| | _ | EXTENDED | TO M | ΑY | 17, 2021 | | J J , | |
|---|-----------|---|-------------|-----------|---------------------------|---------------------------------------|--|--|
| Form. 990-T | E | Exempt Organization | | | | | | OMB No 1545-0047 |
| • | | | | | ection 6033(e)) | 2004 | 2 | 2040 |
| • | For ca | tendar year 2019 or other tax year beginning JUL | | | , and ending JUN | 1 30, 2020 | _ | 2019 |
| Department of the Treasury | | Go to www.irs gov/Form99 ► Do not enter SSN numbers on this form | | | | | | Open to Public Inspection for 601(c)(3) Organizations Only |
| Internal Revenue Service | | Name of organization (Check box i | | | <u></u> | zation is a 30 i(c)(3) | | yer identification number |
| A L Check box if address changed | | Name of organization (L Check box) | n name c | nanget | i and see instructions.) | | (Emplo | oyees' trust, see ctions) |
| B Exempt under section | Print | APPALACHIAN REGIONAL HEALTH | CARE | | | | 52 | -0795508 |
| x 501(c)(3 03 | or | Number, street, and room or suite no. If a | | x. see II | nstructions. | | E Unrela | ted business activity code |
| 408(e) 220(e) | Type | 2260 EXECUTIVE DRIVE | | ., | | | (299 in | structions) |
| 408A 530(a) | | City or town, state or province, country, a | ınd ZIP o | r foreig | n postal code | · · · · · · · · · · · · · · · · · · · | | |
| 529(a) | | LEXINGTON, KY 40505 | | _ | | | 44611 | 0 |
| C Book value of all assets at end of year | | F Group exemption number (See instruct | | | | | | |
| 1,013,172 | | G Check organization type ► x 50 | | oratio | n 501(c) trust | 401(a) | trust | Other trust |
| H Enter the number of the | organiza | ation's unrelated trades or businesses. | · | 5 | | the only (or first) un | | |
| trade or business here | | | | | | , complete Parts I-V. | | |
| | • | ace at the end of the previous sentence, con | nplete Pa | arts I ar | id II, complete a Schedul | e M for each addition | al trade | or |
| business, then complete | | | | | | | | - I v I N |
| | | poration a subsidiary in an affiliated group of tifying number of the parent corporation. | - | nt-subs | idiary controlled group? | ▶ L | Ye: | s X No |
| J The books are in care of | | | | | Telenh | none number > 85 | 9-226 | 5-2440 |
| | - | de or Business Income | | | (A) Income | (B) Expenses | | (C) Net |
| 1a Gross receipts or sale | | 5,800,983. | | Г | , , | | ineris | |
| b Less returns and allow | | c Balance | > | 1c | 5,800,983. | ./ | ************************************** | |
| 2 Cost of goods sold (S | chedule | A, line 7) | - | 2 | / | | | |
| 3 Gross profit. Subtract | line 2 fi | rom line 1c | | 3 | 5,800,983. | | | 5,800,983. |
| 4 a Capital gain net incon | ne (attac | th Schedule D) | | 4a | | | | - |
| b Net gain (loss) (Form | 4797, F | Part II, line 17) (attach Form 4797) | | 4b | -/ | | | <u>. </u> |
| c Capital loss deduction | for true | sts | | 4c | / RE(| | | |
| | | ship or an S corporation (attach statement) |) | 5 | 1 | | 123 F. DRORIES | |
| 6 Rent income (Schedu | • | | | 6 | 15 HIN | 0 1 7021 | | |
| 7 Unrelated debt-finance | | , | | 7 | | 0 1 2021 | ' ' ' | |
| | | and rents from a controlled organization (Sch | | 8 | OGE | | 4 | |
| 9 Investment income of 10 Exploited exempt acti | | on 501(c)(7), (9), or (17) organization (Sch | ledule G) | /10 | L OGI | FN, UT | 1 1 | |
| 11 Advertising income (S | • | , | | 11 | | | • | |
| 12 Other income (See in: | | • | | 12 | | | | |
| 13 Total. Combine lines | | • | | 13 | 5,800,983. | | | 5,800,983. |
| Part II Deductio | ns No | ot Taken Elsewhere (See instruc | ctions fo | or limit | ations on deductions | | | |
| (Deductions | must l | be directly connected with the unrelate | ed busır | ness ir | ncome) | | | |
| 14 Compensation of off | icers, di | rectors, and trustees (Schedule K) | | | | | 14 | |
| 15 Salaries and wages | | | | | | | 15 | |
| 16 Repairs and mainten | ance, | | | | | | 16 | |
| 17 Bad debts | | | | | | | 17 | |
| 18 Interest (attach sche | dule) (s | ee instructions) | | | | | 18 | <u> </u> |
| 19 Taxes and licenses | Form 41 | 500) | | | ا مو ا | | 19 | |
| 20 Depreciation (attach 21 Less depreciation cli | | n Schedule A and elsewhere on return | | | 20 21a | | 21b | |
| 22 Depletion | allileu o | in Schedule A and elsewhere on return | | | [238] | | 22 | |
| 23 Contributions to def | erred co | mnensation plans | | | | | 23 | - · · · · · · · · · · · · · · · · · · · |
| 24 Employee benefit pri | | importation plants | | | | | 24 | |
| 25 Excess exempt expe | - | chedule I) | | | | | 25 | |
| 26 Excess readership c | • | ' 1 | | | | | 26 | |
| 27 Other deductions (at | | · / | | | SEE STATEMEN | NT 1 | 27 | 5,139,182. |
| 28 Total deductions A | | · / | | | | | 28 | 5,139,182. |
| | | ncome before net operating loss deduction | | | | | 29 | 661,801. |
| 30 Deduction for net op | erating | loss arising in tax years beginning on or aft | ter Janua | ıry 1, 2 | 018 | | | |
| (see instructions) | | / | | | SEE STATEMEN | NT 2 | 30 | 0. |
| 21 Unrolated buciness t | aughla - | hoome. Cubtract line 20 from line 20 | | | | | l o₁l | 661 801 4 |

