

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Mercy Restorative Care Hospital Inc</p> <p>% MIKE MURRAY</p> <p>Doing business as SEE SCHEDULE O</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 7800 N DALLAS PARKWAY SUITE 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code Plano, TX 75024</p> <p>F Name and address of principal officer April Myers 7800 N Dallas Parkway STE 200 Plano, TX 75024</p>	<p>D Employer identification number 75-3054855</p> <p>E Telephone number (972) 943-6400</p> <p>G Gross receipts \$ 14,893,335</p>
<p>I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>J Website: ▶ HTTP //CONTINUECARE ORG/PINEVILLE/</p>		<p>L Year of formation 2000 M State of legal domicile NC</p>
<p>K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities OUR MISSION IS TO PROVIDE EXCEPTIONAL HEALTHCARE WITH DEDICATION AND COMPASSION TO MEDICALLY COMPLEX EXTENDED STAY PATIENTS</p>		
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	240
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	18,880,188	14,768,911
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,070	3,503
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,076	119,228
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,006,334	14,891,642
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,777,117	7,489,256
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,886,470	9,698,976
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21,663,587	17,188,232
	19 Revenue less expenses Subtract line 18 from line 12	-2,657,253	-2,296,590
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	9,006,278	6,305,836
	21 Total liabilities (Part X, line 26)	4,716,829	4,312,977
	22 Net assets or fund balances Subtract line 21 from line 20	4,289,449	1,992,859

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

Signature of officer JAMES HILL TREASURER Type or print name and title	2020-05-13 Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01207335
	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
	Firm's address ▶ 425 HOUSTON ST STE 600 FORT WORTH, TX 76102			Phone no (817) 335-1900	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION IS TO PROVIDE EXCEPTIONAL HEALTHCARE WITH DEDICATION AND COMPASSION TO MEDICALLY COMPLEX EXTENDED STAY PATIENTS

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 \$ 12,622,797 including grants of \$ 0) (Revenue \$ 14,887,360)
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 ▶ 12,622,797

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	240		
<p>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)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>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)?</p>			4a	No
<p>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)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>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?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>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?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>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</p>				
			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>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</p>			15	No
<p>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</p>			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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (7); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NC); 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 (checked), 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) JOSEPH BOWERS DIRECTOR	1 0 0 0	X						0	0	0
(2) JOYCE KORZEN DIRECTOR (UNTIL 6/19)	1 0 0 0	X						0	0	0
(3) ALAN SAUBER DIRECTOR	1 0 0 0	X						0	0	0
(4) EARL SCOTT WARRICK DIRECTOR	1 0 0 0	X						0	0	0
(5) COLLIN LANE DIRECTOR	1 0 0 0	X						0	0	0
(6) JIM KENDRICK DIRECTOR	1 0 39 0	X						0	856,722	135,129
(7) APRIL MYERS DIRECTOR/PRESIDENT	1 0 39 0	X		X				0	251,666	49,514
(8) SAJU JOY MD DIRECTOR (START 6/19)	1 0 0 0	X						0	0	0
(9) DAVID BUTLER SECRETARY	1 0 39 0			X				0	420,755	32,255
(10) JAMES HILL TREASURER	1 0 39 0			X				0	317,389	37,861
(11) DEREK MURZYN CEO	40 0 0 0			X				0	188,620	23,531
(12) HAJRUDIN BEGIC REGISTERED NURSE	40 0 0 0					X		135,171	0	28,535
(13) JANET COMBS DIRECTOR OF REHAB	40 0 0 0					X		120,682	0	3,941
(14) TESHIA DAVIS CARR CNO	40 0 0 0					X		0	138,692	9,724
(15) NOREEN KIPP NURSING MANAGER	40 0 0 0					X		118,541	0	11,396
(16) KIMBERLY SINGLETON REGISTERED NURSE	40 0 0 0					X		129,087	0	12,740
(17) MICHAEL WILLIAMS FORMER DIRECTOR	0 0 0 0						X	0	203,525	0

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c) with numerical values.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		0			

Program Service Revenue			Business Code			
	2a INPATIENT REVENUE		623000	14,768,911	14,768,911	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			14,768,911			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,552			3,552	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less rental expenses						
		c Rental income or (loss)	0	0				
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses		1,644				
		c Gain or (loss)			1,693			
		d Net gain or (loss)				-49		-49
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b		0			
		c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a						
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							
	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		779			779		
b MISC INCOME - RESPIRATORY THERAPY SVC	900099		118,449	118,449				
c _____								
d All other revenue								
e Total. Add lines 11a-11d			119,228					
12 Total revenue. See Instructions			14,891,642	14,887,360		4,282		

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.	0			
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.	5,875,478	5,287,930	587,548	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	90,195	81,176	9,019	
9 Other employee benefits.	1,100,450	990,405	110,045	
10 Payroll taxes.	423,133	380,820	42,313	
11 Fees for services (non-employees)				
a Management.	540,000	540,000		
b Legal.	-5,477	-5,477		
c Accounting.	109,046	109,046		
d Lobbying.	3,166	3,166		
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).	3,095,376	2,985,489	109,887	
12 Advertising and promotion.	13,661		13,661	
13 Office expenses.	58,889		58,889	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	1,420,192		1,420,192	
17 Travel.	19,920		19,920	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	3,363		3,363	
20 Interest.	32,856		32,856	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	306,910		306,910	
23 Insurance.	197,832		197,832	
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 GOODWILL IMPAIRMENT	1,653,000		1,653,000	
b MEDICAL SUPPLIES	1,222,180	1,222,180		
c BAD DEBT EXPENSE	751,492	751,492		
d EQUIPMENT LEASES	150,498	150,498		
e All other expenses	126,072	126,072		
25 Total functional expenses. Add lines 1 through 24e.	17,188,232	12,622,797	4,565,435	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	218,161	1	445,310
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	4,394,776	4	3,609,242
	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	43,576	8	62,866
	9	Prepaid expenses and deferred charges	425,280	9	209,839
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,927,543		
	b	Less accumulated depreciation	1,807,585		
			1,410,506	10c	1,119,958
	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	2,513,979	14	858,621
15	Other assets See Part IV, line 11	0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,006,278	16	6,305,836	
Liabilities	17	Accounts payable and accrued expenses	3,540,373	17	3,350,649
	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	748,229	24	500,000
	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	428,227	25	462,328
	26	Total liabilities. Add lines 17 through 25	4,716,829	26	4,312,977
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	4,289,449	27	1,992,859
	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	4,289,449	33	1,992,859	
34	Total liabilities and net assets/fund balances	9,006,278	34	6,305,836	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,891,642
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,188,232
3	Revenue less expenses Subtract line 2 from line 1	3	-2,296,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,289,449
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	1,992,859

