

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TO IMPROVE HEALTH AND PROMOTE WELL-BEING OF ALL PEOPLE IN CENTRAL APPALACHIA IN PARTNERSHIP WITH OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 591,361,158 including grants of \$ 875,347) (Revenue \$ 744,686,661)
	See Additional Data

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 591,361,158
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	304
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **KY**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
DANNY HARRIS 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505 (859) 226-2440

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

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,346,714	0	461,549

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 ▶ 273

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LABORATORY CORP OF AMERICA 1477 YORK COURT BURLINGTON, NC 27215	LABORATORY SERVICES	16,488,087
FOCUSONE SOLUTIONS LLC 13609 CALIFORNIA ST OMAHA, NE 68154	CONTRACT NURSES	15,235,339
CONEXUS MEDSTAFF LLC 12141 WICKCHESTER LANE HOUSTON, TX 77079	CONTRACT NURSES	14,351,204
TRIANGLE ANESTHESIA GROUP PSC 3320 TATES CREEK ROAD STE 100 LEXINGTON, KY 40502	ANESTHESIA MEDICAL GROUP	11,578,000
MEDICAL SOLUTIONS PO BOX 850737 MINNEAPOLIS, MN 554850737	CONTRACT EMPLOYEE	5,700,582

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 ▶ 139

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Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,988,683				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,370,675				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶		3,359,358				
Program Service Revenue			Business Code				
	2a PATIENT REVENUES	621110	675,980,677	675,980,677			
	b PHARMACY/LAB/LAUNDRY	812300	54,828,271	46,640,662	8,187,609		
	c HOSPITAL RATE IMPROVEM	900099	50,623,674	50,623,674			
	d RECORD TRANSCRIPT FEES	900099	78,280	78,280			
	e						
	f All other program service revenue.						
9 Total. Add lines 2a-2f. ▶		781,510,902					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		10,530,471			10,530,471	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	1,101,350				
		b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	1,101,350				
	d Net rental income or (loss) ▶		1,101,350			1,101,350	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	13,437,557				
		b Less: cost or other basis and sales expenses	7b	0	404,693		
	c Gain or (loss)	7c	13,437,557	-404,693			
	d Net gain or (loss) ▶		13,032,864			13,032,864	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
	b Less: direct expenses		8b				
	c Net income or (loss) from fundraising events . . . ▶						
	9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities . . . ▶						
	10a Gross sales of inventory, less returns and allowances . . .		10a				
b Less: cost of goods sold . . .		10b					
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a DME SALES		900099	3,971,823		5,131,344	-1,159,521	
b MISC. INCOME		900099	1,505,996		1,462,472	43,524	
c CAFETERIA INCOME		900099	906,511			906,511	
d All other revenue			1,368,204	1,363,368		4,836	
e Total. Add lines 11a-11d ▶			7,752,534				
12 Total revenue. See instructions ▶			817,287,479	774,686,661	14,781,425	24,460,035	

Form 990 (2020)

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	875,347	875,347		
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	2,705,921		2,705,921	
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	299,101,842	266,161,654	32,794,457	145,731
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,063,384	10,372,248	1,683,313	7,823
9 Other employee benefits	53,849,391	46,106,973	7,709,072	33,346
10 Payroll taxes	16,308,509	13,871,639	2,427,095	9,775
11 Fees for services (non-employees):				
a Management				
b Legal	1,563,990	16,271	1,547,719	
c Accounting	215,156	2,239	212,917	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	77,231,982	59,637,307	17,594,675	
12 Advertising and promotion	1,788,765	1,657,569	118,651	12,545
13 Office expenses	24,495,321	4,525,452	19,963,693	6,176
14 Information technology	7,780,327	7,437,363	342,689	275
15 Royalties				
16 Occupancy	11,238,857	10,380,908	855,364	2,585
17 Travel	315,065	169,806	145,232	27
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	316,694	274,691	42,003	
20 Interest	4,511,187	1,193,673	3,317,514	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,388,987	21,014,281	3,374,706	
23 Insurance	8,473,178	7,734,449	738,729	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	121,689,375	121,689,375		
b TAXES & LICENSES	15,452,116	4,881,891	10,570,225	
c EQUIPMENT RENTAL AND MA	10,626,113	3,427,580	7,198,282	251
d MISCELLANEOUS	6,597,609	6,548,046		49,563
e All other expenses	4,143,933	3,382,396	761,537	
25 Total functional expenses. Add lines 1 through 24e	705,733,049	591,361,158	114,103,794	268,097
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		159,489,153	2	308,896,158	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		73,285,380	4	118,875,442	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		2,565,568	7	0	
	8	Inventories for sale or use		18,803,813	8	19,325,995	
	9	Prepaid expenses and deferred charges		45,139,090	9	48,856,053	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	688,167,322			
	b	Less: accumulated depreciation	10b	445,114,409	241,638,108	10c	243,052,913
	11	Investments—publicly traded securities		418,655,666	11	516,884,480	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		666,536	13	621,536	
	14	Intangible assets		900,000	14	900,000	
	15	Other assets. See Part IV, line 11		52,029,024	15	9,789,210	
16	Total assets. Add lines 1 through 15 (must equal line 33)		1,013,172,338	16	1,267,201,787		
Liabilities	17	Accounts payable and accrued expenses		119,158,853	17	138,004,705	
	18	Grants payable			18		
	19	Deferred revenue		2,597,343	19	2,620,661	
	20	Tax-exempt bond liabilities		11,472,557	20	70,075,000	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		188,031,913	23	194,803,743	
	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		444,208,519	25	376,725,195	
	26	Total liabilities. Add lines 17 through 25		765,469,185	26	782,229,304	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		247,704,617	27	484,973,947	
	28	Net assets with donor restrictions		-1,464	28	-1,464	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		247,703,153	32	484,972,483	
33	Total liabilities and net assets/fund balances		1,013,172,338	33	1,267,201,787		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	817,287,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	705,733,049
3	Revenue less expenses. Subtract line 2 from line 1	3	111,554,430
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	247,703,153
5	Net unrealized gains (losses) on investments	5	72,034,973
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	53,679,927
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	484,972,483

