



# Health Care Center

COUNTRY ♦ MANOR ♦ CAMPUS

520 First Street NE  
Sartell, MN 56377

Phone: (320) 253-1920

Fax: (320) 230-3828

To Whom it may concern:

The Foundation for Health Care Continuums does business as the following entities:

- Country Manor Campus LLC
- Country Store and Pharmacy
- Kid's Country Child Day Care
- Country Care-A-Van
- The Country Villa
- Country Manor LTC Pharmacy
- Country Manor Senior Apartments
- Country Manor Extended Services
- Champion Rehab and Aquatic Center
- Country Manor Health and Rehab Center
- Country Manor Apartment Salon
- Country Manor Salon
- Country Manor Subway
- Drakes
- The Waterford

The Foundation is a tax-exempt 501(c)(3) organization. It's Federal Tax ID # 62-1611446 and State Tax ID # 4460649 cover all the businesses previously listed. The Foundation's Minnesota sales tax exempt charitable organization number is 38184, and also covers all mentioned businesses above, except for Country Manor Subway, and Country Store and Pharmacy (for sales tax issues).

Country Manor Campus LLC is a disregarded subsidiary entity for IRS Tax reporting purposes, owned by the Foundation for Health Care Continuums. It's Federal EIN is 26-1712197 and its State Tax ID is 9449056. Country Manor Campus LLC serves as the umbrella organization for all other business entities listed after it in the above listing, all located in Sartell, MN.

Sincerely yours,

*Kevin Harguth* 4-30-2020

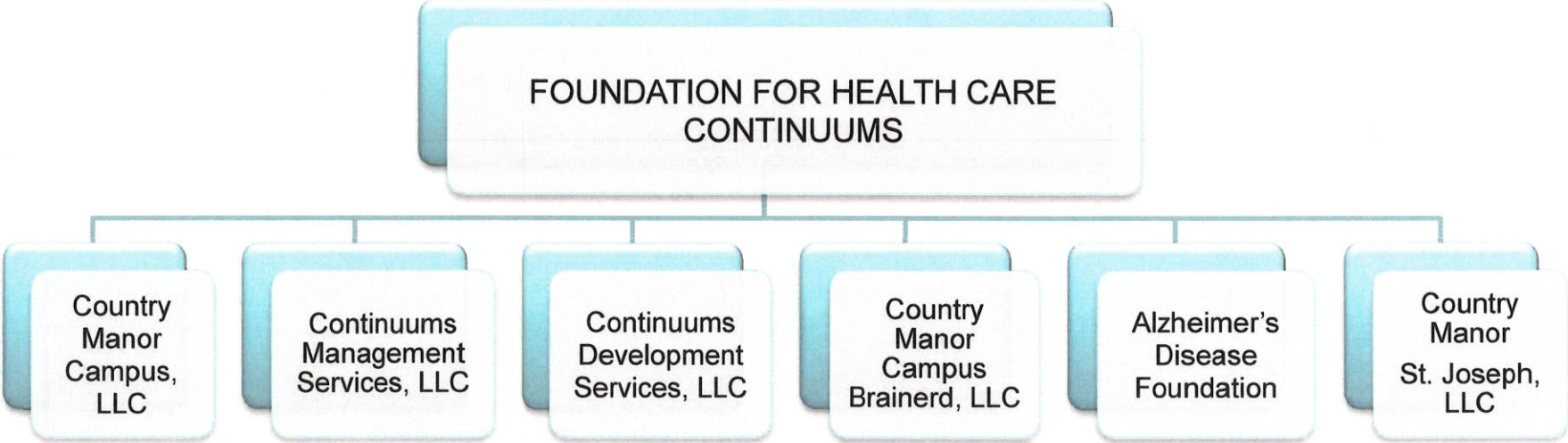
Kevin Harguth, CFO



Health Care Center • Champion Rehab • Senior Apartments • The Country Villa  
Country Care-A-Van • Home Health Care • Country Store & Pharmacy  
Country Manor Subway • Kids Country Child Care  
Rapid Recovery & Aquatic Center

[www.countrymanorcampus.org](http://www.countrymanorcampus.org)

# Foundation for Health Care Continuums Organization Chart



EXEMPT ORGANIZATION  
TAX RETURNS

FOR THE YEAR ENDED SEPTEMBER 30, 2018

**THE FOUNDATION FOR HEALTH  
CARE CONTINUUMS**

**CLIENT COPY  
RETAIN FOR YOUR RECORDS**



CLA (CliftonLarsonAllen LLP)  
220 South Sixth Street, Suite 300  
Minneapolis, MN 55402-1436  
612-376-4500 | fax 612-376-4850  
CL.Aconnect.com

July 30, 2019

Mr. Brian Kelm, CEO  
The Foundation for Health Care Continuums  
520 1<sup>st</sup> Street NE  
Sartell, Minnesota 56377

Dear Brian:

Enclosed are the original and one copy of the 2017 Form 990, Return of Organization Exempt from Income Tax, for The Foundation for Health Care Continuums for the year ended September 30, 2018.

**2017 Form 990 - Return of Organization Exempt from Income Tax**

This return will be electronically filed. Please sign and return Form 8879-EO to authorize us to electronically transmit the return.

Scan and email the signed Form 8879-EO to [eFileMPLS@CLACONNECT.COM](mailto:eFileMPLS@CLACONNECT.COM) as soon as possible so that we can transmit the return before August 15, 2019. We would like to receive the form and transmit the return several days before the due date in order to resolve any e-filing diagnostics that may arise.

There is no tax due with this return.

**2017 Form 990-T – Exempt Organization Business Income Tax Return**

The return should be signed and dated by an officer and filed on or before August 15, 2019 with:

INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

There is no tax due with this return.

**2019 Form M4NP – Minnesota Franchise Tax for Nonprofit Organizations**

The return should be signed and dated by an officer and filed on or before August 15, 2019 with:

MN FRANCHISE TAX FOR NONPROFIT ORGANIZATIONS  
MAIL STATION 1257  
ST. PAUL, MN 55146-1257

There is no tax due with this return.

**Minnesota Charitable Organization Annual Report**

The report should be signed and dated by two directors and filed on or before August 15, 2019 with:

OFFICE OF THE ATTORNEY GENERAL  
CHARITIES DIVISION  
SUITE 1200, BREMER TOWER  
445 MINNESOTA STREET  
ST. PAUL, MN 55101-2130

Enclose a check in the amount of \$25 Payable to "State of Minnesota" with filing.

For public inspection purposes, organizations are required to provide a copy of their annual returns (Form 990) for the last three years and their exemption application (Form 1023) to anyone who requests them. You must provide the entire 990, 990-T and related schedules. However, the names and addresses of the donors may be omitted from the Public Inspection copy of Schedule B. For your convenience, we have enclosed a public inspection copy of your return. Please sign this copy and retain for your records.

The copies stamped "Client Copy" are to be retained for your files. Before filing the 990-T and state returns, review them carefully to assure there are no omissions or misstatements. To have evidence of timely filing, we suggest the returns be mailed by certified mail, return receipt requested

Sincerely,

CliftonLarsonAllen LLP



Matthew D. Wocken, CPA  
Principal  
612-397-3260  
matthew.wocken@claconnect.com

Enclosures

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>THE FOUNDATION FOR HEALTH CARE CONTINUUMS</b>	<b>D</b> Employer identification number <b>62-1611446</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>320-253-1920</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	<b>520 1ST STREET NE</b>	<b>G</b> Gross receipts \$ <b>37,654,683.</b>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	<b>SARTELL, MN 56377</b>	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>BRIAN KELM</b> <b>SAME AS C ABOVE</b>	If "No," attach a list. (see instructions)
<b>I</b> 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		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.CONTINUUMS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDING HOUSING AND HEALTH CARE SERVICES THAT HONOR THE EVOLVING AGING POPULATION.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	836
	6 Total number of volunteers (estimate if necessary)	6	450
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,072,365.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-111,788.
Revenue	8 Contributions and grants (Part VIII, line 1h)	315,396.	214,182.
	9 Program service revenue (Part VIII, line 2g)	30,083,621.	34,469,572.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	223,691.	223,822.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,306,804.	797,520.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,929,512.	35,705,096.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,298.
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)		19,568,552.	21,493,717.
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)		11,499,485.	13,996,112.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,071,335.	35,493,827.	
19 Revenue less expenses. Subtract line 18 from line 12	858,177.	211,269.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	51,902,103.	57,872,204.
	21 Total liabilities (Part X, line 26)	43,048,963.	48,858,213.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,853,140.	9,013,991.

**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.

<b>Sign Here</b>	Signature of officer <b>KEVIN HARGUTH, CFO</b>	Date	
<b>Preparer Use Only</b>	Print/Type preparer's name <b>MATTHEW WOCKEN</b>	Preparer's signature	Date
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01598291</b>
	Firm's address <b>220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402</b>	Firm's EIN <b>41-0746749</b>	Phone no. <b>612-376-4500</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE FOUNDATION FOR HEALTH CARE CONTINUUMS IS TO STRENGTHEN EACH COMMUNITY WE SERVE BY PROVIDING A WIDE SPECTRUM OF HOUSING AND HEALTH CARE SERVICES THAT HONOR THE EVOLVING, AGING POPULATION.

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 [X] 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 [X] 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 \$ 19,399,213. including grants of \$ 3,070.) (Revenue \$ 20,182,492.) COUNTRY MANOR HEALTH AND REHAB CENTER: THIS IS A 165-BED SKILLED NURSING FACILITY DESIGNED TO HELP MEET THE NEEDS OF THE AGING AND INFIRM. THERE WERE 57,268 RESIDENT DAYS FOR THE FISCAL YEAR. THE CENTER ALSO PROVIDES OUTPATIENT THERAPY SERVICES TO THE GENERAL PUBLIC.

4b (Code: ) (Expenses \$ 3,815,950. including grants of \$ 0.) (Revenue \$ 4,781,588.) COUNTY MANOR EXTENDED SERVICES: THIS PROGRAM HAS TWO HOME HEALTH AGENCIES DESIGNED TO PROVIDE NURSING SERVICES AND THERAPY SERVICES TO CLIENTS IN THEIR HOME. 482 CLIENTS WERE SERVED DURING THE YEAR.

4c (Code: ) (Expenses \$ 2,095,455. including grants of \$ 428.) (Revenue \$ 3,167,343.) COUNTRY MANOR SENIOR APARTMENTS: THIS IS A 151-UNIT CONGREGATE HOUSING FACILITY FOR THE ELDERLY. THERE WERE AN AVERAGE OF 148 UNITS RENTED DURING THE YEAR.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,143,108. including grants of \$ 500.) (Revenue \$ 7,034,751.)

4e Total program service expenses 31,453,726.

THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Form 990 (2017)

62-1611446 Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

Form 990 (2017)



THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Form 990 (2017)

62-1611446 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2017)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Form 990 (2017)

62-1611446 Page 6

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	5	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	0	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b		X
16a		X
b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **KEVIN HARGUTH - 320-258-8983**  
**520 1ST STREET NE, SARTELL, MN 56377**

**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, and 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 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) MICHAEL ROSEN PRESIDENT	0.50 1.00	X		X				17,500.	0.	0.
(2) FRED BROWN SECRETARY	0.50 1.00	X		X				15,000.	0.	0.
(3) FELIX PRARACCIO DIRECTOR	0.50 1.00	X						15,000.	0.	0.
(4) PAUL SANDERS DIRECTOR	0.50 1.00	X						15,000.	0.	0.
(5) SHERRY WHEATON DIRECTOR	0.50 1.00	X						15,000.	0.	0.
(6) DAVID STEWART CEO (THROUGH JANUARY 2018)	39.00 1.00			X				229,848.	0.	18,308.
(7) BRIAN KELM CEO/COO	39.00 1.00			X				212,616.	0.	17,573.
(8) KEVIN HARGUTH CFO	39.00 1.00			X				157,678.	0.	9,821.
(9) BECKY FRERICKS VP OF LONG TERM CARE	40.00 0.00					X		162,004.	0.	15,382.
(10) ANTHONY FENSTAD VP OF SENIOR HOUSING	40.00 0.00					X		114,862.	0.	5,094.
(11) JOSHUA LEMM PHARMACIST	40.00 0.00					X		138,841.	0.	6,157.
(12) JAYNE CARTER PHARMACIST	40.00 0.00					X		114,862.	0.	4,535.

THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
<b>1b Sub-total</b> .....								1,208,211.	0.	76,870.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,208,211.	0.	76,870.