Part XII Financial Statements and Reporting

Check 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: 75-3054855

Name: Mercy Restorative Care Hospital Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

MERCY RESTORATIVE CARE HOSPITAL INC , D/B/A CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE (CAROLINAS CCH AT PINEVILLE), IS A STAND-ALONE 40-BED LTACH HOUSED IN A MODERN FACILITY THAT WAS CUSTOM DESIGNED TO TREAT CRITICALLY ILL AND MEDICALLY COMPLEX PATIENTS CAROLINAS CCH AT PINEVILLE IS LOCATED IN SOUTHERN CHARLOTTE, NORTH CAROLINA ON THE CAROLINAS HEALTHCARE SYSTEM PINEVILLE CAMPUS CAROLINAS CCH AT PINEVILLE IS SPECIFICALLY LICENSED AND ADMINISTERED TO PROVIDE CARE FOR PATIENTS WHO REQUIRE DAILY PHYSICIAN AND STAFF ATTENTION FOR COMPLEX CONDITIONS CAROLINAS CCH AT PINEVILLE'S EMPLOYEES ARE A DEDICATED TEAM WHO WORK TOGETHER DELIVERING THE BEST POSSIBLE CARE FOR OUR PATIENTS SINCE CAROLINAS CCH AT PINEVILLE HAS A LONGER LENGTH OF STAY, THE STAFF HAS THE OPPORTUNITY TO KNOW PATIENTS AND FAMILIES CAROLINAS CCH AT PINEVILLE BELIEVES SPENDING QUALITY TIME MAKES A DIFFERENCE CAROLINAS CCH AT PINEVILLE IS A SEPARATE YET FULLY LICENSED ACUTE-CARE HOSPITAL WITH THE ABILITY TO PROVIDE INTENSIVE AND COMPLEX MEDICAL TREATMENT CAROLINAS CCH AT PINEVILLE'S SPECIALTY PROGRAMS ARE SPECIFICALLY DESIGNED TO MEET THE NEEDS OF LONG-TERM, ACUTE-CARE PATIENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2019, CAROLINAS CCH AT PINEVILLE'S TOTAL PATIENTS ADMITTED WERE 329 AND THE TOTAL NUMBER OF PATIENT CARE DAYS PROVIDED WAS 9,330 THE AVERAGE DAILY CENSUS WAS 25 6 PATIENTS AND THE AVERAGE LENGTH OF STAY OF THE DISCHARGED PATIENTS EXCEEDED 28 6 DAYS

SCHEDULE A
(Form 990 or
990EZ)

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Mercy Restorative Care Hospital Inc

Employer identification number

75-3054855

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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: 75-3054855

Name: Mercy Restorative Care Hospital Inc

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 Mercy Restorative Care Hospital Inc	Employer identification number 75-3054855
---	---

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		3,166
j Total. Add lines 1c through 1i			3,166
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 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1i	MERCY RESTORATIVE CARE HOSPITAL, INC PAID \$11,212 TO THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND \$5,084 TO THE NATIONAL ASSOCIATION OF LONG TERM HOSPITALS (NALTH) IN FISCAL YEAR 2019. THE PORTION OF AHA DUES REPORTED FOR LOBBYING PURPOSES WAS 22.73% AND THE PORTION OF NALTH DUES REPORTED FOR LOBBYING PURPOSES WAS 12.16%. TOTAL DUES PAID AND REPORTED FOR LOBBYING ACTIVITIES FOR AHA WERE \$11,212 X 22.73% = \$2,548 AND FOR NALTH WERE \$5,084 X 12.16% = \$618 (\$2,548 AHA + \$618 NALTH = \$3,166)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Mercy Restorative Care Hospital Inc

Employer identification number
75-3054855

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (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		94,894	44,479	50,415
d Equipment		2,832,649	1,763,106	1,069,543
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,119,958

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INTERCOMPANY PAYABLES	555,715
ESTIMATED THIRD PARTY SETTLEMENT	-93,387
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 462,328

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			
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			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
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			
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 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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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
 Mercy Restorative Care Hospital Inc

Employer identification number
 75-3054855

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <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 _____ %	3b	Yes	
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	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)			97,187	42,614	54,573	0 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			97,187	42,614	54,573	0 330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,660		2,660	0 020 %
f Health professions education (from Worksheet 5)			72,372		72,372	0 440 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			75,032		75,032	0 460 %
k Total. Add lines 7d and 7j			172,219	42,614	129,605	0 790 %

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	751,492
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	8,916,510
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	8,665,496
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	251,014
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)

	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
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)
 Carolinas CCH at Pineville

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

		Yes	No
Community Health Needs Assessment			
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?		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		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)	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 <u>20 18</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	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		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		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)	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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Section C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)**

Carolinas CCH at Pineville

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	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?	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)	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)	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**

Carolinas CCH at Pineville

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)

Carolinas CCH at Pineville

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.

