CCHBHC will continue to participate as allowed with the Community Healthcare Coalition, a coalition of local healthcare providers across the continuum who discuss ways to address better communication, improved community health, wellness improvement initiatives, reducing hospital readmissions, and grant funding opportunities as they relate to healthcare 1 B CCHBHC will continue to seek opportunities to participate in "Senior Day" activities in the community where we can assist in educating the public on health status and initiatives, such as diabetic foot education and hand-hygiene for infection prevention 1 C CCHBHC will seek to provide healthy living education to local schools through the Junior Achievement Work Ethic Training curriculum, which targets young high school age students with comprehensive preparation for job interviewing and work ethic skills 1 D CCHBHC actively participates on a regular basis with local community groups, clubs, and schools to provide needed funding for worthy activities and use those opportunities to deliver targeted healthy living education to the groups to encourage healthy lifestyles 1 E CCHBHC will continue its involvement with the annual "Love Loud" event that seeks to promote overall wellness and provide needed services - including dental services, legal services, health screenings, haircuts, food banks, car oil changes, outdoor events for children, and fuel at local gas stations - free of charge to citizens in need throughout the community CCHBHC participates in the event through the provision of staff volunteers, financial and material donations, and board representation 1 F CCHBHC employees will continue to participate in the annual Relay for Life walkathon that aims to raise money and awareness for cancer within the community 1 G CCHBHC will continue to sponsor and participate in an annual charity golf tournament hosted by Baptist Health Corbin to help raise money and awareness for several charities within the community 1 H As invited to participate, CCHBHC will work with the host hospital in community health fair events 1 I CCHBHC will engage in a variety of employee wellness initiatives, including a health plan that is prevention driven If employees meet certain criteria, they will receive a reduction on a portion of their premiums Other initiatives include promote employee and family wellness via Accountable Health (formerly Principal Wellness Program), offer Need Specific Special Programs, smoking cessation opportunities, and weight management 1 J CCHBHC is a tobacco-free facility 1 K CCHBHC will continue to offer the Employee Assistance Program (EAP) through Beacon Health Options to help employees navigate various life challenges 1 L CCHBHC provides case management services and referrals that relate to mental or behavioral health conditions on an as needed basis |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------|--|
| SCHEDULE H, PART V, LINE 11 | <p>asis 1 M CCHBHC will conduct weekly leader rounding for patients and families within the hospital</p> <p>1 N CCHBHC will continue to educate local physicians and the host hospital on Long Term Acute Care Hospital (LTACH) services and patients who may need LTACH services 1 O CCHBHC will conduct post-discharge follow up calls 24-48 hours post discharge to patients' home setting 1 P CCHBHC will improve the plan for patient discharge through the integration of effective interdisciplinary team comprised of physicians and patient families 1 Q CCHBHC will begin interfacing with the host hospital's EPIC system to easily access lab results, radiology results, and other information 1 R CCHBHC will begin empowering consumers to optimize their health through management of their personal health information, including accessing records for PHI Patient Portal Access would provide a needed service and promote transparency and increase inpatient satisfaction 1 S CCHBHC will provide case management education as needed at referring hospitals including the host hospital 1 T CCHBHC will attend American Case Management Association (ACMA) for KY/TN yearly to gain additional referrals and provide additional education about LTACH services 1 U CCHBHC will continue to participate in weekly rounding at University of Kentucky Medical Center to maintain an excellent existing relationship and be placed on the Preferred Provider list for LTACH's 1 V CCHBHC will continue to provide patients' other physicians with a copy of their discharge summaries upon request 1 X CCHBHC is available to speak at any community events, provide information, or participate in other educational opportunities upon request 1 Y CCHBHC's respiratory therapist will continue to train staff on CPR/AED 1 Z CCHBHC will continue to explore the provision of interpretation services by the host hospital via PSA for applicable patients 1 AA CCHBHC will continue to participate in lunch and learn seminar events to educate the community on services offered by the LTACH as possible</p> <p>Objective #2 Participate in initiatives and create opportunities to increase access to affordable care and reduce health disparities among specific populations 2 A CCHBHC had a major role in founding the Federally Qualified Health Center, Grace Community Health Center (GCHC), and will continue to support this organization and direct CCHBHC Patients and Family members to those services at discharge, when they do not have a Primary Care Provider Three of the most active admitting physicians at CCHBHC also entered into an employment agreement with GCHC in 2017 2 B CCHBHC will continue to provide services to eligible uninsured and underinsured individuals as outlined in our charity care policy, which is available to every patient on admission This allows patients and/or families to know the details of how they may qualify for reduction or elimination of any balance owed by them for services we provide 2 C CCHBHC</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------|--|
| SCHEDULE H, PART V, LINE 11 | <p>made significant financial donations to the Baptist Health Corbin Foundation in 2016, and will continue to provide financial donations to support the Baptist Health Corbin Foundation, which provides payment assistance for medications post discharge for patients' payments, food, and transportation</p> <p>2 D CCHBHC will continue to provide transportation through the Rural Transit Enterprises Coordinated (RTEC) transportation services for patients on a limited basis</p> <p>2 E CCHBHC will continue to participate in charity events hosted by Baptist Health Corbin as invited</p> <p>2 F CCHBHC will continue to collaborate with the Senior Citizens Center to help elderly patients and their families access home making, Meals on Wheels, respite care, adult day care services, etc</p> <p>2 G CCHBHC nursing staff will continue to provide proper medication management education to patients upon discharge</p> <p>2 H CCHBHC offers financial assistance to patients who have an economic need and meet the qualifications of the financial assistance policy. If financial assistance is needed, CCHBHC encourages patients to complete an application to see if they qualify. CCHBHC is a long-term acute care facility within Baptist Health Corbin. Based on CCHBHC's status as a long-term acute care facility, the hospital has focused its capabilities on addressing the needs of this particular market. Therefore, "Access to Specialty Care Services and Providers" and "Access to Mental and Behavioral Health Care Services and Providers" are not directly addressed in the hospital's implementation plan. While CCHBHC acknowledges that these are significant needs in the community and will work with The Host Hospital to see how the facility can assist in these needs, the priorities listed above that will not be addressed by the hospital are not core business functions of the hospital. Hospital leadership felt that resources and efforts would be better spent addressing the remaining two prioritized needs.</p> |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
|--|---|
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| SCHEDULE H, PART V, LINES 16A-16C | https //continuecare org/corbin/financial-assistance/ |