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 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Form 990 (2017)

62-1611446 Page 9

**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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	50,000.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	164,182.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		214,182.			
	Program Service Revenue	2 a	RESIDENT FEES	Business Code 623000	24,871,556.	24,871,556.	
b		THERAPY SERVICES	624310	3,773,083.	3,773,083.		
c		HOME CARE	621610	3,725,670.	3,725,670.		
d		DAYCARE	624410	1,008,840.		920,262.	
e		MEALS	623000	927,507.		927,507.	
f		All other program service revenue	480000	162,916.	162,916.		
g		<b>Total.</b> Add lines 2a-2f		34,469,572.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		244,666.		244,666.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
			6,571.				
			b	Less: rental expenses	0.		
			c	Rental income or (loss)	6,571.		
	d	Net rental income or (loss)		6,571.		6,571.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				5,737.			
			b	Less: cost or other basis and sales expenses	26,581.		
			c	Gain or (loss)	-20,844.		
	d	Net gain or (loss)		-20,844.		-20,844.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
			b	Less: direct expenses			
c			Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a	3,032,336.				
		b	Less: cost of goods sold	1,923,006.			
		c	Net income or (loss) from sales of inventory		1,109,330.	696,602.	152,103.
Miscellaneous Revenue		Business Code					
11 a	BEAUTY SHOP	900099	83,670.			83,670.	
b	MISCELLANEOUS INCOME	900099	66,212.			66,212.	
c	DAMAGE DEPOSITS	900099	34,291.			34,291.	
d	All other revenue	900099	-502,554.			-502,554.	
e	<b>Total.</b> Add lines 11a-11d		-318,381.				
12	<b>Total revenue.</b> See instructions.		35,705,096.	33,229,827.	1,072,365.	1,188,722.	

**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	3,998.	3,998.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	763,224.	58,367.	704,857.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,747,222.	17,641,950.	105,272.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	412,176.	412,176.		
9 Other employee benefits	1,253,501.	1,222,858.	30,643.	
10 Payroll taxes	1,317,594.	1,262,658.	54,936.	
11 Fees for services (non-employees):				
a Management				
b Legal	32,543.		32,543.	
c Accounting	66,425.		66,425.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,000,834.	1,247,526.	753,308.	
12 Advertising and promotion	195,356.		195,356.	
13 Office expenses	701,668.	313,598.	388,070.	
14 information technology	189,908.	64,862.	125,046.	
15 Royalties				
16 Occupancy	2,239,701.	2,228,752.	10,949.	
17 Travel	180,303.		180,303.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105,170.		105,170.	
20 Interest	1,858,601.	1,852,739.	5,862.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,583,466.	2,569,081.	14,385.	
23 Insurance	337,359.	336,129.	1,230.	
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 <b>FOOD</b>	1,406,078.	1,406,078.		
b <b>MED. SUPPLIES &amp; DRUGS</b>	1,040,072.		1,040,072.	
c <b>LICENSE SURCHARGE</b>	464,475.	464,475.		
d <b>BAD DEBTS</b>	282,972.	169,542.	113,430.	
e All other expenses	311,181.	198,937.	112,244.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	35,493,827.	31,453,726.	4,040,101.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Form 990 (2017)

62-1611446 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,647,199.	1	4,191,787.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,791.	3	4,365.
	4	Accounts receivable, net	3,126,072.	4	4,157,968.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	264,484.	8	269,799.
	9	Prepaid expenses and deferred charges	396,353.	9	454,400.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,767,604.		
	b	Less: accumulated depreciation	10b 26,341,480.	10c	39,426,124.
	11	Investments - publicly traded securities	4,147,353.	11	4,347,359.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,912,195.	15	5,020,402.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	51,902,103.	16	57,872,204.	
Liabilities	17	Accounts payable and accrued expenses	2,823,905.	17	2,783,682.
	18	Grants payable		18	
	19	Deferred revenue	36,808.	19	34,187.
	20	Tax-exempt bond liabilities	39,562,093.	20	44,849,671.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	249,722.	21	313,278.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	350,000.	23	850,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,435.	25	27,395.
	26	<b>Total liabilities.</b> Add lines 17 through 25	43,048,963.	26	48,858,213.
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	8,853,140.	27	9,013,991.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	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	<b>Total net assets or fund balances</b>	8,853,140.	33	9,013,991.	
34	<b>Total liabilities and net assets/fund balances</b>	51,902,103.	34	57,872,204.	

Form 990 (2017)



THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Form 990 (2017)

62-1611446 Page 12

**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	35,705,096.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,493,827.
3	Revenue less expenses. Subtract line 2 from line 1	3	211,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,853,140.
5	Net unrealized gains (losses) on investments	5	-87,047.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	36,629.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,013,991.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **THE FOUNDATION FOR HEALTH CARE CONTINUUMS** Employer identification number **62-1611446**

**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 **section 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		
<b>Total</b>						

THE FOUNDATION FOR HEALTH CARE

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

THE FOUNDATION FOR HEALTH CARE

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	132,196.	835,505.	307,388.	315,396.	214,182.	1,804,667.
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 .....	27,690,573.	29,947,530.	32,099,951.	30,628,650.	35,092,296.	155,459,000.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....	330,116.	461,933.	1,261,369.	1,228,989.	1,161,419.	4,443,826.
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 .....	28,152,885.	31,244,968.	33,668,708.	32,173,035.	36,467,897.	161,707,493.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
c Add lines 7a and 7b .....						0.
8 Public support. (Subtract line 7c from line 6.) .....						161,707,493.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 .....	28,152,885.	31,244,968.	33,668,708.	32,173,035.	36,467,897.	161,707,493.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	44,470.	197,049.	293,368.	238,196.	251,237.	1,024,320.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	44,470.	197,049.	293,368.	238,196.	251,237.	1,024,320.
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.) .....	69,914.	69,101.	120,838.	68,025.	-469,286.	-141,408.
13 Total support. (Add lines 9, 10c, 11, and 12.) .....	28,267,269.	31,511,118.	34,082,914.	32,479,256.	36,249,848.	162,590,405.

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 2017 (line 8, column (f) divided by line 13, column (f)) .....	15	99.46 %
16 Public support percentage from 2016 Schedule A, Part III, line 15 .....	16	99.18 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	17	.63 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17 .....	18	.54 %

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.		
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).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 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.		
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 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

THE FOUNDATION FOR HEALTH CARE

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

THE FOUNDATION FOR HEALTH CARE

**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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			



**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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

SPECIAL SERVICE REVENUE

LOSS ON REFINANCING

Multiple horizontal lines for providing supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Employer identification number

62-1611446

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>THE FOUNDATION FOR HEALTH CARE CONTINUUMS</b>	Employer identification number <b>62-1611446</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALZHEIMER'S DISEASE FOUNDATION  520 1ST STREET NE  SARTELL, MN 56377	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTRY MANOR FOUNDATION, INC.  520 1ST STREET NE  SARTELL, MN 56377	\$ 154,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE FOUNDATION FOR HEALTH CARE CONTINUUMS</b>	Employer identification number <b>62-1611446</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>THE FOUNDATION FOR HEALTH CARE CONTINUUMS</b>	Employer identification number <b>62-1611446</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization THE FOUNDATION FOR HEALTH CARE CONTINUUMS

Employer identification number 62-1611446

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor informed consent.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2 columns: Description, Held at the End of the Tax Year). 3-8. Monitoring and enforcement details (number of easements, states, policy, staff hours, expenses, requirements).

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.

Form with 2 main sections: 1a. Text of footnote for public exhibition. 1b. Amounts relating to items: (i) Revenue, (ii) Assets. 2. Amounts required to be reported under SFAS 116: a. Revenue, b. Assets.

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,408,000.		1,408,000.
b Buildings		46,483,890.	20,619,524.	25,864,366.
c Leasehold improvements		1,432,829.	790,791.	642,038.
d Equipment		10,524,642.	4,931,165.	5,593,477.
e Other		5,918,243.		5,918,243.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>39,426,124.</b>

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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) ASSETS LIMITED AS TO USE UNDER BOND INDENTURE AGREEMENTS	4,002,218.
(2) RESIDENT TRUST FUNDS	15,580.
(3) PREPAID LEASE	681,980.
(4) DUE FROM AFFILIATE	320,624.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,020,402.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATIONS	27,395.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,395.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

PART IV, LINE 2B:

RESIDENT TRUST FUNDS PAYABLE AND TENANT SECURITY DEPOSITS PAYABLE.

PART X, LINE 2:

TAX EXEMPT STATUS FOOTNOTE:

THE FOUNDATION HAS BEEN GRANTED EXEMPT STATUS RELATIVE TO FEDERAL AND STATE CORPORATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) AND APPLICABLE STATE STATUTES. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

**Part XIII** Supplemental Information (continued)

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES IN  
 EVALUATING UNCERTAIN TAX POSITIONS. THE FOUNDATION'S INCOME TAX RETURNS  
 ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL  
 AUTHORITIES. THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD  
 JEOPARDIZE ITS TAX-EXEMPT STATUS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE FOUNDATION FOR HEALTH CARE CONTINUUMS** Employer identification number **62-1611446**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>2</b>									
<p><b>3</b> 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<b>X</b>								
<p><b>c</b> 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>	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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><b>a</b> The organization? .....</p>	<b>5a</b>	<b>X</b>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>								
<p><b>6</b> 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><b>a</b> The organization? .....</p>	<b>6a</b>	<b>X</b>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> 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>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2017

THE FOUNDATION FOR HEALTH CARE CONTINUUMS

Schedule J (Form 990) 2017 62-1611446

**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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)-(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)-(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) DAVID STEWART	159,046.	0.	70,802.	9,684.	8,624.	248,156.	0.
CEO (THROUGH JANUARY 2018)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN KELM	191,036.	0.	21,580.	8,949.	8,624.	230,189.	0.
CEO/COO	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN HARGUTH	110,986.	28,352.	18,340.	6,397.	3,424.	167,499.	0.
CFO	0.	0.	0.	0.	0.	0.	0.
(4) BECKY FRERICKS	119,721.	29,534.	12,749.	6,758.	8,624.	177,386.	0.
VP OF LONG TERM CARE	0.	0.	0.	0.	0.	0.	0.

THE FOUNDATION FOR HEALTH CARE

Schedule J (Form 990) 2017

62-1611446

Page 3

CONTINUUMS

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.

PART I, LINE 4B:

BRIAN KELM PARTICIPATES IN A 457(F) RETIREMENT PLAN. THERE WERE NO CONTRIBUTIONS INTO THE PLAN, ACCRUALS, OR PAYOUTS FROM THE PLAN DURING THE YEAR.

**SCHEDULE K**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **THE FOUNDATION FOR HEALTH CARE CONTINUUMS**  
Employer identification number: **62-1611446**

**Part I Bond Issues** SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF SARTELL, MN	41-6008901	1803807AU0	08/30/12	20,404,955.	REFINANCE AND PAY OFF SERIES 1999		X		X		X
B CITY OF SARTELL, MN	41-6008901	1803807AW6	06/19/13	13,253,404.	RENOVATION AND EXAPNSION PROJECT		X		X		X
C CITY OF SARTELL, MN	41-6008901	180380SAW0	10/12/17	11,770,503.	REFINANCE AND PAY OFF SERIES 2010		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			5,140,000.				220,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue			20,404,955.		13,253,404.			
4 Gross proceeds in reserve funds			1,852,908.		1,430,032.			
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			408,099.		265,068.		235,410.	
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds					11,692,545.		214,160.	
11 Other spent proceeds			19,996,856.				11,320,933.	
12 Other unspent proceeds								
13 Year of substantial completion			2012		2014		2011	
14 Were the bonds issued as part of a current refunding issue?	X				X			
15 Were the bonds issued as part of an advance refunding issue?		X			X			
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X		X		X		X	
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

THE FOUNDATION FOR HEALTH CARE CONTINUUMS

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**THE FOUNDATION FOR HEALTH CARE CONTINUUMS**

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
6 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

**Part V Procedures To Undertake Corrective Action**

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: CITY OF SARTELL, MN

(F) DESCRIPTION OF PURPOSE:

REFINANCE AND PAY OFF SERIES 1999 AND SERIES 2001 BONDS

(A) ISSUER NAME: CITY OF SARTELL, MN

(F) DESCRIPTION OF PURPOSE: RENOVATION AND EXPANSION PROJECT.

(A) ISSUER NAME: CITY OF SARTELL, MN

(F) DESCRIPTION OF PURPOSE: REFINANCE AND PAY OFF SERIES 2010 BONDS

**SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**

(A) ISSUER NAME: CITY OF SARTELL, MN

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/25/2017



SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS

Employer identification number  
62-1611446

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COUNTRY MANOR ST. JOSEPH: THIS IS AN 84-UNIT SENIOR LIVING CAMPUS IN  
ST. JOSEPH, MINNESOTA. THE CAMPUS IS OPERATED UNDER THE NAME WOODCREST  
OF COUNTRY MANOR. THERE WERE AN AVERAGE OF 52 UNITS RENTED DURING THE  
YEAR.

EXPENSES \$ 1,693,703. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,772,750.

WATERFORD AT COUNTRY MANOR: THIS IS A 45-UNIT ATTACHED INDEPENDENT  
HOUSING FACILITY FOR THE ELDERLY. IT OPENED IN MAY 2014, AND AVERAGED  
44 UNITS OCCUPIED DURING THE YEAR.

EXPENSES \$ 1,359,852. INCLUDING GRANTS OF \$ 250. REVENUE \$ 1,582,515.

COUNTRY STORE AND PHARMACY: THIS PROGRAM SERVES THE PRESCRIPTION NEEDS  
OF THE RESIDENTS OF COUNTRY MANOR, AND IS ALSO OPEN TO FULFILL THE  
PRESCRIPTION NEEDS OF THE GENERAL PUBLIC.

EXPENSES \$ 1,131,502. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,085,342.