Form and Line Reference	Explanation
See Add'l Data	

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
PART I, LINE 7, COLUMN (F)	COMMUNITY BENEFIT EXPENSE THE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS \$17,188,232 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$751,492 THIS LEFT A TOTAL EXPENSE OF \$16,436,740 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F) SINCE CAROLINAS CCH AT PINEVILLE IS A LONG-TERM ACUTE CARE HOSPITAL, IT WILL HAVE LOWER PERCENTAGES THAN AN ACUTE CARE HOSPITAL
PART III, LINE 2	BAD DEBT COSTING METHODOLOGY 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE FOOTNOTE CAROLINAS CCH AT PINEVILLE DOES NOT 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	COSTING METHODOLOGY THE COSTING METHODOLOGY USED ON LINE 6 COMES FROM THE COST REPORT (INPATIENT PPS COST-TO-CHARGE RATIO 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	APPLICATION OF COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE IF A PATIENT OF CAROLINAS CCH AT PINEVILLE QUALIFIES FOR ITS CHARITY CARE POLICY THE PATIENTS 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
PART VI, LINE 2	NEEDS ASSESSMENT CAROLINAS CCH AT PINEVILLE IS A 40-BED LONG-TERM ACUTE CARE HOSPITAL THE HOSPITAL WAS INCORPORATED UNDER THE LAWS OF NORTH CAROLINA FOR THE PURPOSE OF PROMOTING AND IMPROVING THE HEALTH STATUS OF THE COMMUNITY BY DEVELOPING AND PROVIDING LONG-TERM ACUTE CARE SERVICES FOR THE BENEFIT OF CITIZENS OF MECKLENBURG AND SURROUNDING COUNTIES AS REPORTED IN SCHEDULE H, PART V, SECTION B, LINES 1-7, THE HOSPITAL CONDUCTED ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING 2019 FOR ITS FISCAL YEAR ENDED JUNE 30, 2019 THE CAROLINAS CCH AT PINEVILLE BOARD REVIEWED AND ADOPTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN ON FEBRUARY 6, 2019 THE HOSPITAL'S CHNA COMPLIED WITH THE GUIDANCE SET FORTH BY THE IRS IN THE FINAL REGULATIONS RELEASED DECEMBER 29, 2014 IN ADDITION TO THE CHNA DISCUSSED ABOVE, A VARIETY OF PRACTICES AND PROCESSES ARE IN PLACE TO ENSURE THAT THE FILING ORGANIZATION IS RESPONSIVE TO THE HEALTH NEEDS OF ITS COMMUNITY CAROLINAS CCH AT PINEVILLE IS CURRENTLY WORKING TO PROVIDE VARIOUS CHARITABLE SERVICES AND TO CONDUCT VARIOUS COMMUNITY ACTIVITIES TO AND WITHIN THE LOCAL COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE PATIENTS AND PERSONS WHO MAY BE BILLED FOR SERVICES ARE INFORMED UPON ADMISSION TO THE HOSPITAL BY A FACE TO FACE VISIT WITH THE HOSPITAL/ADMISSIONS STAFF 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
PART VI, LINE 4	COMMUNITY INFORMATION CAROLINAS CCH AT PINEVILLE SERVES PRIMARILY THOSE PATIENTS WHO ARE FROM MECKLENBURG AND THE SURROUNDING COUNTIES OR THOSE WHO HAVE FAMILY SUPPORT FROM MEMBERS LIVING IN THESE COUNTIES GIVEN THE SPECIALIZED SERVICES, CAROLINAS CCH AT PINEVILLE REACHES OUT TO ALL OF THE NORTH AND SOUTH CAROLINA COMMUNITITES AS WELL AS SOUTHERN VIRGINIA AND SOUTHERN WEST VIRGINIA CAROLINAS CCH AT PINEVILLE'S PRIMARY SERVICE AREA (CABARRUS, NC, GASTON, NC, MECKLENBERG, NC, UNION, NC, AND YORK, SC - 2010 CENSUS) SERVES 1,731,090 RESIDENTS OF WHICH 173,584 ARE GREATER THAN 65 YEARS OF AGE THE SECONDARY SERVICE AREA (CHESTER, SC, CLEVELAND, NC, IREDELL, NC, LANCASTER, SC, LINCOLN, NC, ROWAN, NC, AND STANLY, NC - 2010 CENSUS) SERVES 644,585 RESIDENTS OF WHICH 91,555, ARE GREATER THAN 65 YEARS OF AGE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH CAROLINAS CCH AT PINEVILLE IS A COMMUNITY-BASED LTACH DEDICATED TO SERVING THE NEEDS OF THE LOCAL COMMUNITY BY DELIVERING SUPERIOR SERVICES WITH A COLLABORATIVE SPIRIT THE HOSPITAL IS WORKING TO PROVIDE VARIOUS CHARITABLE SERVICES AS WELL AS CONDUCT VARIOUS COMMUNITY ACTIVITES TO AND WITHIN THE LOCAL COMMUNITY ADDITIONALLY, THE HOSPITAL WILL CONTINUE TO PARTICIPATE IN DRIVE EVENTS (I E , TOY, FOOD, SCHOOL SUPPLY, AND CLOTHING DRIVES) AS NEEDED TO BENEFIT THE COMMUNITY THE CAROLINAS CONTINUECARE HOSPITALS ORGANIZED AND HOSTED THE CHARLOTTE STRONG STRIDE IN AN EFFORT TO GATHER COMMUNITY MEMBERS AND WALK IN SUPPORT OF THE VICTIMS, THEIR FAMILIES AND THE COMMUNITY AFTER A SHOOTING RESULTED IN TWO DEATHS AND FOUR OTHERS INJURED AT THE UNIVERSITY OF NORTH CAROLINA - CHARLOTTE CAMPUS THE HOSPITAL CONTINUES TO SERVE IN LEADERSHIP ROLES AND VOLUNTEERS WITH MANY AGENCIES IN THE COMMUNITY CAROLINAS CCH AT PINEVILLE EDUCATES PATIENTS AND FAMILIES ABOUT LTACHS AND ABOUT WHAT SERVICES CAN BE PROVIDED IN CONJUNCTION WITH COMMUNITY RESOURCES THROUGH SPEAKING AT LOCAL EVENTS AND BY PROVIDING EDUCATIONAL BROCHURES
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE HOSPITAL IS HOUSED IN ANOTHER HOSPITAL BUT THE TWO ARE SEPARATE FOR PURPOSES OF SPONSORSHIP AND COMMUNITY RELATED HEALTHCARE EVENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT N/A

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
PART V, LINE 3E	THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE CHNA ARE PRESENTED AS A PRIORITIZED DESCRIPTION