| | Parl | HIII T | Total Unrelated Business Taxable Income | | | | |
|-----|--------|-----------|---|---------------------|------------------|------------------------|-------------------------------------|
| | 32 | | funrelated business taxable income computed from all unrelated trades or businesses (see in | structions) | T | 32 | 695,556. |
| | 33 | Amount | ts paid for disallowed fringes | | • | 3,3 | |
| | 34 | Charital | ble contributions (see instructions for limitation rules) | | | 34 | 0. |
| | 35 | Total un | nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 3 | 4 from the sum of I | nes 32 and 33 | 35 | 695,556. |
| | 36 | | ion for net operating loss arising in tax years beginning before January 1, 2018 (see instruction | | мт з 🇳 | 36 | 695,556. |
| | 37 | Total of | unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | | · . | 37 | |
| | 38 | Specific | deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | 8 | 3,8 | 1,000. |
| | 39 | Unrelat | ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, | | | П | |
| | _ | enter th | e smaller of zero or line 37 | | | 39 | 0. |
| | Part. | IIV. | Tax Computation | | | Ī | |
| | 40 | Organiz | zations Taxable as Corporations. Multiply line 39 by 21% (0.21) | • | | 40 | 0. |
| | 41 | Trusts 1 | Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on li | ne 39 from: | | | |
| | | Та | ax rate schedule or Schedule D (Form 1041) | | • | 41 | |
| | 42 | Proxy ta | ax See instructions | | • | 42 | |
| | 43 | Alternat | tive minimum tax (trusts only) | | | 43 | |
| 111 | 44 | Tax on | Noncompliant Facility Income. See instructions | | | 44 | |
| [1] | 45 | Total. A | Add lines 42, 43, and 44 to line 40 or 41, whichever applies | | | 45 | 0. |
| | Part | iV, | Tax and Payments | | | | |
| | 46a | Foreign | tax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | - | | |
| | b | Other cr | redits (see instructions) | 46b | | | |
| | C | General | business credit. Attach Form 3800 | 46c | | | |
| | d | Credit fo | or prior year minimum tax (attach Form 8801 or 8827) | 46d | | | |
| | е | Total cr | redits Add lines 46a through 46d | | | 46e | |
| | 47 | Subtrac | et line 46e from line 45 | | | 47 | 0. |
| | 48 | Other ta | exes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 | 6 🔲 Other (a | ttach schedule) | 48 | |
| | 49 | Total ta | ax Add lines 47 and 48 (see instructions) | | | 49 | 0. |
| | 50 | 2019 ne | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | | | 50 | 0. |
| | 51 a | | nts: A 2018 overpayment credited to 2019 | '54a | 30,000 | | - |
| | b | 2019 es | stimated tax payments | 51b | | | |
| | C | Tax dep | posited with Form 8868 | 51c | | | |
| | d | Foreign | organizations: Tax paid or withheld at source (see instructions) | 51d | | | |
| | е | Backup | withholding (see instructions) | 51e | | | |
| | f | Credit fo | or small employer health insurance premiums (attach Form 8941) | 51f | • | | |
| | g | Other cr | redits, adjustments, and payments: Form 2439 | | | | |
| | | ☐ Fo | orm 4136 Other Total | 51g | | | |
| | 52 | Total pa | ayments. Add lines 51a through 51g | | | \$2 | 30,000. |
| | 53 | Estimate | ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲 | | | 5 3 | |
| | 54 | Tax due | e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | | ▶ | 54 | |
| | 55 | Overpa | yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | | 10 ▶ | 55 | 30,000. |
| 1 | | | | | ınded 🕨 | 56 | 0. |
| | Part | | Statements Regarding Certain Activities and Other Informatio | n (see instruc | tions) | | |
| | 57 | • | time during the 2019 calendar year, did the organization have an interest in or a signature or o | - | | | Yes No |
| | | | inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma | - | | | |
| | | FinCEN | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore | ign country | | | |
| | | here | <u> </u> | | | | X |
| | 58 | | the tax year, did the organization receive a distribution from, or was it the grantor of, or transf | eror to, a foreig | n trust? | | X |
| | | | see instructions for other forms the organization may have to file. | | | | |
| | 59 | | ie amount of tax-exempt interest received or accrued during the tax year \$ should be | tomonto and to th | a heat of my kno | wlodao a | nd belief it is true |
| | Sign | col | periation of periation of preparer (other than taxpayer) is based on all information of which preparer | has any knowledg | e | wiedge a | na belief, it is true, |
| | Here | | 11/1/14 (NAMES (FA) 14-17-21 CFO/VP FISC | AT CERUTCES | | - | S discuss this return with |
| | | | Signature of efficer Date Title | AL SERVICES | | e prepare struction | er shown below (see s)? X Yes No |
| | | | Print/Type preparer's name Preparer's signature Date | | | f PTI | |
| | | _ | FIFANOR & LIVINGSTON CDA | | | " ' ' ' | IV |
| | Paid | | 1 9/11/2 M/ X/1/2 A1 2 | s6/21 s | elf- employed | ا ا | 00226461 |
| | • | oarer | Firm's name MCM CPAS & ADVISORS LLP | | Firm's EIN ▶ | | 7-1235638 |
| | Use | Only | 462 S. FOURTH ST., SUITE 2600 | | I IIIII S LIN | | |
| | | | Firm's address LOUISVILLE, KY 40202-3445 | | Phone no. (| 502)7 | 49-1900 |
| | 923711 | 01-27-20 | | l | \ | ,, | Form 990-T (2019) |
| | | | | | | | • (2013) |