THE COUNTRY VILLA: THIS IS A 45-UNIT CONGREGATE HOUSING FACILITY FOR  
THE ELDERLY. THERE WERE AN AVERAGE OF 44 UNITS RENTED DURING THE YEAR.

EXPENSES \$ 999,084. INCLUDING GRANTS OF \$ 250. REVENUE \$ 1,422,388.

KID'S COUNTRY CHILD CARE: THIS IS A LICENSED DAY-CARE CENTER THAT  
SERVED 129 CHILDREN DURING THE YEAR.

EXPENSES \$ 792,469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,008,840.

COUNTRY CARE-A-VAN: THIS IS A TRANSPORTATION AGENCY DESIGNED TO PROVIDE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization THE FOUNDATION FOR HEALTH CARE CONTINUUMS	Employer identification number 62-1611446
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NON-EMERGENCY TRANSPORTATION SERVICES TO THE WHEELCHAIR-BOUND. 4,601

TRIPS WERE PROVIDED DURING THE YEAR.

EXPENSES \$ 144,629. INCLUDING GRANTS OF \$ 0. REVENUE \$ 162,916.

COUNTRY MANOR CHAPEL: THIS IS A NON-DENOMINATIONAL CHAPEL THAT SERVES THE SPIRITUAL NEEDS OF THE 450 PEOPLE THAT LIVE AT COUNTRY MANOR HEALTH AND REHAB CENTER, THE COUNTRY VILLA, AND THE COUNTRY MANOR SENIOR APARTMENTS. THE CHAPEL PROVIDES 6 WEEKLY LITURGICAL SERVICES FOR THE PEOPLE THAT LIVE AT COUNTRY MANOR. THESE SERVICES ARE ALSO AVAILABLE TO THE GENERAL PUBLIC. APPROXIMATELY 225 PEOPLE FROM THE GENERAL PUBLIC ATTEND AT LEAST ONE OF THESE SERVICES EACH WEEK.

EXPENSES \$ 21,869. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE IRS FORM 990 WAS PROVIDED TO ALL OFFICERS AND BOARD MEMBERS FOR REVIEW/APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT INCLUDES A DISCLOSURE STATEMENT TO BE ANSWERED BY DIRECTORS AND OFFICERS OR ANY OTHER EMPLOYEE THAT CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION. THE POLICY STATES THAT THE BOARD, OFFICERS AND MANAGEMENT EMPLOYEES HAVE THE RESPONSIBILITY OF ADMINISTERING THE AFFAIRS OF THE ORGANIZATION HONESTLY AND PRUDENTLY, AND OF EXERCISING THEIR BEST CARE, SKILL, AND JUDGEMENT FOR THE SOLE BENEFIT OF THE ORGANIZATION. THE POLICY ALSO PROVIDES, BY EXAMPLE, CERTAIN TRANSACTIONS THAT MAY GIVE RISE TO A CONFLICT. THE FACT THAT ONE OF THE INTERESTS DESCRIBED IN THE POLICY EXISTS DOES NOT NECESSARILY MEAN THAT A CONFLICT EXISTS, OR THAT THE CONFLICT, IF IT

Name of the organization	THE FOUNDATION FOR HEALTH CARE CONTINUUMS	Employer identification number	62-1611446
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EXISTS, IS MATERIAL ENOUGH TO BE OF PRACTICAL IMPORTANCE, OR IF MATERIAL, THAT UPON FULL DISCLOSURE OF ALL THE RELEVANT FACTS AND CIRCUMSTANCES IT IS NECESSARILY ADVERSE TO THE INTERESTS OF THE ORGANIZATION. HOWEVER, IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY OF THE INTERESTS DESCRIBED IN THE POLICY SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. IT SHALL BE THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR AND REASONABLE TO THE ORGANIZATION. THE DECISION OF THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF THE ORGANIZATION AND THE ADVANCEMENT OF ITS PURPOSE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWED THE CEO'S COMPENSATION AND FOLLOWED REBUTTABLE PRESUMPTION GUIDELINES, WHICH INCLUDED THE USE OF COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF CHANGES TO THE CEO'S COMPENSATION. THE LATEST REVIEW WAS CONDUCTED IN 2018.

THE ORGANIZATION'S CEO REVIEWED THE COMPENSATION OF THE OTHER KEY EMPLOYEES. LONG-TERM CARE INDUSTRY COMPENSATION INFORMATION FOR THE STATE OF MINNESOTA WAS USED AS COMPARABILITY DATA. THE EMPLOYEE'S COMPENSATION WAS COMPARED TO THE INDUSTRY AVERAGE FOR POSITIONS OF SIMILAR RESPONSIBILITY TO DETERMINE REASONABLENESS. THE ORGANIZATION RETAINS THE COMPARABILITY DATA AND THE DOCUMENTED RESULTS OF THE ANALYSIS. THE LATEST

Name of the organization THE FOUNDATION FOR HEALTH CARE CONTINUUMS

Employer identification number 62-1611446

REVIEW WAS PERFORMED IN 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION THROUGH THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL. THE FOUNDATION'S GOVERNING DOCUMENTS ARE OPEN FOR PUBLIC INSPECTION THROUGH THE OFFICE OF THE MINNESOTA SECRETARY OF STATE. THE FOUNDATION'S CONFLICT OF INTEREST POLICY IS NOT OPEN TO THE PUBLIC.

**SCHEDULE R (Form 990)**  
 Department of the Treasury Internal Revenue Service  
**Related Organizations and Unrelated Partnerships**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **THE FOUNDATION FOR HEALTH CARE CONTINUUMS**  
 Employer identification number: **62-1611446**

**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
COUNTRY MANOR CAMPUS, LLC - 26-1712197 520 1ST STREET NE SARTELL, MN 56377	HEALTH CARE	TENNESSEE	34,446,472.	47,751,592.	THE FOUNDATION FOR HEALTH CARE CONTINUUMS
CONTINUUMS MANAGEMENT SERVICES, LLC - 45-4562143, 520 1ST STREET NE, SARTELL, MN 56377	MANAGEMENT SERVICES	TENNESSEE	1,808,035.	1,309,032.	THE FOUNDATION FOR HEALTH CARE CONTINUUMS
CONTINUUMS AT PROVIDENCE, LLC - 46-0846982 520 1ST STREET NE SARTELL, MN 56377	INACTIVE	TENNESSEE	0.	0.	THE FOUNDATION FOR HEALTH CARE CONTINUUMS
COUNTRY MANOR ST. JOSEPH, LLC - 81-2053568 1200 LANIGAN WAY ST. JOSEPH, MN 56374	SENIOR LIVING	TENNESSEE	1,806,844.	5,994,124.	THE FOUNDATION FOR HEALTH CARE CONTINUUMS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(e)(13) controlled entity?	
						Yes	No
ALZHEIMER'S DISEASE FOUNDATION INC. - 36-3336574, 520 1ST STREET NE, SARTELL, MN 56377	PROVIDE ASSISTANCE TO ALZHEIMER'S DISEASE VICTIMS	INDIANA	501(C)(3)	LINE 12A, I CONTINUUMS	THE FOUNDATION FOR HEALTH CARE CONTINUUMS		X

**THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS**

**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
CONTINUUMS DEVELOPMENT SERVICES 92-0924987, 520 1ST STREET NE, SARTELL, MN 56377	HOME CONSTRUCTION	TN	THE FOUNDATION FOR HEALTH CARE	C CORP	379,476.	436,653.	100.00%		X

**THE FOUNDATION FOR HEALTH CARE  
CONTINUUMS**

**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.

<b>1</b>	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?				
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	X
<b>b</b>	Gift, grant, or capital contribution to related organization(s)			1b	X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)			1c	X
<b>d</b>	Loans or loan guarantees to or for related organization(s)			1d	X
<b>e</b>	Loans or loan guarantees by related organization(s)			1e	X
<b>f</b>	Dividends from related organization(s)			1f	X
<b>g</b>	Sale of assets to related organization(s)			1g	X
<b>h</b>	Purchase of assets from related organization(s)			1h	X
<b>i</b>	Exchange of assets with related organization(s)			1i	X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)			1j	X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)			1k	X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)			1l	X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)			1m	X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	X
<b>o</b>	Sharing of paid employees with related organization(s)			1o	X
<b>p</b>	Reimbursement paid to related organization(s) for expenses			1p	X
<b>q</b>	Reimbursement paid by related organization(s) for expenses			1q	X
<b>r</b>	Other transfer of cash or property to related organization(s)			1r	X
<b>s</b>	Other transfer of cash or property from related organization(s)			1s	X

**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) CONTINUUMS DEVELOPMENT SERVICES	A	26,758	INTEREST RECEIVED
(2) ALZHEIMER'S DISEASE FOUNDATION	C	50,000	CASH
(3) CONTINUUMS DEVELOPMENT SERVICES	D	320,624	LOAN BALANCE
(4) CONTINUUMS DEVELOPMENT SERVICES	L	58,187	CASH
(5)			
(6)			

**THE FOUNDATION FOR HEALTH CARE CONTINUUMS**

**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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

CONTINUUMS DEVELOPMENT SERVICES

DIRECT CONTROLLING ENTITY: THE FOUNDATION FOR HEALTH CARE CONTINUUMS

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2017

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed  B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE FOUNDATION FOR HEALTH CARE CONTINUUMS</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>520 1ST STREET NE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SARTELL, MN 56377</b>	D Employer identification number (Employees' trust, see instructions.) <b>62-1611446</b>  E Unrelated business activity codes (See instructions.) <b>446110 624410</b>
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C Book value of all assets at end of year <b>57,988,233.</b>	F Group exemption number (See instructions.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	--	---

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **KEVIN HARGUTH** Telephone number ▶ **320-258-8983**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <b>1,399,096.</b>			
b Less returns and allowances			
c Balance ▶	1c <b>1,399,096.</b>		
2 Cost of goods sold (Schedule A, line 7)	2 <b>326,731.</b>		
3 Gross profit. Subtract line 2 from line 1c	3 <b>1,072,365.</b>		<b>1,072,365.</b>
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 <b>1,072,365.</b>		<b>1,072,365.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		14	15	16	17	18	19	20	21	22a	22b	23	24	25	26	27	28	29	30	31	32	33	34	
14 Compensation of officers, directors, and trustees (Schedule K)																								
15 Salaries and wages																								
16 Repairs and maintenance																								
17 Bad debts																								
18 Interest (attach schedule)	<b>SEE STATEMENT 2</b>																							
19 Taxes and licenses																								
20 Charitable contributions (See instructions for limitation rules)																								
21 Depreciation (attach Form 4562)																								
22 Less depreciation claimed on Schedule A and elsewhere on return																								
23 Depletion																								
24 Contributions to deferred compensation plans																								
25 Employee benefit programs																								
26 Excess exempt expenses (Schedule I)																								
27 Excess readership costs (Schedule J)																								
28 Other deductions (attach schedule)	<b>SEE STATEMENT 3</b>																							
29 Total deductions. Add lines 14 through 28																								
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13																								
31 Net operating loss deduction (limited to the amount on line 30)	<b>SEE STATEMENT 4</b>																							
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30																								
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)																								
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32																								

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
<b>37 Proxy tax.</b> See instructions	37	
<b>38 Alternative minimum tax</b>	38	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	39	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

**Part IV Tax and Payments**

<b>41a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116)	41a	
<b>b Other credits</b> (see instructions)	41b	
<b>c General business credit.</b> Attach Form 3800	41c	
<b>d Credit for prior year minimum tax</b> (attach Form 8801 or 8827)	41d	
<b>e Total credits.</b> Add lines 41a through 41d	41e	
<b>42 Subtract line 41e from line 40</b>	42	0.
<b>43 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
<b>44 Total tax.</b> Add lines 42 and 43	44	0.
<b>45a Payments:</b> A 2016 overpayment credited to 2017	45a	
<b>b 2017 estimated tax payments</b>	45b	
<b>c Tax deposited with Form 8868</b>	45c	
<b>d Foreign organizations: Tax paid or withheld at source</b> (see instructions)	45d	
<b>e Backup withholding</b> (see instructions)	45e	
<b>f Credit for small employer health insurance premiums</b> (Attach Form 8941)	45f	
<b>g Other credits and payments:</b> <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g	
<b>46 Total payments.</b> Add lines 45a through 45g	46	
<b>47 Estimated tax penalty</b> (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
<b>50 Enter the amount of line 49 you want:</b> Credited to 2018 estimated tax Refunded	50	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CFO Title \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>MATTHEW WOCKEN</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01598291</b>
Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Firm's address <b>220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402</b>		Firm's EIN <b>41-0746749</b>	Phone no. <b>612-376-4500</b>

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **COST**

1	Inventory at beginning of year	1	264,484.	6	Inventory at end of year	6	269,799.
2	Purchases	2	332,046.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	326,731.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					X
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	596,530.				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deduction is (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2017) CONTINUUMS

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

THE FOUNDATION FOR HEALTH CARE

Form 990-T (2017) CONTINUUMS

62-1611446

Page 5

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			0.

Form 990-T (2017)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

DAY CARE CENTER, RETAIL PHARMACY, SUBWAY FRANCHISE, RESTAURANT, AND CONVENIENCE STORE.