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
PART V, LINE 5	<p>CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE, FORMERLY CAROLINAS SPECIALTY HOSPITAL (CAROL INAS CCH AT PINEVILLE), IS A STAND-ALONE 40-BED LONG-TERM ACUTE CARE HOSPITAL HOUSED IN A MODERN FACILITY THAT WAS CUSTOM DESIGNED TO TREAT CRITICALLY ILL AND MEDICALLY COMPLEX PAT IENTS THE HOSPITAL IS LOCATED IN SOUTHERN CHARLOTTE, NORTH CAROLINA ON THE CAROLINAS HEAL THCARE SYSTEM PINEVILLE CAMPUS IT IS SPECIFICALLY LICENSED AND ADMINISTERED TO PROVIDE CA RE FOR PATIENTS WHO REQUIRE DAILY PHYSICIAN AND STAFF ATTENTION FOR COMPLEX CONDITIONS CA ROLINAS CCH AT PINEVILLE IS A SEPARATE YET FULLY LICENSED ACUTE-CARE HOSPITAL WITH THE ABI LITY TO PROVIDE INTENSIVE AND COMPLEX MEDICAL TREATMENT OUR SPECIALTY PROGRAMS ARE SPECIF ICALLY DESIGNED TO MEET THE NEEDS OF LONG-TERM, ACUTE-CARE PATIENTS THE DEFINED SERVICE AREA OF CAROLINAS CCH AT PINEVILLE CHNA IS MECKLENBURG COUNTY THE POPULATION OF MECKLENBUR G COUNTY IS EXPECTED TO GROW FROM 2018 (1,086,767) TO 2023 (1,174,991) BY 8 1%, WHICH IS 3 1% MORE GROWTH THAN THE 5 0% EXPECTED GROWTH FOR THE STATE OF NORTH CAROLINA FROM 2018 (1 0,300,541) TO 2023 (10,817,218) AS OF 2018 THE RACIAL/ETHNIC BREAKOUT OF MECKLENBURG COUN TY WAS 47 0% WHITE NON-HISPANIC, 31 2% BLACK, 13 2% HISPANIC, 5 9% ASIAN, 0 3% AMERICAN IN DIAN AND 2 4% ALL OTHERS BY 2023 THE WHITE NON-HISPANIC POPULATION IS EXPECTED TO INCREAS E BY 2 7%, THE BLACK POPULATION BY 10 2%, THE HISPANIC POPULATION BY 13 4%, THE ASIAN POPU LATION BY 23 9%, THE AMERICAN INDIAN POPULATION BY 10% AND ALL OTHERS BY 18 3% IN MECKLENBURG COUNTY MECKLENBURG COUNTY (35 7 YEARS) HAS A YOUNGER MEDIAN AGE THAN NORTH CAROLINA (42 6 YEARS) (2018) MECKLENBURG COUNTY (\$61,719) HAS A HIGHER MEDIAN HOUSEHOLD INCOME THAN NORTH CAROLINA (\$45,509) (2018) THE MEDIAN HOUSEHOLD INCOME IN MECKLENBURG COUNTY AND TH E STATE ARE EXPECTED TO INCREASE OVER THE NEXT FIVE YEARS (2018-2023) MECKLENBURG COUNTY (4 3%) HAS A CONSISTENT UNEMPLOYMENT RATE WITH THE STATE OF NORTH CAROLINA (4 6%) (2017) MECKLENBURG COUNTY (10 9%) HAS A LOWER PERCENTAGE OF FAMILIES LIVING BELOW POVERTY AS COMP ARED TO THE STATE (12 3%) (2018) MECKLENBURG COUNTY (18 1%) ALSO HAS A LOWER PERCENTAGE O F CHILDREN (< 18 YEARS) LIVING BELOW POVERTY THAN NORTH CAROLINA (21 7%) (2016) WITH RESP ECT TO EDUCATION, MECKLENBURG COUNTY (42 8%) HAS A HIGHER PERCENTAGE OF RESIDENTS WITH A B ACHELOR OR ADVANCED DEGREE THAN THE STATE (29 1%) (2018) IN 2015-2016, THE PERCENT OF STU DENTS RECEIVING THEIR HIGH SCHOOL DIPLOMA WITHIN FOUR YEARS IN MECKLENBURG COUNTY (90 0%) WAS HIGHER THAN THE STATE (86 4%) AND NATIONAL (86 1%) RATES CANCER (MALIGNANT NEOPLASMS) IS THE LEADING CAUSE OF DEATH IN BOTH MECKLENBURG COUNTY AND THE STATE OF NORTH CAROLINA (2014-2016) HOWEVER, CANCER MORTALITY RATES IN MECKLENBURG COUNTY AND THE STATE DECREASED BETWEEN 2014 AND 2016 IN 2016, THE CANCER MORTALITY RATE IN MECKLENBURG COUNTY (142 3 PE R 100,000) WAS LOWER THAN THE STATE (161 6 PER 100,000) HEART DISEASE IS THE SECOND LEADI NG CAUSE OF DEATH IN BOTH MECK</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
PART V, LINE 5	<p>LENBURG COUNTY AND THE STATE OF NORTH CAROLINA (2014-2016) HEART DISEASE MORTALITY RATES IN MECKLENBURG COUNTY INCREASED BETWEEN 2014 AND 2016, WHILE RATES IN THE STATE DECREASED FATAL ACCIDENTS ARE THE THIRD LEADING CAUSE OF DEATH IN MECKLENBURG COUNTY AND THE FOURTH LEADING CAUSE OF DEATH IN THE STATE (2014-2016) ACCIDENT MORTALITY RATES IN MECKLENBURG COUNTY AND THE STATE INCREASED BETWEEN 2014 AND 2016 IN 2016, THE LEADING CAUSE OF FATAL ACCIDENTS IN MECKLENBURG COUNTY WAS DUE TO ACCIDENTAL POISONINGS AND EXPOSURE TO NOXIOUS SUBSTANCES CEREBROVASCULAR DISEASES ARE THE FOURTH LEADING CAUSE OF DEATH IN MECKLENBURG COUNTY AND THE FIFTH LEADING CAUSE OF DEATH IN THE STATE (2014-2016) CEREBROVASCULAR DISEASE MORTALITY RATES IN MECKLENBURG COUNTY DECREASED BETWEEN 2014 AND 2016, WHILE RATES IN THE STATE REMAINED STEADY ALZHEIMER'S DISEASE IS THE FIFTH LEADING CAUSE OF DEATH IN MECKLENBURG COUNTY AND THE SIXTH LEADING CAUSE OF DEATH IN THE STATE (2014-2016) ALZHEIMER'S DISEASE MORTALITY RATES IN MECKLENBURG COUNTY DECREASED BETWEEN 2014 AND 2016, WHILE THE STATE INCREASED CHRONIC DISEASES SUCH AS LOWER RESPIRATORY DISEASES AND DIABETES ARE ALSO LEADING CAUSES OF DEATH IN MECKLENBURG COUNTY AND THE STATE OF NORTH CAROLINA AS OF 2016, MECKLENBURG COUNTY (14.6%) HAS A CONSISTENT RATE OF UNINSURED ADULTS (AGE 18-64) WITH THE STATE (15.1%) MECKLENBURG COUNTY AND