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

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

Software ID:
Software Version:
EIN: 52-0795508
Name: APPALACHIAN REGIONAL HEALTHCARE

Form 990 (2020)

Form 990, Part III, Line 4a:

APPALACHIAN REGIONAL HEALTHCARE INC. (ARH), IS A NOT-FOR-PROFIT HEALTH SYSTEM OPERATING 13 HOSPITALS (NINE OF WHICH ARE INCLUDED IN THIS RETURN) IN BARBOURVILLE, HAZARD, HARLAN, HYDEN, MARTIN, MCDOWELL, MIDDLESBORO, PRESTONSBURG, WEST LIBERTY, WHITESBURG, AND SOUTH WILLIAMSON IN KENTUCKY AS WELL AS BECKLEY AND HINTON IN WEST VIRGINIA. ARH ALSO OPERATES MULTI-SPECIALTY AND FAMILY PRACTICE CLINICS, HOME HEALTH AGENCIES, HOME MEDICAL EQUIPMENT STORES, AND RETAIL AND SPECIALTY PHARMACIES IN THESE AND SURROUNDING AREAS. ARH EMPLOYS MORE THAN 6,000 PEOPLE WITH MOST RECENT ANNUAL PAYROLL AND BENEFITS OF MORE THAN \$350 MILLION GENERATED INTO OUR LOCAL ECONOMIES. THE MAJORITY OF THESE EMPLOYEES RESIDE IN THE SAME COMMUNITIES THAT ARH SERVES. ARH ALSO HAS A NETWORK OF 600 ACTIVE AND COURTESY MEDICAL STAFF MEMBERS. ARH IS THE LARGEST PROVIDER OF CARE AND SINGLE LARGEST EMPLOYER IN SOUTHEASTERN KENTUCKY AND THE THIRD LARGEST IN SOUTHERN WEST VIRGINIA. THE COMPANY HAS BEEN RANKED AS ONE OF THE TOP TEN EMPLOYERS IN KENTUCKY BY FORBES MAGAZINE, AND IS CONSISTENTLY RECOGNIZED FOR ITS MEDICAL EXCELLENCE. ARH HAS PUT A MAJOR FOCUS INVESTING IN SIGNIFICANT NEUROSCIENCE GROWTH, INCLUDING CUTTING-EDGE TELEHEALTH EMERGENCY ROOM SERVICE AS WELL AS TELENEUROLOGY CLINICS AND INPATIENT SERVICES ACROSS THE ARH SYSTEM. ARH COMMUNITIES CAN COUNT ON ARH HOSPITALS TO PROVIDE THE BEST IN STROKE CARE WHETHER AT THE BEDSIDE OR VIA ITS NEW TELESTROKE AND TELENEUROLOGY PATIENT CARE AND MONITORING PROGRAM. WITH A SHORTAGE OF NEUROLOGISTS IN THE UNITED STATES, ESPECIALLY IN RURAL AREAS, TELESTROKE AND TELENEUROLOGY PROGRAMS ALLOW EXPERT-LEVEL CARE FROM A NEUROLOGIST IN OUR LOCAL COMMUNITY. SEVERAL ARH LOCATIONS ADDED THE NEW TELESTROKE AND TELENEUROLOGY PATIENT CARE AND MONITORING PROGRAM. THE TELESTROKE PROGRAM ALLOWS ARH TO PROVIDE TIME-CRITICAL DIAGNOSIS TREATMENT SUCH AS THE CLOT DISSOLVING DRUGS (THROMBOLYTICS) USED TO TREAT THE MOST COMMON TYPE OF STROKE. PROVIDING TELESTROKE AND TELENEUROLOGY SERVICES GIVE ALL PATIENTS IN APPALACHIA A BETTER CHANCE OF STROKE SURVIVAL AND RECOVERY. IT IS PART OF ARH'S MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS IT SERVES THROUGH PARTNERSHIPS WITH OUR COMMUNITIES. ONE SUCH EXAMPLE WAS THE BARBOURVILLE ARH HOSPITAL PARTNERSHIP WITH UNION COLLEGE TO OPEN THE ARH CAMPUS HEALTH CENTER-UNION COLLEGE OFFERING ACUTE AND CHRONIC CARE, INCLUDING ANNUAL WELLNESS EXAMS, COLD AND FLU TREATMENT, DIABETES MANAGEMENT, WOMEN'S HEALTH AND SCHOOL, SPORTS AND WORK PHYSICALS FOR MEN, WOMEN AND CHILDREN OF ALL AGES. ARH STRIVES NOT ONLY TO PROVIDE ITS COMMUNITIES EXCEPTIONAL MEDICAL CARE, BUT ALSO TO BUILD PUBLIC AWARENESS OF WARNING SIGNS AND TIPS FOR PREVENTION OF COMMON HEALTH CONDITIONS IN OUR AREA THROUGH FREE EDUCATIONAL SESSIONS. DURING MANY OF THESE EDUCATIONAL EVENTS, FREE HEALTH SCREENINGS ARE OFFERED TO FURTHER IMPROVE THE HEALTH OF THE RESIDENTS ARH SERVES. ARH STRONGLY PROMOTES THE IMPORTANCE OF PREVENTATIVE HEALTH SCREENINGS AND EACH YEAR ARH FACILITIES PROVIDE A NUMBER OF FREE ROUTINE HEALTH SCREENINGS. TO ENCOURAGE WOMEN TO GET ANNUAL SCREENING MAMMOGRAMS, EACH YEAR ARH ALSO OFFERS DISCOUNTED MAMMOGRAM SCREENINGS DURING OCTOBER'S BREAST CANCER AWARENESS MONTH, WHICH COINCIDE WITH AWARENESS EVENTS HELD THROUGHOUT THE MONTH. THE NORTON HEALTHCARE/UK HEALTHCARE STROKE CARE NETWORK RECOGNIZED TUG VALLEY ARH REGIONAL MEDICAL CENTER FOR ITS WORK IN PUBLIC AWARENESS AND COMMUNITY EDUCATION WITH THE "SERVICE AWARD" FOR STROKE AWARENESS. ARH ALSO IS A STRONG ADVOCATE OF GOOD NUTRITION IN OUR COMMUNITIES AND HELD FARMER'S