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

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

| | |
|---|--|
| Name of the organization ContinueCare Hospital at Baptist Health LLC | Employer identification number 20-0925675 |
|---|--|

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BAPTIST HEALTH FOUNDATION 9601 baptist health drive little rock, AR 72205 | 23-7169407 | 501(C)(3) | 10,500 | | | | GRANT TOWARD NICU UPGRADES |

| | |
|--|---|
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ | 1 |
| 3 Enter total number of other organizations listed in the line 1 table ▶ | |

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|---|--|
| Department of the Treasury Internal Revenue Service | Name of the organization ContinueCare Hospital at Baptist Health LLC | Employer identification number 20-0925675 |
|--|---|--|

| 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 indemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <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 |
|----------------------------|---|
| SCHEDULE J, PART I, LINE 3 | SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION DOES NOT COMPENSATE THE PRESIDENT OF THE ORGANIZATION. THE ORGANIZATION REIMBURSES CHC COMMUNITY CARE LLC (CCC) FOR THE PRESIDENT'S COMPENSATION. CCC FOLLOWS THE COMPENSATION POLICY OF Community Hospital CORPORATION (CHC). CHC ENGAGED SULLIVAN COTTER TO CONDUCT A COMPETITIVE MARKET ANALYSIS OF THE COMPENSATION OF CHC'S TOP MANAGEMENT OFFICIALS, OFFICERS, DIRECTORS AND KEY EMPLOYEES. SULLIVAN COTTER GATHERED DATA RELATED TO JOB DESCRIPTIONS, SCOPE OF RESPONSIBILITY, AND CURRENT INCUMBENTS' COMPENSATION. SULLIVAN COTTER RECOMMENDED APPROPRIATE COMPARISON DATA AND UTILIZED SURVEY DATA FROM FOUR MAJOR EXECUTIVE COMPENSATION SURVEY PROVIDERS TO PROVIDE MARKET DATA AND EXECUTIVE COMPENSATION RECOMMENDATIONS THAT MEET CHC'S COMPENSATION PHILOSOPHY. SULLIVAN COTTER'S RECOMMENDATIONS WERE PRESENTED TO THE CHC COMPENSATION COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. CHC ALSO CONDUCTS PERIODIC REVIEWS OF COMPENSATION TO DETERMINE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING. THE ORGANIZATION FOLLOWED THIS PROCESS FOR THE YEAR ENDED JUNE 30, 2019 FOR ITS OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER MANAGEMENT OFFICIALS. |

| Return Reference | Explanation |
|-----------------------------|--|
| SCHEDULE J, PART I, LINE 4B | NONQUALIFIED RETIREMENT PLAN PARTICIPATION WAS PAID TO DAVID BUTLER - \$14,021 JAMES HILL - \$12,303 APRIL MYERS - \$7,554 |



SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization

ContinueCare Hospital at Baptist Health LLC

Employer identification number

20-0925675

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------|--|
| DOING BUSINESS AS | FORM 990, BOX C CONTINUECARE HOSPITAL AT BAPTIST HEALTH LLC DOES BUSINESS AS ContinueCare Hospital at Baptist Health Corbin DESCRIPTION OF MANAGEMENT ARRANGEMENT FORM 990, PART VI , QUESTION 3 CHC COMMUNITY CARE, LLC PROVIDES CERTAIN FINANCIAL, TECHNICAL AND MANAGERIAL SUPPORT SERVICES TO THE HOSPITAL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PART VI, QUESTION 6 THE SOLE SHAREHOLDER OF CONTINUECARE HOSPITAL AT BAPTIST HEALTH LLC IS CHC COMMUNITY CARE, LLC ('CCC') |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS | FORM 990, PART VI, QUESTION 7A THE SOLE SHAREHOLDER SHALL MAINTAIN A MINORITY VOTING INTEREST OF THE BOARD OF DIRECTORS THE BOARD OF MANAGERS SHALL BE COMPRISED OF SIX VOTING MEMBERS, 1 FROM CHC, 1 FROM ITS COOPERATIVE PARTNER, BAPTIST HEALTH, AND FOUR COMMUNITY MEMBERS EACH VOTING MEMBER CARRIES EQUAL WEIGHT AND CONSIDERATION WHEN TAKING ANY OFFICIAL BOARD ACTION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| DESCR CLASSES OF PERSONS/DECISIONS REQUIRING APPR/TYPER OF VOTING RIGHTS | FORM 990, PART VI, QUESTION 7B THE BOARD OF DIRECTORS MAY RECOMMEND, BUT SHALL NOT, WITHOUT EXPRESS WRITTEN CONSENT OF THE SOLE MEMBER, HAVE THE POWER TO TAKE ANY OF THE FOLLOWING ACTIONS 1 ANY FUNDAMENTAL CHANGE IN THE MISSION OF PHILOSOPHY OF THE HOSPITAL 2 THE INCURRENCE OF DEBT, INCLUDING WITHOUT LIMITATION, BORROWINGS, GUARANTEES, LOANS, ENCUMBRANCES, OPERATING LEASES, PURCHASE OF LEASE OF REAL ESTATE, AND CAPITAL LEASES 3 ANY MERGER OR CONSOLIDATION TO WHICH THE HOSPITAL IS A PARTY 4 THE SALE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE HOSPITAL 5 POLICY CHANGES PERTAINING TO CHARITY CARE 6 APPOINTMENT AND REMOVAL OF CORPORATE DIRECTORS 7 ANY RELEASE OR CANCELLATION OF INDIVIDUAL CLAIMS IN EXCESS OF \$25,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Documentation of meetings of committees | FORM 990, PART VI, QUESTION 8B THERE WERE NO COMMITTEES OF THE GOVERNING BODY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| DESCRIBE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 | <p>FORM 990, PART VI, QUESTION 11B THE DETAILED REVIEW OF THE FORM 990 IS CONDUCTED BY THE HOSPITAL'S MANAGEMENT FOLLOWING THE PREPARATION AND REVIEW OF THE RETURN BY THE ORGANIZATION'S PAID PREPARER. AN ELECTRONIC COPY OF THE FINAL FORM 990 IS EMAILED TO EACH BOARD MEMBER PRIOR TO FILING WITH THE IRS. DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C THE ORGANIZATION FOLLOWS THE CONFLICT OF INTEREST DISCLOSURE PROCESS ADOPTED BY ITS SOLE MEMBER, CHC COMMUNITY CARE, LLC, WHICH IN TURN FOLLOWS THE CONFLICT OF INTEREST DISCLOSURE PROCESS ADMINISTERED BY ITS PARENT, COMMUNITY HEALTH CORPORATION, WHICH REQUIRES ALL OFFICERS, DIRECTORS, KEY EMPLOYEES, HIGHLY COMPENSATED EMPLOYEES AND OTHER MANAGEMENT OFFICIALS ('COVERED PERSONS') TO DISCLOSE POTENTIAL CONFLICTS. THE ORGANIZATION'S BOARD FORMALLY ADOPTED CHC'S CONFLICT OF INTEREST POLICY FOR YEAR ENDED 6-30-14. PURSUANT TO THE POLICY, A DISCLOSURE STATEMENT IS CIRCULATED ANNUALLY TO COVERED PERSONS IN WHICH THE INDIVIDUAL MUST DISCLOSE TRANSACTIONS THAT MAY RESULT