THE STATE EXPERIENCED CONSISTENT DECLINES IN THE PERCENTAGE OF UNINSURED ADULTS (AGE 18-64) BETWEEN 2014 AND 2016 (4.1% AND 3.8%, RESPECTIVELY) IN 2017, THE PERCENT OF ADULTS (AGE 18+) THAT REPORTED EXPERIENCING A MEDICAL COST BARRIER IN THE PAST 12 MONTHS IN THE Charlotte Area Health Education Center (AHEC) Region (13.5%) WAS THE LOWEST AS COMPARED TO ALL OTHER AHEC REGIONS AND THE STATE (16.1%) COUNTIES IN THE CHARLOTTE AHEC REGION INCLUDE Anson County, Cabarrus County, Cleveland County, Gaston County, Lincoln County, Mecklenburg County, Stanly County and Union County IN 2017, THE PERCENT OF ADULTS (AGE 18+) THAT REPORTED EXPERIENCING A MEDICAL COST BARRIER IN THE PAST 12 MONTHS IN MECKLENBURG COUNTY (20.3%) WAS HIGHER THAN THE CHARLOTTE AHEC REGION (13.5%) AND THE STATE (16.1%) IN 2017, THE CHARLOTTE AHEC REGION (22.7%) HAD A CONSISTENT PERCENT OF ADULTS (AGE 18+) THAT HAD NO PERSONAL DOCTOR AS COMPARED TO MOST OTHER AHEC REGIONS AND THE STATE (21.1%) IN 2017, MECKLENBURG COUNTY (22.2%) HAD A CONSISTENT PERCENTAGE OF ADULTS (AGE 18+) THAT HAD NO PERSONAL DOCTOR WITH THE CHARLOTTE AHEC REGION (22.7%) AND HAD A SLIGHTLY HIGHER PERCENT THAN THE STATE (21.1%) A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED FOR CAROLINAS CCH AT PINEVILLE BY CHC CONTINUED CARE THIS CHNA UTILIZES RELEVANT HEALTH DATA AND STAKEHOLDER INPUT TO IDENTIFY THE SIGNIFICANT COMMUNITY HEALTH NEEDS IN MECKLENBURG COUNTY, NORTH CAROLINA COMMUNITY INPUT WAS RECEIVED DURING INTERVIEWS CONDUCTED FROM SEPTEMBER 4, 2018 - SEPTEMBER 14, 2018 THIS CHNA IS DESIGNED IN ACCORDANCE</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
PART V, LINE 5	<p>WITH CHNA REQUIREMENTS IDENTIFIED IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND FURTHER ADDRESSED IN THE INTERNAL REVENUE SERVICE FINAL REGULATIONS RELEASED ON DECEMBER 29, 2014 THE CAROLINAS CCH AT PINEVILLE BOARD REVIEWED AND ADOPTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN ON FEBRUARY 6, 2019 INTERVIEW METHODOLOGY CAROLINAS CCH AT PINEVILLE WORKED WITH CHC CONTINUECARE IN THE DEVELOPMENT OF ITS CHNA CAROLINAS CCH AT PINEVILLE PROVIDED ESSENTIAL DATA AND RESOURCES NECESSARY TO INITIATE AND COMPLETE THE PROCESS, INCLUDING THE DEFINITION OF THE HOSPITAL'S STUDY AREA AND THE IDENTIFICATION OF KEY COMMUNITY STAKEHOLDERS TO BE INTERVIEWED BACKGROUND INFORMATION ABOUT CAROLINAS CCH AT PINEVILLE, INCLUDING THE MISSION, VISION, VALUES, AND HOSPITAL SERVICES WAS PROVIDED BY THE HOSPITAL OR TAKEN FROM ITS WEBSITE POPULATION DEMOGRAPHIC INFORMATION WAS PROVIDED BY CHC CONTINUECARE AND WAS COLLECTED USING THE IBM WATSON HEALTH MARKET TOOL THE DEMOGRAPHICS PROVIDED INCLUDED POPULATION CHANGE BY RACE, ETHNICITY, AGE, MEDIUM HOUSEHOLD INCOME, UNEMPLOYMENT AND ECONOMIC STATISTICS IN THE STUDY AREA CAROLINAS CCH AT PINEVILLE PROVIDED CHC CONTINUECARE WITH A LIST OF PERSONS WITH SPECIAL KNOWLEDGE OF PUBLIC HEALTH IN MECKLENBURG COUNTY, INCLUDING PUBLIC HEALTH REPRESENTATIVES, NOT-FOR-PROFIT ORGANIZATION PROFESSIONALS, CHARITIES AND OTHER INDIVIDUALS WHO FOCUS SPECIFICALLY ON UNDERREPRESENTED GROUPS FROM THAT LIST, ELEVEN IN DEPTH INTERVIEWS WERE CONDUCTED USING A STRUCTURED INTERVIEW GUIDE THIS INCLUDED THE TWO GROUPS OUTLINED IN THE INTERNAL REVENUE SERVICE FINAL REGULATIONS ISSUED DECEMBER 29, 2014 DISCUSSED WERE THE HEALTH NEEDS OF THE COMMUNITY, OVERALL ACCESS ISSUES, ACCESS TO MENTAL HEALTH BARRIERS AND PRIMARY CARE SERVICES, COMMUNITY EDUCATION AND PREVENTIVE CARE, AVAILABILITY AND AWARENESS OF EXISTING RESOURCES AND ISSUES RELATED TO SPECIFIC POPULATIONS THIS INCLUDED DISCUSSIONS OF SPECIFIC POPULATIONS WHO ARE MORE AT RISK OF EXPERIENCING HEALTH DISPARITIES OR BARRIERS WITH RESPECT TO INDIVIDUALS PROVIDING INPUT IT WAS NOTED IN THE CHNA THAT 90.9% 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 9.1% 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 INTERVIEWEES INCLUDED - JOHN BARKLEY CHIEF MEDICAL OFFICER - POST ACUTE CARE SERVICES, ATRIUM HEALTH - SHELLEY BLACK CARE COORDINATOR, BLUEDOT CARES - DAWN BURKE CLINICAL NURSE LIAISON, MEDICAL FACILITIES OF AMERICA - JAMIE CICALI ASSISTANT VICE PRESIDENT - CONTINUING CARE SERVICES, ATRIUM HEALTH - LORI DAMON POST ACUTE CARE SERVICES ACCOUNT EXECUTIVE, ATRIUM HEALTH - GIBBIE HARRIS DIRECTOR OF PUBLIC HEALTH, MECKLENBURG COUNTY HEALTH DEPARTMENT - CALVIN HUNG</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
PART V, LINES 7A & 10A	THE CHNA CAN BE FOUND ON THE FOLLOWING WEBSITE HTTPS //CONTINUECARE ORG/PINEVILLE/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