MARKETS AT SOME HOSPITAL LOCATIONS BRINGING LOCALLY SOURCED FRESH FRUITS AND VEGETABLES TO VISITORS, PATIENTS AND EMPLOYEES, WHICH IN TURN SUPPORTED LOCAL GROWERS. IN EFFORTS TO PREVENT THE SPREAD OF THE VIRUS THE COVID-19 PANDEMIC AND IN ADHERING TO GUIDANCE FROM PUBLIC HEALTH OFFICIALS THAT CAUTIONED AGAINST LARGE MASS GATHERINGS, THE MAJORITY OF THE IN-PERSON EDUCATION AND OUTREACH ACTIVITIES NORMALLY HELD IN THESE COMMUNITIES HAD TO BE HALTED DURING THIS TIME. HOWEVER, THE SYSTEM WAS STILL ABLE TO PROVIDE MORE THAN \$3 MILLION IN COMMUNITY BENEFIT ACTIVITIES TO MORE THAN 47,000 PEOPLE. WHILE THE MAJORITY OF IN PERSON EVENTS CEASED, ARH EMBRACED TECHNOLOGY TO CONTINUE OUR OUTREACH ENDEAVORS BY OFFERING HEALTH EDUCATION AND OUTREACH ACTIVITIES THROUGH ONLINE HEALTH WEBINARS. ARH VALUES OUR RELATIONSHIP WITH THE SCHOOL SYSTEMS IN EACH OF OUR COMMUNITIES. WE HAVE WORKED TO PROVIDE COVID-19 INFORMATION AND EDUCATION TO SCHOOL STAFF AS WELL AS WORKED TO PROTECT THEM BY PROVIDING NEEDED SUPPLIES SUCH AS HAND SANITIZER AND REUSABLE FACE MASKS FOR STUDENTS IN EACH ARH COMMUNITY. THROUGHOUT THE PANDEMIC, ARH HAS BEEN AT THE FOREFRONT OF RESPONSE, TREATMENT, AND PREVENTION. WE HAVE RELIED ON THE COLLECTIVE STABILITY, RESOURCES, AND STRENGTH THAT A MULTI-HOSPITAL SYSTEM SUCH AS ARH CAN OFFER TO PROVIDE THE 23 COUNTIES WE SERVE IN KENTUCKY AND WEST VIRGINIA COVID-19 EDUCATION, TESTING, TREATMENT, AND NOW VACCINATIONS. ARH HAS PUT CDC-RECOMMENDED MEASURES IN PLACE TO PROVIDE THE SAFEST POSSIBLE CARE DURING THE COVID-19 PANDEMIC. DURING THIS TIME, ARH HAS EMBRACED TECHNOLOGY TO PROVIDE OUR COMMUNITIES WITH ROBUST VIRTUAL CARE OPTIONS DESIGNED TO ENSURE OUR PATIENTS RECEIVE THE SAFEST MANNER OF CARE FOR THEIR HEALTH CONDITIONS AND COMFORT LEVELS. SOME OPTIONS INCLUDE VIRTUAL OFFICE AND SPECIALIST VISITS IN ADDITION TO A CURBSIDE CARE OPTION WHERE STAFF BRINGS THE ELECTRONIC DEVICE OUT TO THE PATIENT'S VEHICLE FOR THE VISIT. THIS OPTION HAS PROVED HELPFUL FOR PATIENTS WITHOUT ACCESS TO SMARTPHONES AND OTHER DEVICES OR LIMITED INTERNET ACCESS. ARH ALSO LOOKED TO TECHNOLOGY AS IT PREPARED FOR THE ROLLOUT OF THE COVID-19 VACCINE. TO STREAMLINE THE VACCINATION PROCESS THROUGHOUT THE COMMUNITIES WE SERVE, ARH LAUNCHED A CENTRALIZED ONLINE VACCINE SCHEDULING SYSTEM TO ALLOW OUR COMMUNITY MEMBERS TO GET ON THE LIST FOR THE VACCINE. JOINING IN EFFORTS TO BOOST VACCINATION NUMBERS IN THE STATES WE SERVE, ARH HAS WORKED TO MAKE GETTING A COVID-19 VACCINE AS EASY AS POSSIBLE FOR OUR COMMUNITIES WITH SOME LOCATIONS OFFERING A DRIVE-THRU OPTION THAT ALLOWS THE PATIENT TO REMAIN IN THE SAFETY OF THEIR VEHICLE WHEN GETTING THE VACCINE. OTHER LOCATIONS HAVE OFFERED A TRADITIONAL VACCINATION SYSTEM OR A HYBRID VACCINATION MODEL THAT ALLOWS A PATIENT WHO NEEDS TO RECEIVE THE VACCINE FROM THEIR VEHICLES, TO RECEIVE THE VACCINATION THERE, WHILE OTHERS GO INSIDE TO A DESIGNATED AREA INSIDE THE BUILDING FOR THEIR VACCINATIONS. OUTREACH EFFORTS HAVE ALSO INCLUDED PROVIDING VACCINATIONS FOR LOCAL SCHOOL SYSTEMS AND STUDENTS. VACCINATION IS ALSO A SIMPLE PROCESS FOR ARH EMPLOYEES WHO ARE REQUIRED TO BE VACCINATED.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH L GROSSMAN PRESIDENT/CEO (TERM ENDED 5/21)	35.00 5.00			X				934,080	0	63,601
TODD JAROSZ ORTHOPEDIC SURGEON	40.00					X		902,291	0	49,180
DONNIE R STACY ONCOLOGIST	40.00					X		775,984	0	34,445
ADNAN M BHOPALWALA CARDIOLOGIST	40.00					X		771,783	0	29,680
CHAD E BRASHEAR GENERAL SURGEON	40.00					X		766,708	0	28,775
JAMEEL BUTT GENERAL SURGEON	40.00					X		717,721	0	28,775
MARIA BRAMAN CMO/VP MEDICAL AFFAIRS	40.00				X			349,042	0	49,180
DANNY M HARRIS TREASURER	35.00 5.00			X				331,680	0	18,186
HOLLIE P HARRIS PRESIDENT/CEO	40.00			X				272,466	0	51,999
BESSIE ELLEN WRIGHT VP AND CHIEF NURSING OFFIC	40.00				X			189,386	0	36,245