IN A CONFLICT. COVERED PERSONS ARE ALSO ENCOURAGED TO NOTIFY THE BOARD, APPROPRIATE MANAGEMENT PERSONNEL, CHIEF COMPLIANCE OFFICER, GENERAL COUNSEL OR THE AUDIT AND COMPLIANCE COMMITTEE OF THE GOVERNING BODY AS NECESSARY. WHEN NECESSARY, THE BOARD CHAIR OR APPROPRIATE BOARD COMMITTEE MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE POTENTIAL CONFLICT OF INTEREST AND RECOMMEND ALTERNATIVES TO THE APPLICABLE TRANSACTION OR ARRANGEMENT OR OTHERWISE DETERMINE IF THE CONFLICT CAN BE RESOLVED. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE ORGANIZATION, AND WHETHER IT IS REASONABLE. THE GOVERNING BOARD OR COMMITTEE MAKES THE DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. ANY MEMBER OF THE BOARD OPERATING UNDER A CONFLICT IS NOT PERMITTED TO BE PRESENT OR OTHERWISE PARTICIPATE IN THE VOTE ON ANY MATTER TO WHICH THE CONFLICT RELATES. IF THE GOVERNING BOARD OR COMMITTEE OF THE ORGANIZATION HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST AND AFTER INVESTIGATION THE BOARD OR COMMITTEE DETERMINES THAT THE COVERED PERSON FAILED TO DISCLOSE A CONFLICT OF INTEREST, THE ORGANIZATION TAKES APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION, WHICH MAY INCLUDE, TERMINATION OF THE INDIVIDUAL'S MEMBERSHIP, EMPLOYMENT OR CONTRACT.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| PROCESS FOR DETERMINING COMPENSATION | <p>FORM 990, PART VI, QUESTIONS 15A & 15B THE ORGANIZATION FOLLOWS THE COMPENSATION POLICY OF COMMUNITY HOSPITAL CORPORATION (CHC) CHC ENGAGED SULLIVAN COTTER TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE COMPENSATION OF CHC'S TOP MANAGEMENT OFFICIALS, OFFICERS, DIRECTORS AND KEY EMPLOYEES SULLIVAN COTTER GATHERED DATA RELATED TO JOB DESCRIPTIONS, SCOPE OF RESPONSIBILITIES AND CURRENT INCUMBENTS' COMPENSATION SULLIVAN COTTER RECOMMENDED APPROPRIATE COMPARISON DATA AND UTILIZED SURVEY DATA FROM FOUR MAJOR EXECUTIVE COMPENSATION SURVEY PROVIDERS TO PROVIDE MARKET DATA AND EXECUTIVE COMPENSATION RECOMMENDATIONS THAT MEET CHC'S COMPENSATION PHILOSOPHY SULLIVAN COTTER'S RECOMMENDATIONS WERE PRESENTED TO THE CHC COMPENSATION COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL CHC ALSO CONDUCTS PERIODIC REVIEWS OF COMPENSATION TO DETERMINE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING THE ORGANIZATION FOLLOWED THE PROCESS FOR THE YEAR ENDED 6-30-19 FOR ITS OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES AND OTHER MANAGEMENT OFFICIALS THIS PROCESS IS PERFORMED EACH YEAR PRIOR TO THE ANNUAL EMPLOYEE EVALUATION PROCESS, WHICH ENDS ON OCTOBER 1ST OF EACH YEAR</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC | FORM 990, PART VI, QUESTION 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE AT ITS BUSINESS OFFICE UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION PURCHASED SERVICES-MEDICAL TOTAL FEES 1889558 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION PURCHASED SERVICES-IT TOTAL FEES 151846 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION PURCHASED SERVICES-DATA/ADMIN TOTAL FEES 168572 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ContinueCare Hospital at Baptist Health LLC

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
20-0925675

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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| | | | | | |