| Schedule A - Cost of Good | s Sold. Enter | method of inver | itory v | aluation N/A | | | | | |
|--|---|-----------------|----------|---|-------------|--|---|---|----------|
| 1 Inventory at beginning of year | 1 | | | Inventory at end of year | r | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Su | btract l | line 6 | 400 | *************************************** | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in I | Part I, | PARTIES AND | | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | ╛ | property produced or a | cquired | d for resale) apply to | | A CANADADA | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pe | rsonal Property I | Leas | ed With Real Pro | per | ty) | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | <u> </u> | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | red or accrued | | | | 2/0\0-4444 | | | |
| rent for personal property is more than of rent for p | | | | onal property (if the percenta property exceeds 50% or if ed on profit or income) | ıge | 3(a)Deductions directly columns 2(a) a | nd 2(b) | (attach schedule) | |
| (1) | | | | | • | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | , | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | <u> </u> | | | |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, colum | | nter - | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated De | bt-Financed | Income (see | ınstru | ctions) | | | | | |
| | | | 2 | . Gross income from or allocable to debt- | <i>(</i> -) | 3. Deductions directly cor to debt-finan | nected ced pro | perty | |
| 1. Description of debt-f | inanced property | | | financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | _ | + | | | | + | | |
| (2) | | | +- | | | | | | |
| (3) | | | + | | | | ┪… | | |
| (4) | | | † | | | | 十 | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 4 Amount of average acquisition 5 Average adjusted basis of or allocable to | | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8 Allocable deduction (column 6 x total of column 3(a) and 3(b)) | |
| (1) | | | + | % | | | + | | |
| (2) | | | | % | | | \top | | |
| (3) | | - | † | % | | | 1 | | |
| (4) | | | | % | | | 十 | | |
| | | | • | | | inter here and on page 1, Part I, line 7, column (A) | | Enter here and on page Part I, line 7, column (8 | |
| Totals | | | | | | (| | | 0. |
| Total dividends-received deductions | ncluded in columi | n R | | | | | + | | <u> </u> |

| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of mode 2 Amount of income directly connected (statish schedule) (c) (3) (4) Enter here and on page 1 Part I, time 8, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Page 1, Description of exploited activity Page 2, Gross Page 1, Description of exploited activity Page 2, Gross Page 2, Gross Page 3, Description of exploited activity Page 3, Description of page 1, Part I, line 8, Column (B) Page 3, Description of exploited activity Page 4, Part I, line 8, Description of exploited activity Page 4, Part I, line 8, Description of exploited activity Page 4, Part I, line 8, Description of exploited activity Page 4, Part I, line 8, Description of exploited activity Page 5, Description of exploited activity Page 5, Description of exploited activity Page 6, Page 1, Part I, line 8, Description of exploited activity Page 6, Page 1, Part I, line 8, Description of exploited activity Page 6, Page 1, Part I, line 8, Description of exploited activity Page 6, Page 1, Page 1, line 10, cot (B) Page 7, Page 8, Page 1, line 10, cot (B) Page 6, Page 1, Page 1, line 10, cot (B) Page 7, Page 8, Page 1, line 10, cot (B) Page 7, Page 8, Page 1, line 10, cot (B) Page 8, Page 1, line 2, Cot (B) Page 8, Page 1, line 2, Cot (B) Page 8, Page 1, line 2, Cot (B) Page 9, Page 1, line 2, Cot (B) | • | | | Exempt (| Controlled O | rganızat | ions | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------------|-----------------------------------|--|--|--|--|----------------------|----------|--|
| 10 Note Active the property of the propert | 1. Name of controlled organize | ation 2. E | mployer tification umber | | | | | included in the control | | rolling | connected with income |
| 10 Note Active the property of the propert | (1) | | | | _ | | • | | | | |
| (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | | | | | | | · | | |
| (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | • | | | | | | | | | | |
| Nonexempt Controlled Organizations 7. Tatable hazares 8 Not unrelated moore gloss) (see instructions) 9. Total of seasofied payments made payments made payments from the controlling graphics for the controlling graphics from the controlling graphics for the controlling graphics from the controlling gra | | | | | | | | | | | |
| 7, Tourishie motions 8 Not unrelated income (loss) 9, Total of especified payments 10, Pert of centurin 8 that is reduced in the control ingregate payments of the specified payments of the s | | izations | | | | | | | | | |
| 20 40 Add columns 6 and 10 Enter here and on page 1, Part 1, line 6, column (6) Inter here and on page 1, Part 1, line 6, column (7) Inter here and on page 1, Part 1, line 6, column (8) Inter here and on page 1, Part | | 8 Net unrelated inc | | 9. Total | | ments | in the controll | ing orgai | nization's | | |
| 20 40 Add columns 6 and 10 Enter here and on page 1, Part 1, line 6, column (6) Inter here and on page 1, Part 1, line 6, column (7) Inter here and on page 1, Part 1, line 6, column (8) Inter here and on page 1, Part | <i></i> | | | | | | | | | | |
| Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (8) | | | | | | | | | | | |
| Add columns 5 and 10 Enter here and on page 3, Part 1, Inter 6, extern (A) Enter here and on page 3, Part 1, Inter 6, extern (B) Column (B) | | | | | | | | | | | |
| And columns and 11 Enter here and on page 1, Part I, Income 8, column (8) 0. Column (8) 1. Description of income 9 2 Amount of income 3. Description of income (see instructions) 1. Description of income 9 2 Amount of income 3. Description of income (column 4) 0. Column (8) 1. Description of income 9 2 Amount of income 3. Description of income 4. Sort-abded (attach schedule) (col 3 plus col 4) (col 4 plus col | | <u> </u> | | - | | | | | | | |
| Totals Enter here and on page 1, Pert 1, line 8, column (8) | (4) | <u></u> | | | | | | | | | |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income directly connected (extech schedule) (1) (2) (3) (4) Enter here and on page 1, Pert 1, line 9, column (8) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity incomes the read or page 1, Pert 1, line 9, column (8) (2) (3) (4) Enter here and on page 1, Pert 1, line 9, column (8) (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity incomes from trade or business income trade or business income from trade or busin | | - | | | | | Enter here and | on page | 1, Part I, | Enter he | ere and on page 1, Part I, |
| Company Comp | Totals | | | | _, | <u> </u> | | | 0. | • | 0 |
| 1 Description of income 2 Amount of income 3 Description of income directly connected (attach schedule) 4. Set-asides (cattach schedule) 5 Trait (dectach schedule) 1 Cattach schedule (attach schedule) 1 Cattach schedule) 1 Cattach schedule) 1 Cattach schedule (attach schedule) 1 Cattach schedule) 1 Cattach schedule (attach schedule) 2 Cattach schedule (attach schedule) 3 Cattach schedule (attach schedule) 3 Cattach schedule (attach schedule) 4 Cattach schedul | | | a Section | n 501(c)(| 7), (9), or | (17) Oı | rganizatior | • | | | |
| (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity income, or exploited activity income, or exploited activity income for exploited for exploited activity income for exploited activity income for exploited activity income for exploited for exploited activity income for exploited fore exploited for exploited for exploited for exploited for exploit | | · · | <u> </u> | | 2 Amount of | ıncome | directly conne | cted | | | |
| (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Column (A) Part I, line 9, column (B) Part I, line 9, column (B) Column (B) Part I, line 9, column (B) Part I, line 9, column (B) Column (B) Part I, line 9, column (B) Part I, line 9, column (B) Column (B) Part I, line 9, column (B) | (1) | | | | | | , | , | | | (22. 2 /2.22, |
| (3) (4) Enter here and on page 1, Part I, line 9, column (A) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (5) 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited exempt Activity Income, Other Than Advertising Income (6) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (7) 2. Gross uncome for invalidation of exploited activity 1. Description of exploited activity 1. Description of exploited exempt Activity Income, Other Than Advertising Income (8) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, cot (B) (B) (B) (B) (C) 5. Gross accome form activity than a stributable to column 3 formus column 3, but not mare then column 4 formus column 5. The exploited activity is exploited activity in the exploited activity is exploited activity. Income Income is exploited activity in the exploi | | | | | | | | | | | |
| Column (A) Finite here and on page 1 Finite here and | | | | | | | | | | | · · · · · |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from trade or business income from unrelated trade or business (column 2 and unrelated business income from trade or business income from unrelated trade or business (column 3) if again, corpus profits 5. Gross income from activity that income from acti | | 4 | | | | | | | | | · |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 1. Description of exploited activity in an of unrelated business income from business income for business income from activity hat is not unrelated business income for business income from activity hat is not unrelated business income for fundation for the production of unrelated business income from the page in pag | | | | | | lumn (A) | | 0022020202 0022020202 00220202 00220 00200 00220 00200 00200 00200 00200 00200 00200 00200 00200 002 | | | Enter here and on page Part I, line 9, column (B) |
| 1. Description of exploited activity 1. Description of exploited activity that is not urrelated business income from activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 1. Description of exploited activity that is not urrelated business income 2. Description of exploited activity that is not urrelat | Schedule I - Exploited | | ty Incon | ne, Othe | r Than Ac | - | ing Income |) | ******************** | | |
| 1. Description of exploited activity understand business income from trade or business income from trade to trade trade or business income from trade trade or business income from trade to trade trade or business income from trade trade or business column 5. Crould trade trade or business column 5. Scroul trade trade or business column 5. Scroul trade | (see instri | uctions) | 1 * | | l 4 | | | | | | |
| (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) O. 0. 0. Schedule J - Advertising Income (see instructions) Part III Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising costs advertising costs or (loss) (col 2 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) • O. 0. Consolidated Basis | | unrelated business income from | directly with pi of ur | connected roduction related | from unrelated business (co minus colum gain, comput | I trade or dumn 2 n 3) If a a cots 5 | from activity to is not unrelate | hat ed | attributi | able to | expenses (column 6 minus column 5, but not more than |
| (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part III Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs Direct advertisi | (1) | | | | | | | - | | | |
| (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part III Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs Direct advertisi | (2) | | | | | | | | | | |
| Enter here and on page 1, Part 1, Ine 10, col (A) Totals Tot | (3) | | | | | | | | | | |
| Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising advertising costs or (loss) (col 2 minus cols 5 through 7 costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) | (4) | | | | | | | | | | |
| Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising advertising costs or (loss) (col 2 minus cols 5 through 7 costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) | T-1.1. | page 1, Part I, line 10, col (A) | page line 10 | 1, Part I,), col (B) | | | | | | | Enter here and on page 1, Part II, line 25 |
| Income From Periodicals Reported on a Consolidated Basis 2 Gross advertising income advertising costs advertising costs advertising costs (3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (8) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9 | | | 1 . | | | | | | mmaaliik | | 0 |
| Totals (carry to Part II, line (5)) A service advertising advertising advertising costs advertising c | | | | • | solidated | Basis | | | | | |
| Totals (carry to Part II, line (5)) ▶ 0. 0. | 1 Name of periodical | advertising | . 1 | | or (loss) (co | ol 2 minus ain, compu | | | | | costs (column 6 minus column 5, but not more |
| Totals (carry to Part II, line (5)) ▶ 0. 0. | (1) | | | | THE THE REST LANGE AND A STATE OF THE PROPERTY | THE LEGISLES OF THE PROPERTY O | | | | 9 | |
| Totals (carry to Part II, line (5)) ▶ 0. 0. | | <u> </u> | | | AND THE PROPERTY OF THE PROPER | THE TEXT TO SEE THE TEXT TO SE | 11.5 12.5 12.5 12.5 12.5 12.5 12.5 12.5 | | İ | | LI ANN AND ANN AND AND AND AND AND AND AND |
| Totals (carry to Part II, line (5)) ▶ 0. 0. | | | _ | | THE PARTY OF THE P | | | | | | |
| | (4) | | + | | | | TAN- | _ | | | |
| | Totals (carry to Part II, line (5)) | • | 0. | | o. | | | | | | Ç |