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
PART V, LINE 11	<p>THE MOST RECENTLY CONDUCTED CHNA IDENTIFIED FIVE SIGNIFICANT NEEDS IN THE COMMUNITY SERVED BY CAROLINAS CCH AT PINEVILLE WHICH WERE DETERMINED BY ASSESSING THE PREVALENCE OF THE ISSUES IDENTIFIED FROM THE HEALTH DATA FINDINGS, COMBINED WITH THE FREQUENCY AND SEVERITY OF MENTIONS IN COMMUNITY INPUT THE CHNA TEAM AND HOSPITAL LEADERSHIP PRIORITIZED THOSE NEEDS USING A STRUCTURED MATRIX TO RANK THE COMMUNITY HEALTH NEEDS BASED ON THREE CHARACTERISTICS SIZE AND PREVALENCE OF THE ISSUE, EFFECTIVENESS OF INTERVENTIONS AND THE HOSPITAL'S CAPACITY TO ADDRESS THE NEED THE LIST OF PRIORITIZED NEEDS, IN DESCENDING ORDER, IS LISTED BELOW</p> <p>1 PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES</p> <p>2 INCREASED EMPHASIS ON EDUCATION AND AWARENESS OF EXISTING HEALTH CARE RESOURCES</p> <p>3 ACCESS TO PRIMARY CARE PROVIDERS AND SERVICES</p> <p>4 ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS</p> <p>5 ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES AND PROVIDERS</p> <p>ONCE THIS PRIORITIZATION PROCESS WAS COMPLETE, HOSPITAL LEADERSHIP DISCUSSED THE RESULTS AND DECIDED TO ADDRESS FOUR OF THE PRIORITIZED NEEDS IN VARIOUS CAPACITIES THROUGH A HOSPITAL SPECIFIC IMPLEMENTATION PLAN</p> <p>PRIORITY #1 PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES</p> <p>OBJECTIVE INCREASE HEALTHY LIFESTYLE EDUCATION AND PREVENTION RESOURCES AT THE HOSPITAL AND IN THE COMMUNITY</p> <p>1 A CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PARTICIPATE IN AND/OR HOST COMMUNITY HEALTH FAIRS ON A REGULAR BASIS</p> <p>1 B CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PROVIDE VARIOUS HEALTH SCREENINGS AT NO COST FOR EMPLOYEES AND STUDENTS SUCH AS WEIGHT, BMI, AND BLOOD PRESSURE CHECKS, AS WELL AS IMMUNIZATIONS SUCH AS FLU VACCINES, TB VACCINATIONS, ETC</p> <p>1 C CAROLINAS CCH AT PINEVILLE IS AVAILABLE TO SPEAK AT COMMUNITY EVENTS, PROVIDE INFORMATION, OR PARTICIPATE IN OTHER EDUCATIONAL OPPORTUNITIES BY REQUEST</p> <p>1 D CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO TRAIN ALL CLINICAL STAFF ON BLS AND ACLS FOR ALL RN AND RT STAFF</p> <p>1 E CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PROVIDE MEETING SPACE AT NO COST FOR SUPPORT GROUPS AND COMMUNITY ORGANIZATIONS UPON REQUEST</p> <p>1 F CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PARTICIPATE IN CONFERENCES AND TRAININGS FOCUSED AROUND THEIR PATIENT POPULATION'S NEEDS, SUCH AS THE AMERICAN CASE MANAGEMENT ASSOCIATION (ACMA) NORTH CAROLINA CONFERENCE (BI-ANNUALLY), CASE MANAGEMENT SOCIETY OF AMERICA (CMSA) NORTH CAROLINA CONFERENCE (BI-ANNUALLY), THE NORTHWEST AREA HEALTH EDUCATION CENTER (NWAHEC) ANNUAL HIGH COUNTRY CONFERENCE ON RESPIRATORY CARE, AND THE NORTH CAROLINA STATEWIDE PROGRAM FOR INFECTION CONTROL AND EPIDEMIOLOGY</p> <p>1 G CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PARTNER WITH AND SUPPORT LOCAL HEALTH-RELATED EVENTS, SUCH AS THE GOBBLE WOBBLE</p> <p>1 H CAROLINAS CCH AT PINEVILLE STAFF WILL CONTINUE TO SPONSOR</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
PART V, LINE 11	<p>R AND SUPPORT THE AMERICAN LUNG ASSOCIATION (ALA), AND RAISE MONEY AND AWARENESS FOR ALA WITHIN THE COMMUNITY 1 I CAROLINAS CCH AT PINEVILLE 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 ASSET HEALTH (FORMERLY ACCOUNTABLE HEALTH), OFFER NEED SPECIFIC SPECIAL PROGRAMS, SMOKING CESSATION OPPORTUNITIES, AND WEIGHT MANAGEMENT 1 J CAROLINAS CCH AT PINEVILLE EMPLOYEES HAVE ACCESS TO THE HEALTHIER OPTIONS IN THE CAFETERIA, SUCH AS A SALAD BAR, AS WELL AS NUTRITIONAL FACTS FOR FOOD THAT IS SERVED THROUGH THE MINDFUL PROGRAM 1 K CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO SERVE AS A TOBACCO-FREE FACILITY 1 L CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO HOST INTERDISCIPLINARY TEAM MEETINGS ON A WEEKLY BASIS THAT INCLUDE ALL NECESSARY PERSONS IN DISCUSSIONS REGARDING INDIVIDUAL PATIENT CARE FOR A MORE COMPREHENSIVE, PATIENT-CENTERED APPROACH CAROLINAS CCH AT PINEVILLE STAFF ENCOURAGE FAMILY MEMBERS TO ATTEND AS WELL IN ORDER TO FULLY UNDERSTAND THE NEEDS OF THE PATIENT 1 M CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PROVIDE PATIENTS' OTHER PHYSICIANS WITH A COPY OF THEIR DISCHARGE SUMMARIES UPON REQUEST 1 N CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO CONDUCT POST DISCHARGE FOLLOW UP CALLS FOR EVERY PATIENT THAT HAS BEEN DISCHARGED FOR PATIENTS THAT ARE DISCHARGED TO THEIR HOME, A CALL IS PLACED WITHIN THE FIRST 24-72 HOURS TO ASSESS THE TRANSITION HOME, AND TO IDENTIFY