TO FORM 990-T, PAGE 1

FORM 990-T INTEREST PAID STATEMENT 2

DESCRIPTION	AMOUNT
INTEREST	27,525.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	27,525.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
PURCHASED SERVICES	9,143.
SUPPLIES	27,028.
UTILITIES	24,997.
INSURANCE	24,219.
ADVERTISING	23,839.
TELEPHONE	1,080.
DUES & SUBSCRIPTIONS	614.
MISCELLANEOUS	41,547.
LEGAL AND ACCOUNTING	3,815.
FOOD	55,309.
DATA PROCESSING	18,053.
MANAGEMENT FEES	60,267.
DAMAGED GOODS	4,990.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	294,901.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/00	112,506.	33,679.	78,827.	78,827.
09/30/01	84,158.	0.	84,158.	84,158.
09/30/02	76,644.	0.	76,644.	76,644.
09/30/03	19,452.	0.	19,452.	19,452.
09/30/04	9,823.	0.	9,823.	9,823.
09/30/06	41,802.	0.	41,802.	41,802.
09/30/07	156,479.	0.	156,479.	156,479.
09/30/08	284,682.	0.	284,682.	284,682.
09/30/09	296,632.	0.	296,632.	296,632.
09/30/10	296,617.	0.	296,617.	296,617.
09/30/11	261,186.	0.	261,186.	261,186.
09/30/12	236,768.	0.	236,768.	236,768.
09/30/13	261,658.	0.	261,658.	261,658.
09/30/14	76,224.	0.	76,224.	76,224.
09/30/15	116,627.	0.	116,627.	116,627.
09/30/16	34,120.	0.	34,120.	34,120.
09/30/17	42,161.	0.	42,161.	42,161.
NOL CARRYOVER AVAILABLE THIS YEAR			2,373,860.	2,373,860.





# 2017 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

Tax year beginning 10012017, 2017, and ending 09302018 (required)

Name of Organization <b>THE FOUNDATION FOR HEALTH CARE CONTINU</b>		FEIN <b>621611446</b>	Minnesota Tax ID (required) <b>4460649</b>
Mailing Address <b>520 1ST STREET NE</b> City County State ZIP Code <b>SARTELL MN 56377</b>		This Organization Files Federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3) Enter Close Date:		Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other:	
Enter your NAICS Codes (see instructions, pg. 3) <b>446110 / 624410</b>		Was 100% of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	
Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**You must round amounts to nearest whole dollar.**

1	Federal taxable income before Minnesota subtractions (from federal Form 990-T line 34; 1120-C, line 27; 1120-H, line 19; or 1120-POL, line 19)	1	<u>-111788</u>
2	Total subtractions from federal taxable income (from M4NPI, line 1)	2	_____
3	Federal taxable income or (loss) after subtractions. If you conducted business both within and outside Minnesota, complete M4NPA (See instructions, pg. 6.) (If 100% of your activities were conducted in Minnesota, do not complete M4NPA.)	3	<u>-111788</u>
4	Minnesota taxable net income or (loss) (from M4NPA, line 12, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above)	4	<u>-111788</u>
5	Total deductions from taxable net income (from M4NPI, line 2)	5	_____
6	Taxable income (subtract line 5 from line 4; if zero or less, enter zero)	6	_____
7	Regular tax (multiply line 6 by 9.8% [0.098]; if zero or less, enter zero)	7	_____
8	Proxy tax (see instructions, pg. 3)	8	_____
9	Tax before credits (add lines 7 and 8)	9	_____
10	Total credits against tax (from M4NPI, line 3)	10	_____
11	Minnesota tax liability (subtract line 10 from line 9; if zero or less, enter zero)	11	_____
12	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)	12	_____
13	Add lines 11 and 12	13	_____
14	Total refundable credits (from M4NPI, line 4)	14	_____
15	Amount credited from your 2016 Form M4NP, line 30	15	_____

Continued next page

2017 M4NP UBIT Return, Page 2 (continued)

Name of Organization <b>THE FOUNDATION FOR HEALTH CARE CONTINU</b>	FEIN <b>621611446</b>	Minnesota Tax ID <b>4460649</b>
---	--------------------------	------------------------------------

- 16 2017 estimated tax payments ..... 16 \_\_\_\_\_
- 17 2017 extension payment ..... 17 \_\_\_\_\_
- 18 Total refundable credits and payments (add lines 14, 15, 16, and 17) ..... 18 \_\_\_\_\_
- 19 Subtract line 18 from line 13 ..... 19 \_\_\_\_\_
- 20 Penalty (determine from worksheet in the instructions, pg. 4) ..... 20 \_\_\_\_\_
- 21 Interest (determine from worksheet in the instructions, pg. 4) ..... 21 \_\_\_\_\_
- 22 Additional charge for underpayment of estimated tax (from M15NP, line 17) ..... 22 \_\_\_\_\_
- 23 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 13, 20, 21, and 22) ..... 23 \_\_\_\_\_
- 24 Amount from line 23 ..... 24 \_\_\_\_\_
- 25 Amount from line 18 ..... 25 \_\_\_\_\_
- 26 **AMOUNT DUE.** If line 24 is more than or equal to line 25, subtract line 25 from 24 ..... 26 \_\_\_\_\_

Payment method:  Electronic (see inst., pg. 2)  Check (see inst., pg. 2)  Amended return payment by check (see inst., pg. 2)

- 27 **OVERPAYMENT.** If line 25 is more than line 24, subtract line 24 from line 25 ..... 27 \_\_\_\_\_
- 28 Amount of line 27 to be credited to your 2018 estimated tax ..... 28 \_\_\_\_\_
- 29 Refund (subtract line 28 from line 27) ..... 29 \_\_\_\_\_

To have your refund direct deposited, enter your banking information below.

Account type:  Checking  Savings      Routing number \_\_\_\_\_      Account number (use an account not associated with any foreign banks) \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature	Title	Date	Daytime Phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
Paid Preparer's Signature	PTIN	Date	Daytime Phone	
Email Address for Correspondence, if Desired <b>BKELM@COUNTRYMANOR.ORG</b>		This email address belongs to (check one): <input type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer		

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.  
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257



## 2017 NOL, Net Operating Loss Deduction

Unitary businesses: Complete a separate Schedule NOL for each corporation that is carrying forward a net operating loss (NOL).

Name of Corporation	FEIN	Minnesota Tax ID
THE FOUNDATION FOR HEALTH CARE	621611446	4460649

Year	Taxable Net Income/Loss	Minnesota Losses Used	Losses Remaining
Oldest loss year 09302013	-261658		-261658
Subsequent year 1 09302014	-76224		-337882
<sup>2</sup> 09302015	-116627		-454509
<sup>3</sup> 09302016	-34120		-488629
<sup>4</sup> 09302017	-42161		-530790
<sup>5</sup> 09302018	-111788		-642578
<sup>6</sup>			
<sup>7</sup>			
<sup>8</sup>			
<sup>9</sup>			
<sup>10</sup>			
<sup>11</sup>			
<sup>12</sup>			
<sup>13</sup>			
<sup>14</sup>			
<sup>15</sup>			
<b>2017 Summary:</b>		Net operating loss deduction	Total losses remaining (to be carried forward) -642578

Enter on M4T, line 6



Mail To:  
Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130  
  
Website Address:  
www.ag.state.mn.us/charity

STATE OF MINNESOTA  
CHARITABLE ORGANIZATION  
ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization THE FOUNDATION FOR HEALTH CARE

Federal EIN: 62-1611446 Fiscal Year-End: 09302018  
mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

<b>Mailing Address:</b> <u>BRIAN KELM</u>	<b>Physical Address:</b> <u>BRIAN KELM</u>
Contact Person <u>520 1ST STREET NE</u>	Contact Person <u>520 1ST STREET NE</u>
Street Address <u>SARTELL, MN 56377</u>	Street Address <u>SARTELL, MN 56377</u>
City, State, and ZIP Code <u>320-253-1920</u>	City, State, and ZIP Code <u>320-253-1920</u>
Phone Number <u>BKELM@COUNTRYMANOR.ORG</u>	Phone Number <u>BKELM@COUNTRYMANOR.ORG</u>
Email Address	Email Address

1. Organization's website: WWW.CONTINUUMS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).  
 Alternate  Former  
 Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).  
THE FOUNDATION OF HEALTH CARE CONTINUUMS

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 214,182.

6. Has the organization's tax-exempt status with the IRS changed?  
 Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?  
 Yes  No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No  
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
---------------------------------	--------------

Street Address	City, State, and ZIP Code
----------------	---------------------------

10. Is the organization a food shelf?  Yes  No  
 If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000?  Yes  No  
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
DAVID STEWART CEO (THROUGH JANUARY 2018)	229,848.	18,308.
BRIAN KELM CEO/COO	212,616.	17,573.
BECKY FRERICKS VP OF LONG TERM CARE	162,004.	15,382.
KEVIN HARGUTH CFO	157,678.	9,821.
JOSHUA LEMM PHARMACIST	138,841.	6,157.

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.  
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. <b>TOTAL INCOME</b>	\$ _____	5

**EXPENSES**

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. <b>TOTAL EXPENSES</b>	\$ _____	9
10. <b>EXCESS or DEFICIT</b> (Line 5 minus Line 9)	\$ _____	10

**ASSETS**

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. <b>TOTAL ASSETS</b>	\$ _____	14

**LIABILITIES**

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. <b>TOTAL LIABILITIES</b>	\$ _____	18

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)	\$ _____
-------------------------	----------

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

\_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**FOUNDATION FOR HEALTH CARE CONTINUUMS  
AND AFFILIATES**

**CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

**YEARS ENDED SEPTEMBER 30, 2018 AND 2017**

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
TABLE OF CONTENTS  
YEARS ENDED SEPTEMBER 30, 2018 AND 2017**

<b>INDEPENDENT AUDITORS' REPORT</b>	<b>1</b>
<b>CONSOLIDATED FINANCIAL STATEMENTS</b>	
<b>CONSOLIDATED BALANCE SHEETS</b>	<b>3</b>
<b>CONSOLIDATED STATEMENTS OF OPERATIONS</b>	<b>5</b>
<b>CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS</b>	<b>6</b>
<b>CONSOLIDATED STATEMENTS OF CASH FLOWS</b>	<b>7</b>
<b>NOTES TO CONSOLIDATED FINANCIAL STATEMENTS</b>	<b>9</b>
<b>INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION</b>	<b>23</b>
<b>SUPPLEMENTARY INFORMATION</b>	
<b>CONSOLIDATING BALANCE SHEETS</b>	<b>24</b>
<b>CONSOLIDATING STATEMENTS OF OPERATIONS AND CHANGES IN UNRESTRICTED NET ASSETS</b>	<b>28</b>



## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Foundation for Health Care Continuums and Affiliates  
Sartell, Minnesota

We have audited the accompanying consolidated financial statements of Foundation for Health Care Continuums and Affiliates, which comprise the consolidated balance sheets as of September 30, 2018 and 2017, and the related consolidated statements of operations, consolidated statements of changes in net assets, and consolidated cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors  
Foundation for Health Care Continuums and Affiliates

***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Foundation for Health Care Continuums and Affiliates as of September 30, 2018 and 2017, and the results of their operations, changes in their net assets, and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*CliftonLarsonAllen LLP*

**CliftonLarsonAllen LLP**

Minneapolis, Minnesota  
January 22, 2019

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATED BALANCE SHEETS**  
**SEPTEMBER 30, 2018 AND 2017**

<b>ASSETS</b>	2018	2017
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	\$ 4,235,633	\$ 4,649,569
Current Portion of Assets Limited as to Use	296,864	353,489
Accounts Receivable, Net	4,143,256	3,074,169
Interest Receivable	51,903	51,903
Pledges Receivable	4,365	5,791
Inventories	269,799	264,484
Prepaid Expenses	457,625	396,353
Total Current Assets	9,459,445	8,795,758
<b>ASSETS LIMITED AS TO USE (Net of Current Portion)</b>	3,720,934	3,907,590
<b>PROPERTY AND EQUIPMENT</b>		
Land and Buildings	49,366,547	48,675,934
Furniture and Equipment	10,215,120	8,760,406
Vehicles	312,512	276,554
Leased Property	5,909,262	-
Construction in Progress	318,410	567,981
Total	66,121,851	58,280,875
Less: Accumulated Depreciation	26,341,658	23,878,219
Total Property and Equipment	39,780,193	34,402,656
<b>OTHER ASSETS</b>		
Investments	4,347,359	4,147,353
Beneficial Interest in Perpetual Trust	1,142,081	1,111,319
Prepaid Development	681,980	651,116
Total Other Assets	6,171,420	5,909,788
Total Assets	\$ 59,131,992	\$ 53,015,792

See accompanying Notes to Consolidated Financial Statements.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATED BALANCE SHEETS (CONTINUED)**  
**SEPTEMBER 30, 2018 AND 2017**