923731 01-27-20

41

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) | | | | | | | |
| Totals from Part I | ▶ | 0. | 0. | | | | 0, |
| | | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5) | ▶ | 0. | 0. | KANAKINA TANDA PARA PARA PARA PARA PARA PARA PARA PA | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 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) | • | % | |
| Total Enter here and on page 1, Part II, line 14 | · · | > | 0. |

| FORM 990-T | I | OTHER DEDUCT | TIONS | STATEMENT 1 | |
|------------|--------------------|-------------------------------|-------------------|------------------------|--|
| DESCRIPTIO | N | | | AMOUNT | |
| PHARMACY E | — XPENSES | | | 5,139,182. | |
| TOTAL TO F | ORM 990-T, PAGE 1, | LINE 27 | | 5,139,182. | |
| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 2 | |
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 06/30/19 | 330,877. | 0. | 330,877. | 330,877. | |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 330,877. | 330,877. | |
| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 3 | |
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 06/30/15 | 353,337. | 124,041. | 229,296. | 229,296. | |
| 06/30/16 | 194,124. | 0. | 194,124. | 194,124. | |
| | 1,461,666. | 0. | 1,461,666. | 1,461,666. | |
| 06/30/17 | | _ | | | |
| | 966,272. | 0. | 966,272. | 966,272. | |

Unrelated Business Taxable Income from an Unrelated Trade or Business

and ending JUN 30, 2020

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\ \ JUL\ 1$, $\ \ 2019$

► Go to 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).

| Name | of the organization APPALACHIAN REGIONAL HEALTHCARE | • | | Employer i | dentification | number | |
|----------|--|--------|---------------------------|----------------|--|--------------|--|
| | Unrelated Business Activity Code (see instructions) ▶ 446199 | | | | | | |
| | Describe the unrelated trade or business DURABLE MEDIC. | AL EQ | UIPMENT | | | | |
| Pä | Unrelated Trade or Business Income | | (A) Income | (B) Expen | ses | (C) Net | |
| 1 a | Gross receipts or sales 4,401,036. | | | | | | |
| b | Less returns and allowances c Balance ▶ | 1c | 4,401,036. | | (am = kalaba ve xamus | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 4,401,036. | | *************************************** | 4,401,036. | |
| 4a | Capital gain net income (attach Schedule D) | 4a | | | ************************************** | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | ************************************** | | |
| С | Capital loss deduction for trusts | 4c | | | KKAPTELETAKTE KKAPTELETAKTE KKAPTELETAKTE KKAPTELETAKTE KKAPTELETAKTE | | |
| 5 | income (loss) from a partnership or an S corporation (attach | | | | CHREAL SAVERS OF STREET | | |
| | statement) | 5 | | | ************************************** | | |
| 6 | Rent Income (Schedule C) | 6 | | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | |
| | organization (Schedule 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 | | | AND THE PROPERTY OF THE PARTY O | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 4,401,036. | | | 4,401,036. | |
| | Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in | | | eductions.) (E | ···· | s must be | |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | 14 | | |
| 15 | Salaries and wages | | | | 15 | | |
| 16 | Repairs and maintenance | | | | 16 | <u> </u> | |
| 17 | Bad debts | | | | 17 | | |
| 18 | Interest (attach schedule) (see instructions) | | | | 18 | | |
| 19 | Taxes and licenses | | 1 00 1 | | 19 INTIMUM | | |
| 20 | Depreciation (attach Form 4562) | | 20 | . | 245 | | |
| 21 22 | Less depreciation claimed on Schedule A and elsewhere on return | l | 21a | | 21b | | |
| | Depletion | | | | | | |
| 23 24 | Contributions to deferred compensation plans | | | | 23 | | |
| 24 25 | Employee benefit programs Excess exempt expenses (Schedule I) | | | | 25 | | |
| 25 26 | Excess readership costs (Schedule J) | | | | 26 | | |
| 20 27 | Other deductions (attach schedule) | | SEE STATEMEN | T 4 | 27 | 4,655,544. | |
| 21 28 | Total deductions. Add lines 14 through 27 | | | - - | 28 | 4,655,544. | |
| 20 29 | Unrelated business taxable income before net operating loss dedu | iction | Subtract line 28 from lin | ne 13 | 29 | -254,508. | |
| 30 | Deduction for net operating loss arising in tax years beginning on | | | .c . c | - Parks | | |
| | instructions) | a.tol | | STMT 5 | 30 | 0. | |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

-254,508.