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL V MILES COO/VP OPERATIONS	40.00			X				335,573	0	71,483
JEFFREY B HOLLON TRUSTEE	3.00	X						0	0	0
RANDALL EVANS DVM TRUSTEE	5.00	X						0	0	0
TAD MYRE TRUSTEE	3.00	X						0	0	0
JIM HART TRUSTEE	3.00	X						0	0	0
BART FRANCIS TRUSTEE	3.00	X						0	0	0
BROCK LITTERAL TRUSTEE	3.00	X						0	0	0
ONZIE SIZEMORE TRUSTEE	3.00	X						0	0	0
JOANN ANDERSON TRUSTEE	3.00	X						0	0	0
KEN ALLMAN TRUSTEE	5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BONITA COMPTON TRUSTEE	3.00	X						0	0	0
ANDREA MASSEY TRUSTEE	3.00	X						0	0	0
MIKE RUST TRUSTEE	3.00	X						0	0	0
JOANNA SANTIESTEBAN MD TRUSTEE	3.00	X						0	0	0
GREG WILSON TRUSTEE	4.00	X						0	0	0
CRYSTAL SHEAVES TRUSTEE	3.00	X						0	0	0
GREG PAULEY TRUSTEE	3.00	X						0	0	0
GREG COUCH SEC'Y/TREAS	3.00	X						0	0	0
JULIE ROSE AKEMON VICE CHAIR	3.00	X						0	0	0
DUANNE THOMPSON CHAIR	3.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number
52-0795508

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

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

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

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

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

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

Name of the organization APPALACHIAN REGIONAL HEALTHCARE	Employer identification number 52-0795508
---	--

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		100,345
i	Other activities?	Yes		18,938
j	Total. Add lines 1c through 1i			119,283
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	ARH IS A MEMBER OF VARIOUS HOSPITAL ASSOCIATIONS. THE APPROPRIATE PERCENTAGE OF DUES PAID TO THE ORGANIZATIONS ALLOCABLE TO LOBBYING ACTIVITIES ARE ALSO INCLUDED. ARH HOLDS ON RETAINER CONSULTANTS TO ASSIST WITH GOVERNMENT AND PUBLIC RELATIONS IN REGARDS TO DEVELOPMENT OF LEGISLATURE, RELATED RESEARCH, AND OTHER RELEVANT ACTIVITIES.