	2018	2017
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Current Maturities of Long-Term Debt	\$ 1,416,179	\$ 1,125,000
Current Portion of Lease Obligation	910,500	-
Accounts Payable - Trade	550,937	671,124
Resident Trust Funds and Security Deposits	313,278	249,722
Accrued Salaries, Payroll Taxes, and Benefits	1,296,755	1,143,456
Accrued Vacation	728,468	758,663
Accrued Real Estate Taxes	63,644	63,007
Accrued Interest	167,408	187,655
Deferred Revenue	34,187	36,808
Total Current Liabilities	5,481,356	4,235,435
<b>LONG-TERM LIABILITIES</b>		
Long-Term Debt, Net of Current Maturities and Unamortized Financing Costs	38,528,510	38,787,093
Long-Term Lease Obligation	4,998,762	-
Asset Retirement Obligation	27,395	26,435
Total Long-Term Liabilities	43,554,667	38,813,528
Total Liabilities	49,036,023	43,048,963
<b>CONTINGENT LIABILITIES</b>		
<b>NET ASSETS</b>		
Unrestricted	8,953,888	8,855,510
Permanently Restricted	1,142,081	1,111,319
Total Net Assets	10,095,969	9,966,829
Total Liabilities and Net Assets	\$ 59,131,992	\$ 53,015,792

See accompanying Notes to Consolidated Financial Statements.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF OPERATIONS**  
**YEARS ENDED SEPTEMBER 30, 2018 AND 2017**

	2018		2017	
	Amount	Percent of Revenue	Amount	Percent of Revenue
<b>REVENUE</b>				
Resident Services	\$ 28,501,046	78.5 %	\$ 25,142,945	79.0 %
Pharmacy Revenue	1,953,542	5.4	1,893,744	6.0
Therapy Revenue	3,583,826	9.9	2,560,051	8.0
Investment Income	217,046	0.6	222,768	0.7
Other Income	2,047,003	5.6	1,988,854	6.3
Total Revenue	36,302,463	100.0	31,808,362	100.0
<b>OPERATING EXPENSE</b>				
Salaries, Wages, and Related Benefits	20,503,108	56.5	17,943,575	56.4
Cost of Goods Sold	1,249,042	3.4	1,316,916	4.1
Purchased Services	2,514,224	6.9	1,972,824	6.2
Supplies	1,936,071	5.3	1,810,106	5.7
Professional Liability and General Insurance	359,077	1.0	335,800	1.1
Utilities	640,587	1.8	605,224	1.9
Depreciation	2,549,163	7.0	2,444,155	7.7
Interest	2,127,237	5.9	2,333,373	7.3
Other Operating Expenses	3,661,905	10.1	2,309,919	7.3
Total Operating Expense	35,540,414	97.9	31,071,892	97.7
<b>OPERATING INCOME</b>	762,049	2.1	736,470	2.3
<b>OTHER INCOME (EXPENSE)</b>				
Unrealized Loss on Investments	(87,047)		(12,149)	
Loss on Disposal of Assets	(20,844)		-	
Loss on Refinancing	(555,780)		-	
Total Other Income (Expense)	(663,671)		(12,149)	
<b>EXCESS OF REVENUE OVER EXPENSES</b>	98,378	0.3	724,321	2.3
Unrestricted Net Assets - Beginning of Year	8,855,510		8,131,189	
<b>UNRESTRICTED NET ASSETS - END OF YEAR</b>	\$ 8,953,888		\$ 8,855,510	

See accompanying Notes to Consolidated Financial Statements.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS**  
**YEARS ENDED SEPTEMBER 30, 2018 AND 2017**

	2018			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Excess of Revenue Over Expenses	\$ 98,378	\$ -	\$ -	\$ 98,378
Change in Beneficial Interest of Trust	-	-	30,762	30,762
Change in Net Assets	98,378	-	30,762	129,140
Net Assets - Beginning of Year	8,855,510	-	1,111,319	9,966,829
Net Assets - End of Year	\$ 8,953,888	\$ -	\$ 1,142,081	\$ 10,095,969

	2017			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Excess of Revenue Over Expenses	\$ 724,321	\$ -	\$ -	\$ 724,321
Change in Beneficial Interest of Trust	-	-	52,878	52,878
Change in Net Assets	724,321	-	52,878	777,199
Net Assets - Beginning of Year	8,131,189	-	1,058,441	9,189,630
Net Assets - End of Year	\$ 8,855,510	\$ -	\$ 1,111,319	\$ 9,966,829

*See accompanying Notes to Consolidated Financial Statements.*



**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**  
**YEARS ENDED SEPTEMBER 30, 2018 AND 2017**

	2018	2017
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash Received from Residents and Other Services	\$ 35,076,100	\$ 31,451,445
Cash Paid to Suppliers and Employees	(30,926,087)	(26,036,856)
Interest Received	217,046	222,765
Interest Paid	(2,147,484)	(2,337,089)
Net Cash Provided by Operating Activities	2,219,575	3,300,265
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Acquisitions of Property and Equipment	(1,999,431)	(1,627,732)
Payment of Prepaid Development Costs	(30,864)	(92,464)
Purchase of Investments	(2,145,563)	(1,165,783)
Sale of Investments	1,858,510	871,409
Net Deposits to Bond Trust Funds	(2,734,664)	(2,992,010)
Use of Bond Trust Funds for Payment of Principal, Interest, and Project Costs	3,142,915	3,353,450
Reinvested Interest Income on Bond Funds and Investments	(162,379)	(158,870)
Net Cash Used by Investing Activities	(2,071,476)	(1,812,000)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Payments of Long-Term Debt and Capital Lease Obligations	(1,150,000)	(1,080,000)
Payment of Financing Costs	(66,315)	-
Proceeds from Issuance of Long-Term Debt	654,280	350,000
Net Cash Used by Financing Activities	(562,035)	(730,000)
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	(413,936)	758,265
Cash and Cash Equivalents - Beginning of Year	4,649,569	3,891,304
<b>CASH AND CASH EQUIVALENTS - END OF YEAR</b>	\$ 4,235,633	\$ 4,649,569
<b>RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES</b>		
Change in Net Assets	\$ 129,140	\$ 777,199
Depreciation	2,549,163	2,444,155
Loss on Disposal of Fixed Assets	20,844	-
Loss on Refinancing	555,780	-
Unrealized Loss on Investments	87,047	12,149
Change in Beneficial Interest of Perpetual Trust	(30,762)	(52,878)
(Increase) Decrease in Current Assets:		
Receivables	(1,067,661)	(154,670)
Prepaid Expenses and Other Assets	(69,178)	(42,993)
Increase (Decrease) in Current Liabilities:		
Accounts Payable	(120,187)	158,341
Accrued Salaries, Payroll Taxes, and Benefits	123,104	144,742
Other Current Liabilities	42,285	14,220
Net Cash Provided by Operating Activities	\$ 2,219,575	\$ 3,300,265

See accompanying Notes to Consolidated Financial Statements.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)**  
**YEARS ENDED SEPTEMBER 30, 2018 AND 2017**

**SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION**

	2018	2017
<b>NONCASH TRANSACTIONS</b>		
Proceeds from Issuance of Long-Term Debt	\$ 11,770,504	\$ -
Redemption of Bonds	(11,506,336)	-
Deposited Into Assets Held Under Bond Indenture Agreement	(28,758)	-
Payment of Financing Costs	(235,410)	-
Cash Used from Issuance of Long-Term Debt	\$ -	\$ -
Cash Paid for Interest	\$ 2,176,013	\$ 2,282,890
Cash Paid for Operating Lease	\$ 834,625	\$ -

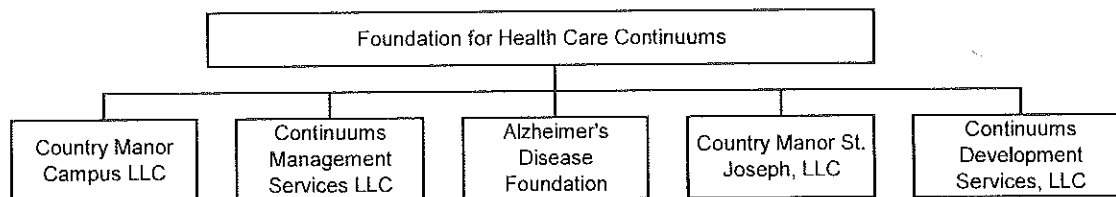
*See accompanying Notes to Consolidated Financial Statements.*

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OPERATIONS**

**Operations**

The Foundation for Health Care Continuums (the Foundation), a Tennessee nonprofit corporation, was formed in August 1995 to provide care to the elderly.



Country Manor Campus LLC (the Company), whose sole member is the Foundation, owns and operates a 165-bed licensed nursing facility (Country Manor Health Care and Rehab Center); an extended services division that includes a home health care agency, transportation and therapies; a child day care center (Kids Country); a 152-unit congregate housing facility for the elderly (Country Manor Apartments); a 45-unit independent living facility (Country Villa); a 45-unit independent living facility (The Waterford); a restaurant operating within The Waterford (Drake's); and a pharmacy, Country Manor Pharmacy dba: Country Store and Pharmacy, in Sartell, Minnesota.

The Foundation is the sole member of Continuums Management Services, LLC whose purpose is providing management services to the Company and other senior service organizations.

The Foundation is the sole member of Alzheimer's Disease Foundation (ADF), a tax-exempt organization organized for the purpose of advancing research and providing care to those with Alzheimer's disease.

The Foundation is the sole member of Country Manor St. Joseph, LLC whose purpose is to operate an 84-unit senior living campus in St. Joseph, Minnesota. The campus will be operated under the name Woodcrest of Country Manor (Woodcrest). The campus began operations in November 2017.

During the year ended September 30, 2017, the Foundation became the sole member of Continuums Development Services, LLC, a for-profit affiliate whose purpose is to develop housing sites for the Organization, as defined in the following paragraph.

The Foundation, Company, Continuums Management Services, LLC, ADF, Woodcrest, and Continuums Development Services, LLC are collectively referred to as the Organization throughout the consolidated financial statements.

FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OPERATIONS  
(CONTINUED)

**Principles of Consolidation**

The accompanying consolidated financial statements include all accounts of the Organization listed previously. All intercompany accounts and transactions have been eliminated in the preparation of the accompanying consolidated financial statements.

**Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

**Financial Statement Presentation**

Contributions received are recorded as an increase in unrestricted, temporarily restricted or permanently restricted support, depending on the existence or nature of any donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted – Those resources over which the board of directors has discretionary control. Designated amounts represent those revenues that the board has set aside for a particular purpose.

Temporarily Restricted – Those resources subject to donor imposed restrictions which will be satisfied by actions of the Organization or the passage of time.

Permanently Restricted – Those resources subject to a donor imposed restriction that they be maintained permanently by the Organization. The donors of these resources permit the Organization to use all or part of the income earned, including capital appreciation, or related investments for unrestricted or temporarily restricted purposes.

At September 30, 2018 and 2017, the Organization did not have any temporarily restricted net assets.

**Resident and Ancillary Services Revenue**

Resident and ancillary services revenue includes room charges and ancillary services to residents and is recorded at established billing rates, net of contractual adjustments, resulting from agreements with third-party payors and is recognized when the services are provided.

Provisions for estimated third-party payor settlements are provided in the period the related services are rendered. Differences between the amounts accrued and subsequent settlements are recorded in revenue in the year of settlement.

FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OPERATIONS  
(CONTINUED)**

**Third-Party Reimbursement Agreements**

**Medicaid**

The Company participates in the Medicaid program which is administered by the Minnesota Department of Human Services (DHS). Medicaid and private paying residents are classified into one of 48 Resource Utilization Groups (RUGs) for purposes of establishing payment rates.

Medicaid payment rates consist of operating rates, a property related rate, and certain pass-through costs. Beginning in January 2016, operating costs were included in the Medicaid rate calculations. The facility's operating expenses from the annual cost report for the 12-month period ended September 30 are used, with limits, to compute the operating payment rate effective on the January 1 date that is 15 months after the end of the cost report period. Premiums for group health insurance became a cost-based item without limits in the pass-through category on January 1, 2016.

By Minnesota Statute, a nursing facility may not charge private paying residents in multiple occupancy rooms per diem rates in excess of the approved Medicaid rates for similar services.

**Medicare**

The Company participates in the Medicare program. This federal program is administered by the Centers for Medicare and Medicaid Services (CMS). The Company is paid under the Medicare Prospective Payment System (PPS) for residents who are Medicare Part A eligible and meet the coverage guidelines for skilled nursing facility services (SNFs). The PPS is a per diem price-based system. Annual cost reports are required to be submitted to the designated Medicare Administrative Contractor; however, they do not contain a cost settlement.

Nursing facilities licensed for participation in the Medicare and Medicaid programs are subject to annual surveys. If it is determined that a nursing facility is not in substantial compliance with the requirements of participation, CMS may impose sanctions and penalties during the period of noncompliance, which would have a negative impact on the revenues of the nursing facility.

The Company's home health agency is reimbursed a prospective amount based on the level care required by each patient. This prospective amount is paid periodically over the episode of care, which spans a 60-day period, starting when the first billable visit is furnished to a Medicare beneficiary.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OPERATIONS  
(CONTINUED)**

**Occupancy Percentages**

During the years ended September 30, 2018 and 2017, the occupancy percentages and the percentages of Country Manor Health Care and Rehab Center residents covered under the Medicaid and Medicare programs were as follows:

	<u>2018</u>	<u>2017</u>
Total Occupancy	95.1%	92.9%
Medicaid	36.4%	37.3%
Medicare	19.3%	16.5%

Occupancy of the Company's senior housing units was approximately 99% for the years ended September 30, 2018 and 2017.