instructions)

| FORM 990-T (M) | OTHER DEDUC | TIONS | STATEMENT | 4 |
|--|-------------------------|---------------------------|--------------------------------|---------------|
| DESCRIPTION | | | AMOUNT | |
| HOME STORE EXPENSES | | | 4,655, | 544. |
| TOTAL TO SCHEDULE M, PART II | , LINE 27 | | 4,655, | 544. |
| | | | | |
| SCHEDULE M NET | OPERATING LOSS | DEDUCTION | STATEMENT | 5 |
| SCHEDULE M NET TAX YEAR LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | DEDUCTION LOSS REMAINING | STATEMENT AVAILABLE THIS YEAR | 5 |
| | LOSS PREVIOUSLY | LOSS | AVAILABLE | |

| ` APPALACHIAN RE | | | | | | 52-079550 | 3 |
|---|---|--|-----------------------|----------------|---|---|---|
| Schedule A - Cost of Goods | Sold. Enter | method of inver | tory valuation | N/A | | | |
| 1 Inventory at beginning of year | 1 | - | 6 Inventory | at end of yea | ır | | 6 |
| 2 Purchases | 2 | | 7 Cost of g | oods sold Su | ibtract l | ine 6 | - 4, 222 - 12 - 12 - 12 - 12 - 12 - 12 - 12 |
| 3 Cost of labor | 3 | | from line | 5. Enter here | and in I | Part I, | 5-1 (1) 1 |
| 4 a Additional section 263A costs | | | line 2 | | | | 7 |
| (attach schedule) | 4a | | 8 Do the ru | les of section | 263A (| with respect to | Yes No |
| b Other costs (attach schedule) | 4b | | property | produced or a | acquired | for resale) apply to | TOTAL |
| 5 Total Add lines 1 through 4b | 5 | | the organ | | | , | X X |
| Schedule C - Rent Income (| From Real | Property and | d Personal | Property | Leas | ed With Real Pro | perty) |
| (see instructions) | | | | | | | |
| 1. Description of property | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | _ | | | | | | |
| (4) | _ | | _ | | | | |
| | 2 Rent receiv | ed or accrued | | | | 0(2)2 | |
| (a) From personal property (if the percorent for personal property is more 10% but not more than 50%) | and personal propert personal property ex at is based on profit | ceeds 50% or if | age | | connected with the income in d 2(b) (attach schedule) | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | • | | **** |
| (4) | | | | | | | |
| Total | 0. | Total | | | 0. | 1 | |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column | | ter | | | 0. | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | • 0. |
| Schedule E - Unrelated Deb | t-Financed | I Income (see | instructions) | | | * | <u></u> |
| | • | | | | | 3 Deductions directly con | |
| _ | | | 2 Gross inc | | (2) | to debt-finance | · |
| 1. Description of debt-fine | anced property | | financed p | | (°) | (attach schedule) | (D) Other deductions (attach schedule) |
| | | | | | | | |
| (1) | | | | | | | |
| (2) | - | | | | | | |
| (3) | | | | | | | |
| (4) | - | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property a schedule) | 6 Column 4 by colu | | | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | 1 | % | | | 1 |
| (2) | | | | % | | | |
| (3) | | | | % | | | |
| (4) | | | | % | | | |
| <u></u> | , - | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | | | 0 | .] |
| Total dividends-received deductions inc | cluded in column | ı 8 | | | | | 0. |
| | | | | | | | Form 200 T (2010) |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

and ending JUN 30, 2020

ENTITY

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number APPALACHIAN REGIONAL HEALTHCARE 52-0795508 Unrelated Business Activity Code (see instructions) LABORATORY Describe the unrelated trade or business (C) Net Part Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 3 4a 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 Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 7 interest, annuities, royalties, and rents from a controlled R organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 25,914. 25,914, 13 13 Total. Combine lines 3 through 12 Partil Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 22 Depletion 22 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 26 SEE STATEMENT 6 5,061. 27 27 Other deductions (attach schedule) 5,061. 28 Total deductions. Add lines 14 through 27 28 20,853. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

0

20,853.

30

31

instructions)

30

31

| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 6 |
|---------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| LABORATORY EXPENSES | | 5,061. |
| TOTAL TO SCHEDULE M, PART | II, LINE 27 | 5,061. |

| Form 990-T (2019) | | | | | | | Page 3 |
|--|--------------------|---|---|-----------|--|---|-------------|
| ` APPALACHIAN R | | | | | 52-0795508 | <u> </u> | |
| Schedule A - Cost of Good | s Sold. Enter | r method of invei | ntory valuation N/A | | | | |
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of yea | r | | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Su | ıbtract l | line 6 | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in I | Part I, | 100 117 100 100 117 100 117 10 | |
| 4 a Additional section 263A costs | | | line 2 | | | 7 | |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (| with respect to | Yes | No |
| b Other costs (attach schedule) | 4b | <u> </u> | property produced or a | cquired | d for resale) apply to | ###################################### | |
| 5 Total Add lines 1 through 4b | 5 | | the organization? | | · | 333300 | X |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Personal Property | Leas | ed With Real Prop | perty) | |
| 1. Description of property | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | ., | | | | |
| (4) | · · · · · | | | | | | |
| | 2 Rent receiv | ved or accrued | | | | | |
| ` rent for personal property is more than | | | and personal property (if the percente personal property exceeds 50% or if nt is based on profit or income) | ige | | connected with the income d 2(b) (attach schedule) |) IN |
| (1) | | | | , , | | | |
| (2) | | | | | | | |
| (3) | - . | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | 0. | 1 | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | | nter | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | . | 0. |
| Schedule E - Unrelated Del | bt-Finance | Income (see | instructions) | | <u> </u> | | |
| | | | 2. Gross income from | | 3. Deductions directly cont to debt-finance | | |
| 1 Description of debt-fi | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (D) Other deduction (attach schedule | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or debt-fine | e adjusted basis allocable to anced property h schedule) | 6 Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8 Allocable deduction (column 6 x total of column 3(a) and 3(b)) | columns |
| (1) | _ | | % | | | | |
| (2) | | | % | | | | |
| (3) | | | % | | | | |
| (4) | | | % | | | | |
| | <u> </u> | | | | inter here and on page 1, Part I, line 7, column (A) | Enter here and on pe Part I, line 7, column | |
| Totals | | | | | 0 | .] | 0. |
| Total dividends-received deductions in | ncluded in colum | n 8 | | | | · | 0. |
| | | ······································ | | | | | |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019