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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

2020

Open to Public Inspection

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number
52-0795508

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D Schedule D (Form 990) 2020

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

3a

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

(i) Unrelated organizations

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		4,748,137		4,748,137
b Buildings		291,881,250	211,490,097	80,391,153
c Leasehold improvements				
d Equipment		232,852,977	190,585,821	42,267,156
e Other		158,684,958	43,038,491	115,646,467
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				243,052,913

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	376,725,195

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 ☒

Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-0795508
Name: APPALACHIAN REGIONAL HEALTHCARE

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
MEDICARE & MEDICAID ESTIMATED SETTLEMENTS	196,898,354
ACCRUED PENSION COST	114,390,765
RESERVE FOR SELF-INSURANCE	41,234,605
PHYSICIAN COMMITMENTS	513,213
DUE TO PATIENTS	9,653,134
BOND INTEREST PAYABLE	1,394,933
SERP PAYABLE	328,938
ACCRUED PHYSICIAN SETTLEMENTS	2,674,664
OPERATING LEASE LIABILITY	9,636,589

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE CORPORATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC. HOWEVER, THE CORPORATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. GAAP REQUIRES THE CORPORATION TO EVALUATE ITS TAX POSITIONS AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF IT HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS). THE CORPORATION HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE CORPORATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.</p>

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
MEDICARE & MEDICAID ESTIMATED SETTLEMENTS	196,898,354
ACCRUED PENSION COST	114,390,765
RESERVE FOR SELF-INSURANCE	41,234,605
PHYSICIAN COMMITMENTS	513,213
DUE TO PATIENTS	9,653,134
BOND INTEREST PAYABLE	1,394,933
SERP PAYABLE	328,938
ACCRUED PHYSICIAN SETTLEMENTS	2,674,664
OPERATING LEASE LIABILITY	9,636,589

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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number
52-0795508

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,756,445	18,953,123	1,803,322	0.260 %
b Medicaid (from Worksheet 3, column a)			219,363,833	203,510,901	15,852,932	2.250 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			240,120,278	222,464,024	17,656,254	2.510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	5,671	46,043	266,362		266,362	0.040 %
f Health professions education (from Worksheet 5)	1,105	869	3,145,519		3,145,519	0.450 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	225	1,916		1,916	0 %
j Total. Other Benefits	6,779	47,137	3,413,797		3,413,797	0.490 %
k Total. Add lines 7d and 7j	6,779	47,137	243,534,075	222,464,024	21,070,051	3.000 %

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

Cat. No. 50192T

Schedule H (Form 990) 2020

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	62	5,915	29,637		29,637	0 %
4 Environmental improvements						
5 Leadership development and training for community members	13	190	827		827	0 %
6 Coalition building	17	236	2,890		2,890	0 %
7 Community health improvement advocacy	2,756	5,246	27,344		27,344	0 %
8 Workforce development	1	15	53		53	0 %
9 Other						
10 Total	2,849	11,602	60,751		60,751	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense		Yes	No	
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		4,161,827
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		13,316,276
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5		129,893,962
6	Enter Medicare allowable costs of care relating to payments on line 5	6		131,207,269
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7		-1,313,307
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 ARH REGIONAL MEDICAL CENTER PROFESSIONAL OFFICE BUILDING CO-OWNERS COUNCIL	CONDO OWNER	68.710 %		31.290 %
2 2 WHITESBURG PHYSICIAN OFFICE BUILDING LLC	CONDO OWNER	75.000 %		25.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

9

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP - A**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.ARH.ORG/CHNA/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://WWW.ARH.ORG/CHNA/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000% and FPG family income limit for eligibility for discounted care of 200.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div>e</div><div><input type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): HTTPS://WWW.ARH.ORG/FINANCIAL-ASSISTANCE/</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): HTTPS://WWW.ARH.ORG/FINANCIAL-ASSISTANCE/</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.ARH.ORG/FINANCIAL-ASSISTANCE/</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 83

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

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Form and Line Reference	Explanation
PART I, LINE 3C:	THE DISCOUNTS ARE BASED ON A SLIDING FEE SCHEDULE STARTING AT 100% OF FPG QUALIFYING FOR FREE CARE, RANGING UP TO UNLIMITED INCOME LEVELS FOR A 40% DISCOUNT ON ALL UNINSURED CARE PROVIDED.
PART I, LINE 7:	THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2.