Woodcrest began admitting residents in November of 2017 and continued to fill the available units through the year ended September 30, 2018. At September 30, 2018 Woodcrest had 64 of the 84 units occupied in the building.

**Excess of Revenue Over Expense**

The consolidated statements of operations and changes in net assets include a measurement of excess of revenue over expense. Changes in unrestricted net assets which are excluded from excess of revenue over expense, consistent with industry practice, include gains on acquisitions, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

**Cash and Cash Equivalents**

Cash and cash equivalents on the consolidated statements of cash flows consist of cash held in bank accounts and temporary investments with original maturities of less than 90 days. The Organization places its temporary cash investments with one financial institution. At times such deposits may be in excess of the FDIC insurance limit.

**Assets Limited as to Use**

The assets limited as to use section of the consolidated balance sheets consist of certain proceeds from the various bond issues. The funds are on deposit with the trustee and are limited to use in accordance with the requirements of the bond indentures. Resident funds held in trust are also included in assets limited as to use. Assets limited as to use that are required for obligations classified as current liabilities are reported in current assets.

FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OPERATIONS  
(CONTINUED)

**Accounts Receivable**

The Organization provides an allowance for uncollectible accounts based on the reserve method using management's judgment. Residents are not required to provide collateral for services rendered. Payment for services is required within 30 days of receipt of invoice or claim submitted. Accounts past due more than 90 days are individually analyzed for collectibility. In addition, an allowance is estimated for other accounts based on historical experience of the Organization. When all collection efforts have been exhausted, the account is written off against the related allowance. At September 30, 2018 and 2017, the allowance for uncollectible accounts was approximately \$429,000 and \$337,000, respectively.

**Pharmacy Inventories**

Inventories are valued at the lower of cost (first-in, first-out method) or market.

**Property and Equipment**

Property and equipment are recorded at cost and depreciated over estimated useful lives using the straight-line method of depreciation. The Company capitalizes property and equipment purchases that are greater than \$500 or part of a project that will exceed \$1,000 in aggregate.

**Financing Costs**

Original financing costs of approximately \$1,523,000 and \$1,577,000 at September 30, 2018 and 2017, respectively, are costs associated with the acquisition of debt and are being amortized over the life of the related debt. Total amortization expense for the years ended September 30, 2018 and 2017 was approximately \$67,000 and \$62,000, respectively, and was included with interest expense on the consolidated statements of operations.

**Investments**

Investments consist of primarily money market funds, debt, equity, and fixed income securities. Debt, equity, and fixed income securities are carried at fair value with realized and unrealized gains and losses reported as unrestricted, temporarily restricted, or permanently restricted net assets, as appropriate. For unrestricted investments, interest and dividends, and realized gains and losses are included in investment income. The cost of securities sold is based on the specific identification method. Money market funds are recorded at fair value which equals their cost.

FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OPERATIONS  
(CONTINUED)

**Investments (Continued)**

The Organization's investments are classified as available-for-sale. As such, unrealized gains and losses are excluded from excess of revenue over expense. Unrealized gains and losses on temporarily restricted and permanently restricted investments are reported as temporary or permanently restricted net assets, as appropriate.

The Organization invests in a variety of investment vehicles. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, changes in the values of the investments will occur in the near term and such changes could materially affect the amounts reported.

**Prepaid Development**

Prepaid development costs represent the project costs paid by CMS for the architecture and design of the Woodcrest campus. CMS anticipates these plans to be used in future development opportunities. By the terms of the lease described in Note 7, CMS owns the architect plans used in construction of the Woodcrest campus.

**Tax Exempt Status**

The Foundation and ADF have been granted exempt status relative to federal and state corporate income taxes under Internal Revenue Code Section 501(a) as organizations described in Section 501(c)(3) and applicable state statutes. However, income from certain activities not directly related to the Foundation's or ADF's tax-exempt purpose is subject to taxation as unrelated business income.

The Foundation and ADF follow the accounting standard for contingencies in evaluating uncertain tax positions. The Foundation's and ADF's income tax returns are subject to review and examination by federal, state, and local authorities. The Foundation and ADF are not aware of any activities that would jeopardize its tax-exempt status.

**Asset Retirement Obligation**

Asset retirement obligation represents obligations to dispose of assets that are legally required to be removed at a future date. These are recorded at the net present value using a risk-free interest rate and inflationary rate. The asset retirement obligation is recorded as Other Noncurrent Liabilities on the consolidated balance sheets.

**Beneficial Interest in Perpetual Trust**

Beneficial interest in perpetual trusts (the Trusts) is recorded at fair value on a recurring basis. Fair value measurement is based upon the Organization's historical share of the estimated fair value of the Trusts. The assets of the Trusts consist of cash and cash equivalents, fixed income and equity securities stated at fair value which is determined by quoted market prices for those or similar investments. The Organization value the Trusts using Level 3 inputs as the Organization's interest in the Trusts are nontransferable.



FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OPERATIONS  
(CONTINUED)

**Fair Value Measurements**

The Organization follows the Fair Value Measurements accounting standard. The standard emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability and establishes a fair value hierarchy. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

*Level 1* – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.

*Level 2* – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

*Level 3* – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Additionally, from time-to-time, the Organization may be required to record at fair value other assets on a nonrecurring basis in accordance with accounting principles generally accepted in the United States of America. These adjustments to fair value usually result from the application of the lower-of-cost-or-market accounting or write off of individual assets.

**New Accounting Pronouncements**

During the year ended September 30, 2018, the Organization chose to adopt accounting guidance in FASB Accounting Standards Update (ASU) No. 2016-02, *Lease* (Topic 842). ASU 2016-02 relates to recording and recognition of leases. Due to the adoption of this guidance, the Organization has recorded a leased asset as well as a lease obligation on the balance sheet relating to the leased building at Woodcrest as described in Note 7.

**Subsequent Events**

In preparing these consolidated financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through January 22, 2019, the date the consolidated financial statements were available to be issued.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2018 AND 2017**

**NOTE 2 ASSETS LIMITED AS TO USE**

The composition of assets limited as to use at September 30 is as follows:

	2018	2017
2010 Bond Indenture:		
Bond Fund	\$ 2,034	\$ 82,389
Reserve Fund	97	896,797
2012 Bond Indenture:		
Bond Fund	146,410	170,177
Reserve Fund	1,689,385	1,726,751
2013 Bond Indenture:		
Bond Fund	59,903	87,934
Reserve Fund	1,257,816	1,284,042
2017 Bond Indenture:		
Bond Fund	72,903	-
Reserve Fund	773,670	-
Assets Limited as to Use		
Under Bond Indenture Agreements	4,002,218	4,248,090
Cash - Resident Trust Funds	15,580	12,989
Total Assets Limited as to Use	4,017,798	4,261,079
Less: Portion to be Used for Current Liabilities	296,864	353,489
Noncurrent Portion	\$ 3,720,934	\$ 3,907,590

**Funds Held by Trustee Under Bond Indenture**

Under the terms of the bond indenture and subsequent amendments, the Company is required to have funds held in trust for payment of bond interest and principal, and a reserve fund for payment of principal and interest on the bonds in the event the bond fund is insufficient to meet debt service requirements. Interest earned remains in the respective funds.

Funds are recorded at market value and are invested by the trustee as follows:

<u>Investment</u>	2018	2017
U.S. Bank Money Market	\$ 1,064,291	\$ 1,078,823
U.S. Agency Fixed Income Securities	2,937,927	3,169,267
Total	\$ 4,002,218	\$ 4,248,090

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2018 AND 2017**

**NOTE 3 INVESTMENTS**

Investments consisted of the following at September 30:

	2018	2017
Cash and Cash Equivalents	\$ 74,846	\$ 130,560
Equities	2,739,029	2,826,852
Fixed Income Securities	1,520,081	1,189,941
Real Estate Tangibles	13,403	-
Total Investments	<u>\$ 4,347,359</u>	<u>\$ 4,147,353</u>

**NOTE 4 DEFERRED REVENUE**

The Organization has deferred revenue related to services billed but not yet provided in the amount of approximately \$34,200 and \$36,800 at September 30, 2018 and 2017, respectively.

**NOTE 5 FAIR VALUE MEASUREMENTS**

The Organization uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Organization measures fair value refer to Note 1 – Summary of Significant Accounting Policies and Operations.

The following table presents the fair value hierarchy for the balances of the assets and liabilities of the Organization measured at fair value on a recurring basis:

**Assets and Liabilities Recorded at Fair Value on a Recurring Basis**

	2018			
	Total	Level 1	Level 2	Level 3
Assets:				
Equities	\$ 2,739,029	\$ 2,739,029	\$ -	\$ -
Fixed Income Securities	4,458,008	-	4,458,008	-
Perpetual Trusts	1,142,081	-	-	1,142,081
Total	<u>\$ 8,339,118</u>	<u>\$ 2,739,029</u>	<u>\$ 4,458,008</u>	<u>\$ 1,142,081</u>
	2017			
	Total	Level 1	Level 2	Level 3
Assets:				
Equities	\$ 2,826,852	\$ 2,826,852	\$ -	\$ -
Fixed Income Securities	4,359,208	-	4,359,208	-
Perpetual Trusts	1,111,319	-	-	1,111,319
Total	<u>\$ 8,297,379</u>	<u>\$ 2,826,852</u>	<u>\$ 4,359,208</u>	<u>\$ 1,111,319</u>

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2018 AND 2017**

**NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)**

**Assets and Liabilities Recorded at Fair Value on a Recurring Basis (Continued)**

The following table provides a summary of the changes to fair value of the Foundation's Level 3 financial assets for the years ended September 30.

<u>Perpetual Trusts</u>	<u>2018</u>	<u>2017</u>
Balance - Beginning of Year	\$ 1,111,319	\$ 1,058,441
Realized and Unrealized Gains (Losses)	30,762	52,878
Balance - End of Year	<u>\$ 1,142,081</u>	<u>\$ 1,111,319</u>

**NOTE 6 LONG-TERM DEBT**

The long-term debt of the Organization is as follows:

<u>Description</u>	<u>Security</u>	<u>2018</u>	<u>2017</u>
7.0-8.0% City of Sartell, Minnesota Health Care and Housing Facilities Revenue Bonds Series 2010, Maturing September 2042	See (1)	\$ -	\$ 11,370,000
2.0-5.25% City of Sartell, Minnesota Health Care and Housing Facilities Revenue Refunding Bonds Series 2012, Maturing September 2030	See (2)	15,270,000	16,200,000
5.36-5.50% City of Sartell, Minnesota Health Care and Housing Facilities Revenue Bonds Series 2013, Maturing September 2043	See (3)	13,445,000	13,445,000
3.00-5.00% City of Sartell, Minnesota Health Care and Housing Facilities Revenue Bonds Series 2017, Maturing September 2042	See (4)	11,225,000	-
6.00% Initiative Foundation Promissory Note, Maturing March 2024	See (5)	350,000	350,000
5.14% Minnwest Bank Promissory Note, Maturing March 2024	See (6)	500,000	-
6.25% Minnwest Bank Construction Loan Maturing April 2019	See (7)	154,280	-
Total		<u>40,944,280</u>	<u>41,365,000</u>
Less: Current Maturities		(1,416,179)	(1,125,000)
Less: Unamortized Discount		(217,142)	(356,393)
Less: Unamortized Financing Costs		(1,232,353)	(1,244,514)
Plus: Unamortized Premium		<u>449,904</u>	<u>148,000</u>
Long-Term Debt		<u>\$ 38,528,510</u>	<u>\$ 38,787,093</u>

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2018 AND 2017**

**NOTE 6 LONG-TERM DEBT (CONTINUED)**

- (1) During March of 2010, the city of Sartell, Minnesota authorized the issuance and sale of \$12,105,000 of Tax Exempt Health Care Facilities Revenue Bonds Series 2010A and \$200,000 of Taxable Health Care Facilities Revenue Bonds Series 2010B. The proceeds from the sale of the Series 2010 bonds were used to fund the renovation and expansion of the Organization. The series 2010 bonds were refinanced through the issuance of the Series 2017 bonds. See (4) below for further description of the transaction. A loss of refinancing of \$555,780 was recorded upon the refinancing of the bonds. This loss consisted of writing off of the financing costs related to the Series 2010 bonds, writing off of the bond discount of the Series 2010 bonds, and prepaid interest costs.
- (2) During August of 2012, the city of Sartell, Minnesota authorized the issuance and sale of \$20,195,000 of Tax Exempt Health Care and Housing Facilities Revenue Refunding Bonds Series 2012A and \$215,000 of Taxable Health Care and Housing Facilities Revenue Refunding Bonds Series 2012B. The proceeds from the sale of the Series 2012 bonds were used to refinance and pay off prior issued bonds.

As part of the original bond issuance, there was a premium on the Series 2012 bonds of \$209,955. The premium is being amortized by the straight-line method over the term of the bonds, which is 18 years. Amortization income for the years ended September 30, 2018 and 2017 was \$11,665.