AND ADDRESS ANY ISSUES OR PROBLEMS (IE, INABILITY TO OBTAIN PRESCRIPTIONS, HOME HEALTH CARE START OF CARE, PAIN AND SYMPTOM MANAGEMENT, EQUIPMENT CONCERNS, OR EFFECTIVENESS OF DISCHARGE PLANNING) FOLLOW UP CALLS ARE ALSO PERFORMED ON EVERY PATIENT 30 DAYS AFTER DISCHARGE FROM THE LTAC TO DETERMINE IF PATIENT WAS READMITTED TO A STAC WITHIN 30 DAYS OF DISCHARGING 1 O CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO CONDUCT A THOROUGH MEDICATION MANAGEMENT EDUCATION PROCESS FOR PATIENTS THAT INVOLVES PATIENT DEMONSTRATION OF PROPER MEDICATION METHODS AND DOCUMENTATION OF THE PATIENT'S PROPER MEDICATION METHODS BEFORE ALLOWING THE PATIENT TO BE DISCHARGED PRIORITY #2 INCREASED EMPHASIS ON EDUCATION AND AWARENESS OF EXISTING HEALTH CARE RESOURCES OBJECTIVE PARTICIPATE IN INITIATIVES AND CREATE OPPORTUNITIES TO EMPHASIZE AND EDUCATE COMMUNITY MEMBERS ON EXISTING HEALTH CARE RESOURCES 2 A CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PARTICIPATE IN LUNCH AND LEARN SEMINARS TO EDUCATE LOCAL HEALTH CARE PROVIDERS, ORGANIZATIONS AND THE COMMUNITY ON SERVICES OFFERED BY THE LTAC FACILITY ON A REGULAR BASIS 2 B CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO OFFER LIAISONS TO GIVE EDUCATION ON LONG-TERM ACUTE CARE (LTAC) SERVICES AND PATIENTS WHO MAY NEED LTAC SERVICES AS OPPORTUNITIES ARISE 2 C CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PARTICIPATE IN OR</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
PART V, LINE 11	<p>PROVIDE SPACE FOR MEETINGS HELD BY VARIOUS LOCAL, STATE AND NATIONAL ORGANIZATIONS TO SHARE INFORMATION ABOUT SERVICES OFFERED AT THE LTAC FACILITY, SUCH AS THE CASE MANAGEMENT SOCIETY OF AMERICA MEETING THAT INCLUDES A KEYNOTE SPEAKER WHO PROVIDES EDUCATION TO THE AUDIENCE ON A SIGNIFICANT HEALTH TOPIC WITHIN THE COMMUNITY CONTINUING EDUCATION UNITS (CEUS) MAY BE OFFERED AT SOME OF THE EVENTS 2 D CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO AT TEND ICU ROUNDS AT VARIOUS LOCAL FACILITIES WHEN INVITED IN ORDER TO INCREASE SOCIALIZATION WITH REFERRAL SOURCES 2 E CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PROVIDE ANNUAL IN-SERVICES AND OPEN HOUSES TO ENSURE SOCIALIZATION OF THE LTACH AND TO PROMOTE ITS SERVICES 2 F CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO EXPLORE DEVELOPING AN EDUCATIONAL VIDEO TO SHARE WITH LOCAL HEALTH CARE PROVIDERS, ORGANIZATIONS AND THE COMMUNITY ON SERVICES OFFERED BY THE LTACH PRIORITY #3 ACCESS TO PRIMARY CARE SERVICES AND PROVIDERS OBJECTIVE PARTICIPATE IN INITIATIVES AND CREATE OPPORTUNITIES TO INCREASE ACCESS TO PRIMARY CARE SERVICES 3 A CAROLINAS CCH AT PINEVILLE EMPLOYEES WILL CONTINUE TO CALL A PATIENT'S PRIMARY CARE PHYSICIAN UPON DISCHARGE TO PROVIDE THE PHYSICIAN'S OFFICE WITH THE NECESSARY INFORMATION AND TO SET UP THEIR FOLLOW UP APPOINTMENT CAROLINAS CCH AT PINEVILLE WILL ALSO FIND A PRIMARY CARE PROVIDER FOR ANY PATIENTS WHO CURRENTLY DO NOT HAVE ONE EMPLOYEES WILL ALSO ASSIST IN SETTING UP TRANSPORTATION, PRESCRIPTIONS, NECESSARY EQUIPMENT, OR ANY OTHER RESOURCES NEEDED IN THE PATIENT'S PLAN OF CARE BEFORE THE PATIENT IS DISCHARGED 3 B CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO MAINTAIN ITS AFFILIATION AGREEMENTS WITH THE AMERICAN ACADEMY OF HEALTHCARE, CENTRAL PIEDMONT COMMUNITY COLLEGE, CMC- NORTHEAST ON BEHALF OF CABARRUS COLLEGE OF HEALTH SCIENCE, GASTON COLLEGE, QUEENS COLLEGE, STANLY COMMUNITY COLLEGE, UNIVERSITY OF BUFFALO AND WINGATE UNIVERSITY WHICH ALLOW FOR RESPIRATORY, PHARMACY, CASE MANAGEMENT, CNA, PTA/OTA, HEALTH SCIENCE, MUSIC THERAPY, PT AND RN STUDENTS TO CONDUCT CLINICAL ROTATIONS IN THE HOSPITAL PRIORITY #4 ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS OBJECTIVE PARTICIPATE IN INITIATIVES AND CREATE OPPORTUNITIES TO INCREASE ACCESS TO AFFORDABLE CARE AND REDUCE HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS 4 A CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO PROVIDE SERVICES TO ELIGIBLE UNINSURED AND UNDERINSURED INDIVIDUALS AS OUTLINED IN THEIR 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 4 B CAROLINAS CCH AT PINEVILLE WILL CONTINUE TO OFFER FINANCIAL ASSISTANCE AND PAYMENT PLAN EDUCATION TO PATIENTS WHO HAVE AN ECONOMIC NEED AND MEET THE QUALIFICATIONS OF THE FINANCIAL ASSISTANCE POLICY IF FINANCIAL ASSISTANCE IS NEEDED, CAROLINAS CCH AT PINEVILLE</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
PART V, LINES 16A - 16C	THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE FAP CAN BE FOUND ON THE FOLLOWING WEBSITE HTTPS //CONTINUECARE ORG/PINEVILLE/FINANCIAL-ASSISTANCE/