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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>TODAY APPALACHIAN REGIONAL HEALTHCARE CONTINUES ITS MISSION IN THE MOUNTAINS BY OFFERING RESIDENTS OF EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA A LOCAL OPTION FOR QUALITY HEALTHCARE SERVICES. ARH HOLDS STEADFAST TO THE MISSION TO, ""IMPROVE HEALTH AND PROMOTE WELL-BEING OF ALL THE PEOPLE IN CENTRAL APPALACHIA IN PARTNERSHIP WITH OUR COMMUNITIES."" ARH HAS EVOLVED INTO AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SERVING MORE THAN 320,000 RESIDENTS AND EMPLOYING OVER 6,000 PEOPLE ACROSS EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA WITH HOSPITALS, CLINICS, HOME HEALTH AGENCIES, PHARMACIES AND HOME DURABLE MEDICAL EQUIPMENT STORES. IN FISCAL YEAR 2021, ARH'S NINE HOSPITALS RANGE IN SIZE FROM CRITICAL-ACCESS FACILITIES TO THE SYSTEM'S FLAGSHIP REGIONAL MEDICAL CENTER WITH 358-LICENSED BEDS IN HAZARD, KENTUCKY. ARH IS THE LARGEST PROVIDER OF CARE AND SINGLE LARGEST EMPLOYER IN SOUTHEASTERN KENTUCKY AND THE THIRD LARGEST PRIVATE EMPLOYER IN SOUTHERN WEST VIRGINIA, AND IS CONSISTENTLY RECOGNIZED FOR ITS MEDICAL EXCELLENCE. WHILE PROVIDING THIS REGION WITH QUALITY HEALTHCARE, ARH REINVESTS ANY EARNINGS BACK INTO OPERATIONS TO FURTHER THE SYSTEM'S EFFORTS IN IMPROVING AND ACCESSING HEALTHCARE SERVICES FOR THE REGION. CREATED TO ADDRESS THE UNMET HEALTH NEEDS OF AN UNDERSERVED REGION, ARH LEADERSHIP AND STAFF MEMBERS REALIZE THAT SERVING THIS POPULATION IS ABOUT MORE THAN JUST ADDRESSING THE HEALTH NEEDS, IT IS ALSO ABOUT PREVENTING CHRONIC DISEASES. THROUGH PARTNERSHIPS WITH AREA SCHOOLS, BUSINESSES, ORGANIZATIONS AND HEALTH DEPARTMENTS, ARH IS ONE OF THE PRIMARY SOURCES FOR HEALTH EDUCATION AND DISEASE PREVENTION IN EACH COMMUNITY AND PARTNERS WITH ALL OF THESE VARIOUS COMMUNITY ENTITIES TO FURTHER THESE EFFORTS. ARH SPONSORS MANY COMMUNITY-WIDE WELLNESS EVENTS THROUGHOUT ITS SERVICE AREAS, INCLUDING HEALTH FAIRS AND VARIOUS SUPPORT GROUPS. EACH YEAR, ARH PROVIDES FREE OR DISCOUNTED HEALTH SCREENINGS FOR COLORECTAL, BREAST, AND PROSTATE CANCERS AS WELL AS ROUTINE BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, AND BODY MASS INDEX (BMI) SCREENINGS IN EFFORTS TO PREVENT THE ONSET OF ILLNESSES OR CATCH MEDICAL CONDITIONS BEFORE THEY BECOME LIFE THREATENING. ARH ALSO ACTIVELY UTILIZES ALL FORMS OF MEDIA TO PROMOTE WELLNESS AND EDUCATE THE PUBLIC ON THE SIGNS AND SYMPTOMS OF MANY COMMON HEALTH CONDITIONS. THIS INCLUDES HEALTH EDUCATION NEWSLETTERS THAT ARE MAILED DIRECTLY TO RESIDENTS' HOMES.</p>
PART III, LINE 2:	<p>COSTING METHODOLOGY: TO DETERMINE THE BAD DEBT EXPENSE ON LINE 2, THE BADDEBT EXPENSE PER THE FINANCIAL STATEMENTS, WHICH CONSISTS OF GROSS CHARGESLESS DISCOUNTS, WAS CONVERTED TO COST USING THE GLOBAL COST-TO-CHARGERATIO DEVELOPED IN WORKSHEET 2. PATIENT DISCOUNTS ARE NOT REFLECTED INBAD DEBT. ANY PAYMENTS ON AN ACCOUNT AFTER IT IS WRITTEN OFF TO BAD DEBTRESULT IN A REVERSAL OF THE ENTIRE ACCOUNT OUT OF BAD DEBT, REINSTATEMENTOF THE PATIENT ACCOUNT RECEIVABLE, AND ANY NEGOTIATED DIFFERENCE IN THEFULL AMOUNT OF THE ACCOUNT AND THE PAYMENT MADE IS WRITTEN OFF TOCONTRACTUAL ALLOWANCE. PATIENTS WHO MAY QUALIFY FOR CHARITY CARE BUT DONOT APPLY CANNOT BE ESTIMATES. ALL PATIENTS ARE EDUCATED ABOUT AND GIVENEVERY OPPORTUNITY TO APPLY FOR CHARITY CARE AND, THEREFORE, ARH HAS NOINFORMATION FOR THOSE WHO CHOOSE NOT TO APPLY.</p>