- (3) During June of 2013, the city of Sartell, Minnesota authorized the issuance and sale of \$13,445,000 of Tax Exempt Health Care and Housing Facilities Revenue Bonds Series 2013. The proceeds from the sale of the Series 2013 bonds were used to fund the renovation and expansion project of the Organization.

As part of the original bond issuance, there was a discount on the Series 2013 bonds of \$191,596. The discount is being amortized by the straight-line method over the term of the bonds, which is 30 years. Amortization expense for the years ended September 30, 2018 and 2017 was \$6,387.

- (4) In October 2017, the city of Sartell, Minnesota authorized the issuance and sale of \$11,445,000 of Tax Exempt Health Care and Housing Facilities Revenue Refunding Bonds Series 2017. The proceeds from the sale of the Series 2017 bonds were used to refinance the Series 2010 bonds (see (1) above). Refinancing the Series 2010 bonds did not extend the repayments terms of the series 2017 bonds beyond the original maturity of the refinanced bonds.

As part of the original bond issuance, there was a premium on the Series 2017 bonds of \$325,503. The premium is being amortized by the straight-line method over the term of the bonds, which is 26 years. Amortization expense for the year-ended September 30, 2018 was \$11,935.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2018 AND 2017**

**NOTE 6 LONG-TERM DEBT (CONTINUED)**

By the terms of the bond issues, the city of Sartell has no direct obligation for payments of the bonds. The Organization has assumed the entire obligation. A first mortgage and security agreement has been placed on all land, building, fixtures, and equipment owned by the Organization and all rents and leases have been signed in favor of U.S. Bank Trust National Association, trustee for the city of Sartell. The Series 2013 Bonds were issued on parity with the Series 2012 Bonds and Series 2010 bonds. The Series 2012 Bonds were issued on parity with the Series 2010 Bonds. All payments of principal and interest on the bonds will be made by the trustee from monies transferred by the Organization to the bond fund.

A bond reserve fund was established to provide a reserve for payment of principal and interest on the bonds in the event that the bond fund is insufficient to meet debt service requirements.

- (5) In March of 2017, the Initiative Foundation, a Minnesota nonprofit LLC, authorized the issuance a \$350,000 promissory note for Woodcrest. The proceeds from the note shall be used to acquire eligible furniture, fixtures, and equipment for the facility and the Initiative Foundation note is secured by the eligible furniture, fixtures, and equipment of Woodcrest.
- (6) In March of 2017, Minnwest Bank authorized the issuance of a \$500,000 promissory note to Woodcrest. Proceeds from this note are to be used for the purchase of furniture, fixtures, and equipment for Woodcrest. By the terms of this note, Woodcrest can only make draws to pay for eligible furniture, fixtures, and equipment purchases once the Initiative Foundation note described in (5) above is fully drawn upon and Woodcrest cash is used. As of September 30, 2018 the entire \$500,000 had been fully drawn upon as the requirements stated above had been met.
- (7) In August of 2017, Minnwest Bank authorized the issuance of up to a \$212,000 construction loan for Continuums Development Services. During the year ended September 30, 2018, they drew \$154,280 on the loan for construction of patio homes on the Woodcrest campus.

Maturity requirements on long-term debt are as follows:

<u>Year Ending September 30,</u>	<u>Amount</u>
2019	\$ 1,416,179
2020	1,351,524
2021	1,400,879
2022	1,465,484
2023	1,535,353
Thereafter	33,774,861
Total	<u>\$ 40,944,280</u>

The provisions of the Series 2012, 2013, and 2017 bond agreements and the two promissory notes contain various restrictive covenants pertaining to financial and operational requirements of the Company.

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2018 AND 2017**

**NOTE 7 OPERATING LEASES**

On August 30, 2016, Woodcrest entered into a lease agreement with an unrelated party (the Landlord) to operate an 84-unit senior living campus in St. Joseph, Minnesota. The campus was constructed by the Landlord and upon completion of construction the term of the lease began. CMS paid all architect costs associated with the design and construction of the building and Woodcrest was responsible to furnish the building with furniture, fixtures, and equipment upon completion of construction.

The term of the lease began upon completion of construction which occurred on November 1, 2017. The initial term of the lease is for seven years with the option to renew the lease in one-year increments for an additional three years. Woodcrest has the option to purchase the building from the Landlord starting in year five of the lease at an agreed upon purchase price of \$20 million. The present value of the future minimum lease payments has been recorded by Woodcrest as a lease liability and right-to-use asset and is being reduced as the monthly lease payments are made. Lease expense for the year ended September 30, 2018 was \$834,625.

During the initial lease term, Woodcrest will make the following annual lease payments to the Landlord payable on a monthly basis:

Years 1 – 2	\$ 910,500
Years 3 – 7	\$ 1,200,000

**NOTE 8 FUNCTIONAL CLASSIFICATION OF EXPENSES**

Functional classification of expenses for the years ended September 30 consisted of the following:

	2018	2017
Program	\$ 29,453,180	\$ 26,668,178
Support	6,087,234	4,403,714
Total	\$ 35,540,414	\$ 31,071,892

The Organization incurred immaterial fundraising costs, included in support expenses, during the years ended September 30, 2018 and 2017.

FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2018 AND 2017

**NOTE 9 EMPLOYEE 401(K) RETIREMENT SAVINGS PLAN**

The Organization offers a 401(k) retirement savings plan which covers substantially all employees after specified periods of service. Employees may elect to defer a portion of their salary under the plan. The Organization has agreed to match 100% of an employees' contribution up to 3% of wages plus 50% of employees' contribution for wages between 3% – 5% to the 401(k) retirement savings plan. During the years ended September 30, 2018 and 2017, \$247,246 and \$197,252, respectively, have been accrued related to these retirement savings plans.

**NOTE 10 EMPLOYEE MEDICAL INSURANCE**

The Organization partially self-insures for employee group medical insurance. It has contracted with a service agent who supervises and administers the program and acts as its representative. The Organization pays all losses of the program up to \$35,000 per person and carries insurance to cover claims in excess of \$35,000. Estimated future claims for incurred incidents of approximately \$51,000 and \$55,000 were recorded as a liability at September 30, 2018 and 2017, respectively.

**NOTE 11 COMMITMENTS AND CONTINGENCIES**

**Unasserted Claims**

The Organization is subject to various legal proceedings and claims which arise in the ordinary course of operations. In the opinion of management, the amount of any liability, if any, with respect to these actions would not materially affect the financial position or results of operations of the Organization.

**Health Care**

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, and government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.





CliftonLarsonAllen LLP  
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## INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Board of Directors  
Foundation for Health Care Continuums and Affiliates  
Sartell, Minnesota

We have audited the consolidated financial statements of Foundation for Health Care Continuums and Affiliates as of and for the years ended September 30, 2018 and 2017, and our report thereon dated January 22, 2019, which expressed an unmodified opinion on those consolidated financial statements appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information on the following pages is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

*CliftonLarsonAllen LLP*

**CliftonLarsonAllen LLP**

Minneapolis, Minnesota  
January 22, 2019

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATING BALANCE SHEET**  
**SEPTEMBER 30, 2018**  
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

ASSETS	Country Manor Campus	Continuums Management	Foundation	Alzheimer's Disease Foundation	Country Manor St. Joseph	Continuums Development Services	Eliminations	Total
<b>CURRENT ASSETS</b>								
Cash and Cash Equivalents	\$ 2,991,089	\$ 446,947	\$ 624,920	\$ 1,678	\$ 128,831	\$ 42,168	\$ -	\$ 4,235,633
Current Portion of Assets Limited as to Use	296,864	-	-	-	-	-	-	296,864
Accounts Receivable, Net	4,096,606	169,980	44,504	-	\$ 9,458	\$ 37,191	(214,483)	4,143,256
Interest Receivable	51,903	-	-	-	-	-	-	51,903
Pledges Receivable	4,365	-	-	-	-	-	-	4,365
Inventories	269,799	-	-	-	-	-	-	269,799
Prepaid Expenses	379,678	10,125	5,025	-	59,572	\$ 3,225	-	457,625
Total Current Assets	<u>8,090,304</u>	<u>627,052</u>	<u>674,449</u>	<u>1,678</u>	<u>197,861</u>	<u>82,584</u>	<u>(214,483)</u>	<u>9,459,445</u>
<b>ASSETS LIMITED AS TO USE</b>								
(Net of Current Portion)	3,720,934	-	-	-	-	-	-	3,720,934
<b>PROPERTY AND EQUIPMENT</b>								
Land and Buildings	49,324,719	-	-	-	-	41,828	-	49,366,547
Furniture and Equipment	9,222,596	-	-	-	989,534	2,990	-	10,215,120
Vehicles	312,512	-	-	-	-	-	-	312,512
Leased Property	-	-	-	-	5,909,262	-	-	5,909,262
Construction in Progress	6,228	-	-	-	2,753	309,429	-	318,410
Total	<u>58,866,055</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>6,901,549</u>	<u>354,247</u>	<u>-</u>	<u>66,121,851</u>
Less: Accumulated Depreciation	26,236,194	-	-	-	105,286	178	-	26,341,658
Total Property and Equipment	<u>32,629,861</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>6,796,263</u>	<u>354,069</u>	<u>-</u>	<u>39,780,193</u>
<b>OTHER ASSETS</b>								
Investments	3,310,493	-	1,036,866	-	-	-	-	4,347,359
Beneficial Interest Perpetual Trust	-	-	-	1,142,081	-	-	-	1,142,081
Related Party Note Receivable	-	-	666,049	-	-	-	(666,049)	-
Prepaid Development	-	681,980	-	-	-	-	-	681,980
Total Other Assets	<u>3,310,493</u>	<u>681,980</u>	<u>1,702,915</u>	<u>1,142,081</u>	<u>-</u>	<u>-</u>	<u>(666,049)</u>	<u>6,171,420</u>
Total Assets	<u>\$ 47,751,592</u>	<u>\$ 1,309,032</u>	<u>\$ 2,377,364</u>	<u>\$ 1,143,759</u>	<u>\$ 6,994,124</u>	<u>\$ 436,653</u>	<u>\$ (880,532)</u>	<u>\$ 59,131,992</u>

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATING BALANCE SHEET (CONTINUED)**  
**SEPTEMBER 30, 2018**  
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

<b>LIABILITIES AND NET ASSETS</b>	Country Manor Campus	Continuums Management	Foundation	Alzheimer's Disease Foundation	Country Manor St. Joseph	Continuums Development Services	Eliminations	Total
<b>CURRENT LIABILITIES</b>								
Current Maturities of Long-Term Debt	\$ 1,225,000	\$ -	\$ -	\$ -	36,899	154,280	\$ -	\$ 1,416,179
Current Portion of Lease Obligation	-	-	-	-	910,500	-	-	910,500
Related Party Note Payable	-	-	-	-	345,425	320,624	(665,049)	-
Accounts Payable - Trade	678,324	1,739	17,855	-	66,779	723	(214,483)	550,937
Resident Trust Funds and Security Deposits	228,175	-	-	-	85,103	-	-	313,278
Accrued Salaries, Payroll Taxes and Benefits	1,105,844	139,322	16,923	-	20,652	14,014	-	1,296,755
Accrued Vacation	508,938	206,482	-	-	4,453	8,597	-	728,468
Accrued Real Estate Taxes	63,448	-	-	-	-	196	-	63,644
Accrued Interest	167,408	-	-	-	-	-	-	167,408
Deferred Revenue	34,187	-	-	-	-	-	-	34,187
Total Current Liabilities	<u>4,011,322</u>	<u>347,543</u>	<u>34,778</u>	<u>-</u>	<u>1,469,811</u>	<u>498,434</u>	<u>(880,532)</u>	<u>5,481,356</u>
<b>LONG-TERM LIABILITIES</b>								
Long-Term Debt, Net of Current Maturities and Unamortized Financing Costs	37,727,252	-	-	-	801,258	-	-	38,528,510
Long-Term Lease Obligation	-	-	-	-	4,998,762	-	-	4,998,762
Asset Retirement Obligation	27,395	-	-	-	-	-	-	27,395
Total Long-Term Liabilities	<u>37,754,647</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>5,800,020</u>	<u>-</u>	<u>-</u>	<u>43,554,667</u>
Total Liabilities	41,765,969	347,543	34,778	-	7,269,831	498,434	(880,532)	49,036,023
<b>CONTINGENT LIABILITIES</b>								
<b>NET ASSETS</b>								
Unrestricted	5,985,623	961,489	2,342,586	1,678	(275,707)	(61,781)	-	8,953,888
Permanently Restricted	-	-	-	1,142,081	-	-	-	1,142,081
Total Net Assets	<u>5,985,623</u>	<u>961,489</u>	<u>2,342,586</u>	<u>1,143,759</u>	<u>(275,707)</u>	<u>(61,781)</u>	<u>-</u>	<u>10,095,969</u>
Total Liabilities and Net Assets	<u>\$ 47,751,592</u>	<u>\$ 1,309,032</u>	<u>\$ 2,377,364</u>	<u>\$ 1,143,759</u>	<u>\$ 6,994,124</u>	<u>\$ 436,653</u>	<u>\$ (880,532)</u>	<u>\$ 59,131,992</u>

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES  
CONSOLIDATING BALANCE SHEET  
SEPTEMBER 30, 2017  
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)**