, and ending JUN 30, 2020

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

► Go to 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(0)(3) Organizations Only

| Name | of the organization APPALACHIAN REGIONAL HEALTHCARE | 1 | Employer identification number 52-0795508 | | | |
|-------------|--|----|--|--|---|-------------|
| | Jurelated Business Activity Code (see instructions) ▶ 812300 | | <u> </u> | | | |
| | Describe the unrelated trade or business LAUNDRY | | | | | |
| | Unrelated Trade or Business Income | | (A) Income | (B) Expens | ses | (C) Net |
| 1a | Gross receipts or sales 57,896. | | | | MEXELYPTAREES TO BY RESERVERS TO CONSERVE THE SERVERS THE SERVERS TO CONSERVE THE SERVERS THE SERVERS THE SERVERS THE SERVERS THE CONSERVE THE SERVERS | |
| b | Less returns and allowances c Balance | 1c | 57,896. | | HERERAKE PERKENAL PER LEGER KENDEN KENDEN KENDE LEGER KENDEN KONDE KENDEN BERKENDE KENDE KENDEN BERKENDE KENDE LEGER LEGER KENDE KENDE LEGER LEGER KENDE KENDE KENDE LEGER LEGER KENDE KONDE KENDE KO | 24 |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | · · · · · · · · · · · · · · · · · · · | | COPERCOCAPACE CO | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 57.896. | | ************************************** | 57,896. |
| 4a | 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 a partnership or an S corporation (attach | | = | | HANNEN HANKANE () EXPERENCE HANKANE ENTRE HANKANE HANKANE | |
| | statement) | 5 | | THE CONTROL OF THE CASE OF THE | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| 6 | Rent income (Schedule C) | 6 | | *************************************** | *************************************** | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| | organization (Schedule 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 | 57,896. | | | 57,896. |
| P ãi | Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in | | | eductions.) (D | eductio | ns must be |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | 14 | |
| 15 | Salaries and wages | | | | 15 | |
| 16 | Repairs and maintenance | | | | 16 | |
| 17 | Bad debts | | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | | 18 | |
| 19 | Taxes and licenses | | 1 1 | | 19 | |
| 20 | Depreciation (attach Form 4562) | | 20 | | F 454 | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 1 | 21a | | 21b | |
| 22 | Depletion | | | | 22 | |
| 23 | Contributions to deferred compensation plans | | | | 23 | |
| 24 | Employee benefit programs | | | | 24 | |
| 25 | Excess exempt expenses (Schedule I) | | | | 25 | |
| 26 | Excess readership costs (Schedule J) | | ADD | · | 26 | |
| 27 | Other deductions (attach schedule) | | SEE STATEMEN | T 7 | 27 | 44,994. |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

44,994.

12,902.

12,902.

0.

28

29

30

31

instructions)

28

29

30

| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 7 |
|---------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| LAUNDRY EXPENSES | | 44,994. |
| TOTAL TO SCHEDULE M, PART | II, LINE 27 | 44,994. |

| ` APPALACHIAN R | | | | | 52-0795508 | 8 |
|---|---------------------------------------|---|---|---|--|--|
| Schedule A - Cost of Good | s Sold. Enter | method of inve | ntory valuation N/A | | | |
| 1 Inventory at beginning of year | 1 | | 6 inventory at end of year | ar | | 6 |
| 2 Purchases | 2 | | 7 Cost of goods sold. S | TAKE A BENTANK TO TO THE TAKE AND THE TAKE A | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in f | Part I, | The Particular of the Control of the |
| 4a Additional section 263A costs | | | line 2 | | | 7 |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (| with respect to | Yes No |
| b Other costs (attach schedule) | 4b | | property produced or | acquirec | for resale) apply to | "Attended Eventorial "English Attended |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | X |
| Schedule C - Rent Income | (From Real | Property an | d Personal Property | Leas | ed With Real Pro | perty) |
| (see instructions) | | | | | · · · · · · · · · · · · · · · · · · · | |
| 1. Description of property | | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | ed or accrued | | | 3(a) Doductions directly | connected with the income in |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | e than | of rent for | and personal property (if the percent personal property exceeds 50% or if int is based on profit or income) | tage f | | d 2(b) (attach schedule) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | } | | | | |
| (4) | | | | | | |
| Total | 0. | Total | | 0. | | |
| (c) Total income Add totals of columns | | iter | | | (b) Total deductions Enter here and on page 1, | |
| here and on page 1, Part I, line 6, column | <u> </u> | <u> </u> | | 0. | Part I, line 6, column (B) | 0. |
| Schedule E - Unrelated Del | ot-Financeo | Income (see | e instructions) | 1 | | |
| | | | 2 Gross income from | | 3 Deductions directly con to debt-finance | |
| 1 Description of debt-fi | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation | (b) Other deductions |
| - | | | intanced property | | (attach schedule) | (attach schedule) |
| (4) | | | | <u> </u> | | |
| (1) | - | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| 4 Amount of average acquisition | E Average | adjusted basis | 6 Column 4 divided | + | 7. Gross income | 8 Allocable deductions |
| debt on or allocable to debt-financed property (attach schedule) | of or a debt-fine | allocable to inced property h schedule) | by column 5 | | reportable (column 2 x column 6) | (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | % | | | |
| (2) | | | % | <u> </u> | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | % | | | |
| (4) | | | % | | | |
| | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | • | | 0 | 0. |
| Total dividends-received deductions in | ıcluded ın columi | 1 8 | • | | • | |
| | | | | | | • |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an

Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019

, and ending JUN 30, 2020

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

► Go to 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).

| Name of the organization APPALACHIAN REGIONAL HEALTHCARE | | | | | Employer identification number 52-0795508 | | |
|---|---|------|--------------|--|---|------------|-------------|
| $\overline{}$ | Jurelated Business Activity Code (see instructions) ▶ 812900 | | | | | | |
| | Describe the unrelated trade or business REJUVENATION (| ENTE | R | | | | |
| Pa | Unrelated Trade or Business Income | | (A) Income | | (B) Expenses | | (C) Net |
| 1 a | Gross receipts or sales 1,237,990. | | | XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX | | | |
| b | Less returns and allowances c Balance ▶ | 1c | 1,237,990. | ****** | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | ****** | immediliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 1,237,990. | | | | 1,237,990. |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | ***** | | ******** | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | | AND SANSAS | |
| C | Capital loss deduction for trusts | 4c | | ****** | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | ******** | |
| | statement) | 5 | | | | | |
| 6 | Rent income (Schedule C) | 6 | | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | |
| | organization (Schedule 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 | 1,237,990. | | | | 1,237,990. |
| Pai | Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in | | | duc | ctions.) (Ded | uctic | ons must be |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | L | 14 | |
| 15 | Salaries and wages | | | | L | 15 | |
| 16 | Repairs and maintenance | | | | L | 16 | |
| 17 | Bad debts | | | | L | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | | L | 18 | |
| 19 | Taxes and licenses | | , , | | L | 19 | |
| 20 | Depreciation (attach Form 4562) | | 20 | | L. | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | | 21a | | : | 21b | |
| 22 | Depletion | | | | L | 22 | |
| 23 | Contributions to deferred compensation plans | | | | L | 23 | |
| 24 | Employee benefit programs | | | | L | 24 | |
| 25 | Excess exempt expenses (Schedule I) | | | | | 25 | |
| 26 | Excess readership costs (Schedule J) | | | | | 26 | |
| 27 | Other deductions (attach schedule) | | SEE STATEMEN | т 8 | | 27 | 4,463,598. |
| 28 | Total deductions. Add lines 14 through 27 | | | | | 28 | 4,463,598. |

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

29

30

31

STMT 9

-3,225,608.

-3,225,608.

0.

instructions)

29

30

| FORM 990-T (M) | OTHER DED | UCTIONS | STATEMENT | 8 |
|--|--|--------------|--------------------------------|-------|
| DESCRIPTION | | | AMOUNT | |
| REJUVENATION CENTER | 4,463,598. | | | |
| TOTAL TO SCHEDULE M, PART II | , LINE 27 | | 4,463,598. | |
| | | | | |
| SCHEDULE M NET | OPERATING LO | SS DEDUCTION | STATEMENT | 9 |
| SCHEDULE M NET TAX YEAR LOSS SUSTAINED | COPERATING LO LOSS PREVIOUSLY APPLIED | | STATEMENT AVAILABLE THIS YEAR | 9 |
| | LOSS PREVIOUSLY | LOSS | AVAILABLE | |

| ' APPALACHIAN RI | | | | | 52-0795508 | <u> </u> | |
|---|----------------------|---|--|-----------|---|--|--|
| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory valuation N/A | | | | |
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | ar | | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold S | ubtract l | line 6 | 11.11.12 11.11.12 | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in I | Part I, | | |
| 4a Additional section 263A costs | | | line 2 | | | 7 | |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (| with respect to | Yes No | |
| b Other costs (attach schedule) | 4b | | property produced or | acquired | d for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | X | |
| Schedule C - Rent Income | (From Real | Property an | d Personal Property | Leas | ed With Real Prop | perty) | |
| (see instructions) | | | | | | | |
| 1. Description of property | | | | | | | |
| (1) | | | | - | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (2) (3) (4) | | | | | | | |
| | | ed or accrued | | | 3/a) Deductions directly | annoted with the income in | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | of rent for | and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income) | age | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | | |
| (1) | · | Ì | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | 0. | | | |
| (c) Total income. Add totals of columns | | ter | | | (b) Total deductions Enter here and on page 1, | | |
| here and on page 1, Part I, line 6, column | | <u> </u> | · | 0. | Part I, line 6, column (B) | 0. | |
| Schedule E - Unrelated Det | ot-Financed | l Income (see | instructions) | т- | | | |
| | | | 2 Gross income from | | Deductions directly conn to debt-finance | | |
| 1 Description of debt-fir | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation | (b) Other deductions | |
| r | , | | intanced property | | (attach schedule) | (attach schedule) | |
| (4) | | | | <u> </u> | | | |
| (1) | | | | ļ | <u> </u> | | |
| (2) | | | - | | | | |
| (3) | | | | | | | |
| 4. Amount of average acquisition | E A | | 6 Calaras Andread | | 7.0 | 9 40 | |
| debt on or allocable to debt-financed property (attach schedule) | of or a debt-fine | adjusted basis allocable to inced property h schedule) | 6 Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | % | | | | |
| (2) | | | % | | | | |
| (3) | | | % | | | | |
| (4) | | | % | | | | |
| | | · | | E | nter here and on page 1, | Enter here and on page 1, | |
| | | | | 1 | Part I, line 7, column (A) | Part I, line 7, column (B) | |
| Totals | | | • | | 0 | . 0. | |
| Total dividends-received deductions in | cluded in columi | 18 | | | | 0. | |