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Form and Line Reference	Explanation
PART III, LINE 3:	EXPLANATION: MANAGEMENT CONTINUALLY MONITORS AND ADJUSTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ASSOCIATED WITH CREDIT RISK. THE CORPORATION'S ABILITY TO COLLECT OUTSTANDING RECEIVABLES IS CRITICAL TO ITS RESULTS OF OPERATIONS AND CASH FLOWS. TO PROVIDE FOR ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE, THE CORPORATION ESTABLISHES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THE PRIMARY UNCERTAINTY OF SUCH ALLOWANCES LIES WITH UNINSURED PATIENT RECEIVABLES AND DEDUCTIBLES, CO-PAYMENTS OR OTHER AMOUNTS DUE FROM INDIVIDUAL PATIENTS. THE CORPORATION HAS AN ESTABLISHED PROCESS TO DETERMINE THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THAT RELIES ON A NUMBER OF ANALYTICAL TOOLS AND BENCHMARKS TO ARRIVE AT A REASONABLE ALLOWANCE. NO SINGLE STATISTIC OR MEASUREMENT DETERMINES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. SOME OF THE ANALYTICAL TOOLS THAT THE CORPORATION UTILIZES INCLUDE, BUT ARE NOT LIMITED TO, HISTORICAL CASH COLLECTION EXPERIENCE BY PAYOR, REVENUE TRENDS BY PAYOR CLASSIFICATION AND AGED ACCOUNTS FROM DATE OF SERVICE BY PAYOR. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES.
PART III, LINE 4:	THE CORPORATION HAS AN ESTABLISHED PROCESS TO DETERMINE THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THAT RELIES ON A NUMBER OF ANALYTICAL TOOLS AND BENCHMARKS TO ARRIVE AT A REASONABLE ALLOWANCE. NO SINGLE STATISTIC OR MEASUREMENT DETERMINES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. SOME OF THE ANALYTICAL TOOLS THAT THE CORPORATION UTILIZES INCLUDE, BUT ARE NOT LIMITED TO, HISTORICAL CASH COLLECTION EXPERIENCE BY PAYOR, REVENUE TRENDS BY PAYOR CLASSIFICATION AND AGED ACCOUNTS FROM DATE OF SERVICE BY PAYOR. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES.