ASSETS	Country Manor Campus	Continuums Management	Foundation	Alzheimer's Disease Foundation	Country Manor St. Joseph	Continuums Development Services	Eliminations	Total
<b>CURRENT ASSETS</b>								
Cash and Cash Equivalents	\$ 3,525,049	\$ 551,244	\$ 494,901	\$ 2,370	\$ 38,988	\$ 37,017	\$ -	\$ 4,649,569
Current Portion of Assets Limited as to Use	353,489	-	-	-	-	-	-	353,489
Accounts Receivable, Net	3,074,169	91,711	76,629	-	-	-	(168,340)	3,074,169
Interest Receivable	51,903	-	-	-	-	-	-	51,903
Pledges Receivable	5,791	-	-	-	-	-	-	5,791
Inventories	264,484	-	-	-	-	-	-	264,484
Prepaid Expenses	394,554	-	-	-	1,799	-	-	396,353
Total Current Assets	<u>7,669,439</u>	<u>642,955</u>	<u>571,530</u>	<u>2,370</u>	<u>40,787</u>	<u>37,017</u>	<u>(168,340)</u>	<u>8,795,758</u>
<b>ASSETS LIMITED AS TO USE</b>								
(Net of Current Portion)	3,907,590	-	-	-	-	-	-	3,907,590
<b>PROPERTY AND EQUIPMENT</b>								
Land and Buildings	48,655,012	-	-	-	-	20,922	-	48,675,934
Furniture and Equipment	8,757,698	-	-	-	2,708	-	-	8,760,406
Vehicles	276,554	-	-	-	-	-	-	276,554
Construction in Progress	3,445	-	-	-	558,738	5,798	-	567,981
Total	<u>57,692,709</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>561,446</u>	<u>26,720</u>	<u>-</u>	<u>58,280,875</u>
Less: Accumulated Depreciation	23,877,915	-	-	-	304	-	-	23,878,219
Total Property and Equipment	<u>33,814,794</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>561,142</u>	<u>26,720</u>	<u>-</u>	<u>34,402,656</u>
<b>OTHER ASSETS</b>								
Investments	3,159,926	-	987,427	-	-	-	-	4,147,353
Beneficial Interest Perpetual Trust	-	-	-	1,111,319	-	-	-	1,111,319
Related Party Note Receivable	-	-	202,862	-	-	-	(202,862)	-
Prepaid Development	-	651,116	-	-	-	-	-	651,116
Total Other Assets	<u>3,159,926</u>	<u>651,116</u>	<u>1,190,289</u>	<u>1,111,319</u>	<u>-</u>	<u>-</u>	<u>(202,862)</u>	<u>5,909,788</u>
Total Assets	<u>\$ 48,551,749</u>	<u>\$ 1,294,071</u>	<u>\$ 1,761,819</u>	<u>\$ 1,113,689</u>	<u>\$ 601,929</u>	<u>\$ 63,737</u>	<u>\$ (371,202)</u>	<u>\$ 53,015,792</u>

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATING BALANCE SHEET (CONTINUED)**  
**SEPTEMBER 30, 2017**  
**(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)**

<b>LIABILITIES AND NET ASSETS</b>	Country Manor Campus	Continuums Management	Foundation	Alzheimer's Disease Foundation	Country Manor St. Joseph	Continuums Development Services	Eliminations	Total
<b>CURRENT LIABILITIES</b>								
Current Maturities of Long-Term Debt	\$ 1,125,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,125,000
Related Party Note Payable	-	-	-	-	102,496	100,366	(202,862)	-
Accounts Payable - Trade	760,397	3,409	9,953	-	65,705	-	(168,340)	671,124
Resident Trust Funds and Security Deposits	226,222	-	-	-	23,500	-	-	249,722
Accrued Salaries, Payroll Taxes and Benefits	975,110	137,557	24,005	-	6,784	-	-	1,143,456
Accrued Vacation	556,792	119,563	79,231	-	3,077	-	-	758,663
Accrued Real Estate Taxes	63,007	-	-	-	-	-	-	63,007
Accrued Interest	187,655	-	-	-	-	-	-	187,655
Deferred Revenue	36,808	-	-	-	-	-	-	36,808
Total Current Liabilities	<u>3,930,991</u>	<u>260,529</u>	<u>113,189</u>	<u>-</u>	<u>201,562</u>	<u>100,366</u>	<u>(371,202)</u>	<u>4,235,435</u>
<b>LONG-TERM DEBT (Net of Current Maturities and Unamortized Financing Costs)</b>								
	38,450,718	-	-	-	336,375	-	-	38,787,093
<b>OTHER NONCURRENT LIABILITIES</b>								
	26,435	-	-	-	-	-	-	26,435
Total Liabilities	<u>42,408,144</u>	<u>260,529</u>	<u>113,189</u>	<u>-</u>	<u>537,937</u>	<u>100,366</u>	<u>(371,202)</u>	<u>43,048,963</u>
<b>CONTINGENT LIABILITIES</b>								
<b>NET ASSETS</b>								
Unrestricted	6,143,605	1,033,542	1,648,630	2,370	63,992	(36,629)	-	8,855,510
Permanently Restricted	-	-	-	1,111,319	-	-	-	1,111,319
Total Net Assets	<u>6,143,605</u>	<u>1,033,542</u>	<u>1,648,630</u>	<u>1,113,689</u>	<u>63,992</u>	<u>(36,629)</u>	<u>-</u>	<u>9,966,829</u>
Total Liabilities and Net Assets	<u>\$ 48,551,749</u>	<u>\$ 1,294,071</u>	<u>\$ 1,761,819</u>	<u>\$ 1,113,689</u>	<u>\$ 601,929</u>	<u>\$ 63,737</u>	<u>\$ (371,202)</u>	<u>\$ 53,015,792</u>

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATING STATEMENT OF OPERATIONS**  
**AND CHANGES IN UNRESTRICTED NET ASSETS**  
**YEAR ENDED SEPTEMBER 30, 2018**  
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Country Manor Campus	Continuums Management	Foundation	Alzheimer's Disease Foundation	Country Manor St. Joseph	Continuums Development Services	Eliminations	Total
<b>REVENUE</b>								
Resident Services	\$ 26,811,218	\$ -	\$ -	\$ -	\$ 1,689,828	\$ -	\$ -	\$ 28,501,046
Pharmacy Revenue	1,953,542	-	-	-	-	-	-	1,953,542
Therapy Revenue	3,583,826	-	-	-	-	-	-	3,583,826
Interest Income	210,947	-	55,786	-	-	-	(49,687)	217,046
Other Income	1,886,939	1,808,035	558,712	55,515	117,016	379,476	(2,758,690)	2,047,003
Total Revenue	34,446,472	1,808,035	614,498	55,515	1,806,844	379,476	(2,808,377)	36,302,463
<b>OPERATING EXPENSE</b>								
Salaries, Wages, and Related Benefits	17,998,683	1,810,909	182,952	-	350,135	160,429	-	20,503,108
Cost of Goods Sold	1,241,248	-	-	-	7,794	-	-	1,249,042
Purchased Services	2,032,302	57,306	169,818	3,245	272,798	195,962	(217,207)	2,514,224
Supplies	1,868,709	280	3,467	-	63,159	456	-	1,936,071
Professional Liability and General Insurance	287,066	4,875	1,675	-	55,326	10,135	-	359,077
Utilities	640,587	-	-	-	-	-	-	640,587
Depreciation	2,444,003	-	-	-	104,982	178	-	2,549,163
Interest	2,084,261	-	-	-	65,905	26,758	(49,687)	2,127,237
Other Operating Expenses	4,807,083	6,718	99,471	2,962	1,276,444	10,710	(2,541,483)	3,661,905
Total Operating Expense	33,403,942	1,880,088	457,383	6,207	2,196,543	404,628	(2,808,377)	35,540,414
<b>OPERATING INCOME (LOSS)</b>	1,042,530	(72,053)	157,115	49,308	(389,699)	(25,152)	-	762,049
<b>OTHER INCOME (EXPENSE)</b>								
Unrealized Gain (Loss) on Investments	(123,888)	-	36,841	-	-	-	-	(87,047)
Loss on Disposal of Fixed Assets	(20,844)	-	-	-	-	-	-	(20,844)
Loss on Refinancing	(555,780)	-	-	-	-	-	-	(555,780)
Total Other Income (Expense)	(700,512)	-	36,841	-	-	-	-	(663,671)
<b>EXCESS (DEFICIT) OF REVENUE OVER EXPENSES</b>	342,018	(72,053)	193,956	49,308	(389,699)	(25,152)	-	98,378
<b>EQUITY TRANSFERS</b>	(500,000)	-	500,000	(50,000)	50,000	-	-	-
<b>CHANGE IN UNRESTRICTED NET ASSETS</b>	(157,982)	(72,053)	693,956	(692)	(339,699)	(25,152)	-	98,378
Unrestricted Net Assets - Beginning of Year	6,143,605	1,033,542	1,648,630	2,370	63,992	(36,629)	-	8,855,510
<b>UNRESTRICTED NET ASSETS - END OF YEAR</b>	\$ 5,985,623	\$ 961,489	\$ 2,342,586	\$ 1,678	\$ (275,707)	\$ (61,781)	\$ -	\$ 8,953,888

**FOUNDATION FOR HEALTH CARE CONTINUUMS AND AFFILIATES**  
**CONSOLIDATING STATEMENT OF OPERATIONS**  
**AND CHANGES IN UNRESTRICTED NET ASSETS**  
**YEAR ENDED SEPTEMBER 30, 2017**  
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Country Manor Campus	Continuums Management	Foundation	Alzheimer's Disease Foundation	Country Manor St. Joseph	Continuums Development Services	Eliminations	Total
<b>REVENUE</b>								
Resident Services	\$ 25,142,945	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,142,945
Pharmacy Revenue	1,893,744	-	-	-	-	-	-	1,893,744
Therapy Revenue	2,560,051	-	-	-	-	-	-	2,560,051
Interest Income	208,854	-	16,776	-	-	-	(2,862)	222,768
Other Income	2,032,144	1,153,571	956,420	51,078	350	-	(2,204,709)	1,988,854
Total Revenue	31,837,738	1,153,571	973,196	51,078	350	-	(2,207,571)	31,808,362
<b>OPERATING EXPENSE</b>								
Salaries, Wages, and Related Benefits	16,723,199	953,782	233,500	-	33,094	-	-	17,943,575
Cost of Goods Sold	1,316,916	-	-	-	-	-	-	1,316,916
Purchased Services	1,741,067	84,826	134,254	2,785	-	9,892	-	1,972,824
Supplies	1,796,185	691	10,786	-	2,444	-	-	1,810,106
Professional Liability and General Insurance	335,635	-	-	-	165	-	-	335,800
Utilities	605,224	-	-	-	-	-	-	605,224
Depreciation	2,443,851	-	-	-	304	-	-	2,444,155
Interest	2,323,933	-	-	-	11,936	366	(2,862)	2,333,373
Other Operating Expenses	4,303,422	33,669	92,751	-	58,415	26,371	(2,204,709)	2,309,919
Total Operating Expense	31,589,432	1,072,968	471,291	2,785	106,358	36,629	(2,207,571)	31,071,892
<b>OPERATING INCOME (LOSS)</b>	248,306	80,603	501,905	48,293	(106,008)	(36,629)	-	736,470
<b>OTHER INCOME (EXPENSE)</b>								
Unrealized Gain (Loss) on Investments	(61,010)	-	48,861	-	-	-	-	(12,149)
<b>EXCESS (DEFICIT) OF REVENUES OVER EXPENSES</b>	187,296	80,603	550,766	48,293	(106,008)	(36,629)	-	724,321
<b>EQUITY TRANSFERS</b>	-	-	-	(170,000)	170,000	-	-	-
<b>CHANGE IN UNRESTRICTED NET ASSETS</b>	187,296	80,603	550,766	(121,707)	63,992	(36,629)	-	724,321
Unrestricted Net Assets - Beginning of Year	5,956,309	952,939	1,097,864	124,077	-	-	-	8,131,189
<b>UNRESTRICTED NET ASSETS - END OF YEAR</b>	<u>\$ 6,143,605</u>	<u>\$ 1,033,542</u>	<u>\$ 1,648,630</u>	<u>\$ 2,370</u>	<u>\$ 63,992</u>	<u>\$ (36,629)</u>	<u>\$ -</u>	<u>\$ 8,855,510</u>

**Business Record Details »**

Minnesota Business Name  
**The Foundation For Health Care Continuums**

**Business Type**  
Nonprofit Corporation (Foreign)

**MN Statute**  
303

**File Number**  
98355

**Home Jurisdiction**  
Tennessee

**Filing Date**  
08/04/1999

**Status**  
Active / In Good Standing

**Registered Office Address**  
1010 Dale St N  
St Paul, MN 55117-5603  
USA

**Registered Agent(s)**  
C T Corporation System Inc

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	08/04/1999	Nonprofit Corporation (Foreign) Business Name (Business Name: The Foundation For Health Care Continuums)	
<input type="checkbox"/>	08/11/2008	Registered Office and/or Agent - Nonprofit Corporation (Foreign)	
<input type="checkbox"/>	9/16/2016	Registered Office and/or Agent - Nonprofit Corporation (Foreign)	



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