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Mercy Restorative Care Hospital Inc

Employer identification number
75-3054855

Part I Questions Regarding Compensation

	Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p>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</p>	1b			
<p>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?</p>	2			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No		
	4b	Yes		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No		
	5b	No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No		
	6b	No		
<p>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</p>	7	No		
<p>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</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JIM KENDRICK DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	731,161	108,754	16,807	104,791	30,338	991,851	0
2 APRIL MYERS DIRECTOR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	214,657	23,969	13,040	17,826	31,688	301,180	3,479
3 DAVID BUTLER SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	362,062	35,012	23,681	5,602	26,653	453,010	0
4 JAMES HILL TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	263,523	28,210	25,656	6,372	31,489	355,250	0
5 DEREK MURZYN CEO	(i)	0	0	0	0	0	0	0
	(ii)	185,442	0	3,178	13,201	10,330	212,151	0
6 HAJRUDIN BEGIC REGISTERED NURSE	(i)	117,116	6,128	11,927	4,248	24,287	163,706	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL WILLIAMS FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	203,525	0	0	0	0	203,525	0

Part III Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	<p>SCHEDULE J, PART I, LINE 3 MERCY RESTORATIVE CARE HOSPITAL INC 'S EXECUTIVES ARE EMPLOYED BY ITS WHOLLY-OWNED SUBSIDIARY, COMMUNITY HOSPITAL CONSULTING, WHICH FOLLOWS THE COMPENSATION POLICIES 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 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</p>

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 JIM KENDRICK - \$106,436



Schedule J (Form 990) 2018

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.

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Mercy Restorative Care Hospital Inc

Employer identification number

75-3054855

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	FORM 990, BOX C MERCY RESTORATIVE CARE HOSPITAL, INC IS DOING BUSINESS AS CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 MERCY RESTORATIVE CARE HOSPITAL, INC IS CAROLINAS COMMUNITY CARE, LLC ("CARCC")

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 ANY DIRECTOR MAY BE REMOVED AT ANY TIME, WITH OR WITHOUT CAUSE BY THE SOLE MEMBER THE BOARD OF DIRECTORS SHALL BE COMPRISED OF 5 VOTING DIRECTORS PLUS 2 NON-VOTING EX-OFFICIO DIRECTORS

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 OR PHILOSOPHY OF THE HOSPITAL 2 THE INCURRANCE 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
GOVERNING BODY	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 MGMT &/OR GOVERNING BODY TO REVIEW 990	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, CAROLINAS COMMUNITY CARE, LLC, WHICH IN TURN FOLLOWS THE CONFLICT OF INTEREST DISCLOSURE PROCESS ADMINISTERED BY ITS PARENT, COMMUNITY HOSPITAL CORPORATION (CHC), 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 THE YEAR ENDED 6-30-15 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AVAILABLE TO 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 SVCS - MEDICAL TOTAL FEES 1652649

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SVCS - PLANT MAINT TOTAL FEES 503686

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SVCS - PHARMACY TOTAL FEES 483428

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SVCS - IT TOTAL FEES 227058

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SVCS - OTHER TOTAL FEES 163979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SVCS - ADMIN TOTAL FEES 42332

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SVCS - LAB TOTAL FEES 22244

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Mercy Restorative Care Hospital Inc

Employer identification number

75-3054855

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

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

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

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY HEALTH ASSURANCE SPC LTD POB 69GT GRAND CAYMAN CJ	CAPTIVE INSURANCE	CJ	CHC	C Corp					No
(2) COMMUNITY HOSPITAL CONSULTING 7800 N DALLAS PARKWAY 200 PLANO, TX 75024 20-4710183	MGMT CONSULTING	TX	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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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)CHC Community Care LLC	p	603,417	Cost
(2)CHC Community Care LLC	O	211,902	Cost
(3)COMMUNITY HOSPITAL CORPORATION	P	1,621,851	Cost

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-3054855
Name: Mercy Restorative Care Hospital Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 75-2725353	SUPPORT ORG	TX	501(C)(3)	12C-III-FI	CHC		No
1200 CARL RAMERT DRIVE YOAKUM, TX 77995 74-2323822	HOSPITAL	TX	501(C)(3)	3	CHC		No
800 E DAWSON STREET TYLER, TX 75701 20-0991990	HOSPITAL	DE	501(C)(3)	3	CCC		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 20-1150480	HOSPITAL	TX	501(C)(3)	3	CCC		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 37-1485773	SUPPORT ORG	DE	501(C)(3)	12C-III-FI	CHC		No
4214 ANDREWS HIGHWAY MIDLAND, TX 79703 46-3053684	HOSPITAL	DE	501(C)(3)	3	CCC		No
1900 PINE ST 5TH FLOOR ABILENE, TX 79601 46-3607347	HOSPITAL	DE	501(C)(3)	3	CCC		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
1 TRILLIUM WAY CORBIN, KY 40701 20-0925675	HOSPITAL	KY	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
188 Hospital Lane Jellico, TN 37762 62-0924706	HOSPITAL	TN	501(C)(3)	3	CHC		No
500 W 4th Street Odessa, TX 79761 47-3539943	HOSPITAL	DE	501(C)(3)	3	CCC		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 75-2638469	SUPPORT ORG	TX	501(C)(3)	12C-III-FI	NA		No
POST OFFICE BOX 1591 BEAUMONT, TX 77704 74-1303720	HOSPITAL	TX	501(C)(3)	3	SWCH INC		No
3080 COLLEGE STREET BEAUMONT, TX 77701 76-0453250	PRIMARY CARE	TX	501(C)(3)	3	BHSET		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