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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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 | |
| | | | | | | | | | | | | |
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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) COMMUNITY HOSPITAL CONSULTING INC 7800 N DALLAS PARKWAY SUITE 200 PLANO, TX 75024 20-4710183 | MGMT CONSULTING | TX | CHC | C Corp | | | | | No |
| (2) COMMUNITY HEALTH ASSURANCE SPC LTD POB 69GT GRAND CAYMAN CJ | captive insurance | CJ | CHC | C Corp | | | | | 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

1a

No

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

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

No

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

1s

No

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 |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)Community Hospital Corporation | q | 1,215,853 | Cost |
| (2)CHC COMMUNITY CARE LLC | q | 553,367 | Cost |
| (3)CHC COMMUNITY CARE LLC | o | 290,848 | Cost |
| | | | |
| | | | |
| | | | |

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: 20-0925675
Name: ContinueCare Hospital at Baptist Health LLC

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 |
| 1200 CARL RAMERT DRIVE YOAKUM, TX 77995 74-2323822 | HOSPITAL | TX | 501(c)(3) | 3 | CHC | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 46-5236524 | HOSPITAL | DE | 501(c)(3) | 3 | CCC | | No |
| 900 Hospital Drive 4th Floor Madisonville, KY 42431 46-5033192 | HOSPITAL | DE | 501(c)(3) | 3 | CCC | | No |
| 2501 Kentucky Avenue 5th Fl Paducah, KY 42003 46-5032999 | HOSPITAL | DE | 501(c)(3) | 3 | CCC | | No |
| 1900 PINE ST 5TH FL ABILENE, TX 79601 46-3607347 | HOSPITAL | DE | 501(c)(3) | 3 | CCC | | No |
| 706 KINGS STREET KINGS MOUNTAIN, NC 28086 56-0691100 | HOSPITAL | NC | 501(c)(3) | 3 | CAR CC | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 46-5590355 | SUPPORT ORG | DE | 501(c)(3) | 12B-II | CHC | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 75-2638469 | SUPPORT ORG | TX | 501(c)(3) | 12c-III-FI | NA | | No |
| PO BOX 1591 BEAUMONT, TX 77704 74-1303720 | HOSPITAL | TX | 501(c)(3) | 3 | SWCH INC | | No |
| ONE ST MARKS PLACE LA GRANGE, TX 78945 74-3019849 | HOSPITAL | TX | 501(c)(3) | 3 | CHC | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 75-2725353 | support org | TX | 501(c)(3) | 12C-III-FI | CHC | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 37-1485773 | SUPPORT ORG | DE | 501(c)(3) | 12c-III-FI | CHC | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 20-1150480 | HOSPITAL | TX | 501(c)(3) | 3 | CCC | | No |
| 800 E DAWSON STREET TYLER, TX 75701 20-0991990 | HOSPITAL | DE | 501(c)(3) | 3 | CCC | | No |
| 4214 ANDREWS HIGHWAY MIDLAND, TX 79703 46-3053684 | HOSPITAL | DE | 501(c)(3) | 3 | CCC | | No |
| 3080 COLLEGE STREET BEAUMONT, TX 77701 76-0453250 | PRIMARY CARE | TX | 501(c)(3) | 3 | BHSET | | No |
| 188 Hospital Lane Jellico, TN 37762 62-0924706 | HOSPITAL | TN | 501(c)(3) | 3 | CHC | | No |
| 10648 Park Road Charlotte, NC 28210 75-3054855 | HOSPITAL | NC | 501(c)(3) | 3 | CAR CC | | No |
| 500 W 4th Street Odessa, TX 79761 47-3539943 | HOSPITAL | DE | 501(c)(3) | 3 | CCC | | No |
| 1200 CARL RAMERT DRIVE YOAKUM, TX 77995 45-3609830 | sUPPORT oRG | TX | 501(C)(3) | 12A-I | YCH | | No |

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 |
| 810 HOSPITAL DRIVE 235 BEAUMONT, TX 77701 61-1557670 | SUPPORT ORG | TX | 501(C)(3) | 7 | BHSET | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 81-3048423 | HOSPITAL | TX | 501(C)(3) | 3 | CCC | | No |
| 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 81-4337246 | SUPPORT ORG | TX | 501(C)(3) | 7 | CHC | | No |
| 1900 HOSPITAL BLVD GAINESVILLE, TX 76240 83-1683025 | Hospital | TX | 501(C)(3) | 3 | CHC | | No |