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Form and Line Reference	Explanation
PART III, LINE 8:	NEARLY ONE HALF OF THE CORPORATION'S PATIENT REVENUES ARE DERIVED FROM SERVICES PROVIDED TO MEDICARE BENEFICIARIES. IN TURN, PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FELL SHORT OF THE COST TO PROVIDE SUCH SERVICES BY MORE THAN \$1 MILLION. MEDICARE RECIPIENTS RELY HEAVILY ON ARH FOR CARE, AND IN MANY OF THE COMMUNITIES IT SERVES, ARH IS THE LONE PROVIDER OF ACUTE HOSPITAL CARE. THE CORPORATION CONSIDERS ITS PARTICIPATION IN THE MEDICARE PROGRAM AND THE ASSOCIATED LOSSES RESULTING THEREOF AS AN ESSENTIAL COMPONENT OF COMMUNITY BENEFIT. ACCORDINGLY, WE DEEM THAT \$1,313,307 (OR 100%) OF THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 7 BE TREATED AS A COMMUNITY BENEFIT.
PART III, LINE 9B:	THE PROVISIONS IN THE WRITTEN DEBT COLLECTION POLICY ARE THAT CHARITY AND FINANCIAL ASSISTANCE APPLICATIONS ARE VALID FOR 6 MONTHS. AFTER THAT TIME, THE PATIENT MUST REAPPLY AND PRESENT CURRENT FINANCIAL DOCUMENTS AS NECESSARY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT IS CONDUCTED BY ARH EVERY THREE YEARS AND REPORTED ELSEWHERE IN THIS DOCUMENT, ARH ALSO CONTINUALLY ASSESSES COMMUNITY NEEDS IN OTHER FORMS AS WELL. THE NEEDS OF THE COMMUNITIES THAT ARH SERVES THROUGHOUT EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA ARE ASSESSED BY FOLLOWING EMERGING MEDICAL PRACTICE NEEDS AS A WHOLE ACROSS THE NATION AND SPECIFICALLY IN THE APPALACHIAN REGION. THE HEALTH NEEDS ARE EXAMINED BY LOOKING AT HEALTH STATISTICS AND DISEASE PREVALENCE COMPARED TO SERVICE/PHYSICIAN AVAILABILITY. PATIENT AND COMMUNITY SURVEYS ARE ALSO REGULARLY CONDUCTED TO ASSESS CONSUMER PERCEIVED NEEDS. LOCAL ADVISORY COUNCILS (LACS) ALSO EXIST IN EACH OF ARH'S HOSPITAL COMMUNITIES. THE COUNCILS ARE COMPRISED OF LOCAL CITIZENS WHO VOLUNTEER TO HELP ARH IMPROVE THE HEALTH OF ITS COMMUNITIES THROUGH REGULAR MEETINGS THAT DISCUSS COMMUNITY HEALTH ISSUES AND HELP ARH IDENTIFY AND ADDRESS THEM. MEMBERS ALSO ADVISE ARH ABOUT IMPROVEMENTS NEEDED AND COMMUNITY PERCEPTIONS OF ARH FACILITIES AND THESE INDIVIDUALS SERVE AS EXCELLENT AMBASSADORS FOR ARH AND ITS SERVICES. THESE INDIVIDUALS HAVE DEMONSTRATED THEIR LEADERSHIP IN LOCAL CIVIC AFFAIRS AND REFLECT A CROSS SECTION OF THE COMMUNITY. QUARTERLY, ONE REPRESENTATIVE FROM EACH OF THESE LACS MEETS TO DISCUSS COMMON ISSUES ACROSS THE SYSTEM AT A REGIONAL ADVISORY COUNCIL MEETING. FROM THIS GROUP OF REPRESENTATIVES, ONE MEMBER IS SELECTED TO ALSO SERVE ON THE HEALTH SYSTEM'S BOARD OF TRUSTEES.</p>
PART VI, LINE 3:	<p>UNDER ARH'S FINANCIAL ASSISTANCE PROGRAM AND POLICY, EACH PATIENT WITHOUT MEDICAL COVERAGE FOR RENDERED SERVICES IS OFFERED A 40% DISCOUNT OF GROSS CHARGES AT TIME OF SERVICE. IF THE PATIENT EXTENDS PAYMENT AT TIME OF SERVICE THEY ARE GIVEN ANOTHER 10% DISCOUNT, MAKING THEIR LIABILITY 50% OF GROSS CHARGES. ALL OF THESE DISCOUNTS ARE APPLIED AT TIME OF CHARGE AND BILLED AFTER THE DISCOUNT IS TAKEN. IF SAID PATIENT IS UNABLE TO MEET THE FINANCIAL OBLIGATIONS FOR SERVICE, THEY ARE EDUCATED AND SCREENED FOR POTENTIAL FEDERAL AND/OR STATE ASSISTANCE PROGRAMS. BY DOING THIS, THE PATIENT IS REVIEWED AND EDUCATED BY ON-SITE FINANCIAL COUNSELORS AND/OR ELIGIBILITY AGENCY TO GET THE INDIVIDUAL PLACED IN A PROGRAM. BASED ON INCOME AND FAMILY STATUS, THE PATIENT IS SCREENED IN CONJUNCTION WITH THE FEDERAL AND STATE POVERTY GUIDELINES. AT THIS TIME, ALL APPLICATIONS ARE COMPLETED WITH THE ASSISTANCE OF ARH PERSONNEL AND SUBMITTED FOR APPROVAL. IN THE EVENT AN AGENCY REQUIRES THE PATIENT/GUARANTOR TO APPLY IN PERSON, THE INDIVIDUAL IS ASKED TO MAKE AN APPOINTMENT WITH THAT AGENCY AND FILE THEIR COMPLETED DOCUMENTS. IF THE RESPONSIBLE PARTY IS NOT ELIGIBLE FOR FEDERAL OR STATE ASSISTANCE, THEY ARE ADDITIONALLY SCREENED BY ARH FOR ELIGIBILITY INTO OUR INTERNAL SLIDING FEE SCHEDULE CHARITY PROGRAM FOR ADDITIONAL DISCOUNTS UP TO 100% OF GROSS CHARGES. IF THE PATIENT IS HELD RESPONSIBLE, ADDITIONAL EFFORTS TO ASSIST THE PATIENT ARE OFFERED BY OFFERING REASONABLE PAYMENT PLANS AND DEFERRED PAYMENTS. IN THE EVENT THE PATIENT/GUARANTOR DOES NOT MAKE A REASONABLE EFFORT TO COMPLETE NECESSARY DOCUMENTATION TO APPLY OR BECOME ELIGIBLE FOR A FINANCIAL ASSISTANCE PROGRAM, THEY ARE THEN STILL GIVEN THE INITIAL 40% DISCOUNT AND MOVED THROUGH THE NORMAL COLLECTION PROCESS.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4:	<p>THE RURAL SERVICE AREA COVERED BY ARH IN EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA INCLUDES MORE THAN 20 COUNTIES. THIS REGION IS FRAUGHT WITH SOME OF THE HIGHEST CHRONIC HEALTH PREVALENCE RATES IN THE COUNTRY FOR LUNG CANCER, DIABETES, AND HEART DISEASE. TO COMPOUND THESE PROBLEMS, MOST OF ARH'S FACILITIES ARE LOCATED IN AREAS THAT ARE AT LEAST PARTIALLY CLASSIFIED AS MEDICALLY UNDERSERVED AREAS AND HEALTH PROFESSIONAL SHORTAGE AREAS BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. IN ADDITION, THE AREAS SERVED BY ARH ALSO FACE UNEMPLOYMENT RATES THAT ARE SUBSTANTIALLY HIGHER THAN STATE AND NATIONAL AVERAGES AND A HIGHER NUMBER OF CITIZENS IN THESE AREAS RANK BELOW THE NATIONAL POVERTY LEVEL. FOR MORE THAN 60 YEARS, ARH HAS CARRIED A HEAVY LOAD IN CARING FOR THIS POPULATION. IN FISCAL YEAR 2021, ARH PROVIDED CLOSE TO \$6 MILLION IN UNCOMPENSATED CARE AND DURING THAT SAME FISCAL YEAR, 80 PERCENT OF THE CHARGES THAT OCCURRED WERE FOR MEDICARE AND MEDICAID PATIENTS.</p>
PART VI, LINE 5:	<p>TODAY APPALACHIAN REGIONAL HEALTHCARE CONTINUES ITS MISSION IN THE MOUNTAINS BY OFFERING RESIDENTS OF EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA A LOCAL OPTION FOR QUALITY HEALTHCARE SERVICES. ARH HOLDS STEADFAST TO THE MISSION TO, "IMPROVE HEALTH AND PROMOTE WELL-BEING OF ALL THE PEOPLE IN CENTRAL APPALACHIA IN PARTNERSHIP WITH OUR COMMUNITIES." ARH HAS EVOLVED INTO AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SERVING MORE THAN 320,000 RESIDENTS AND EMPLOYING OVER 6,000 PEOPLE ACROSS EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA WITH HOSPITALS, CLINICS, HOME HEALTH AGENCIES, PHARMACIES AND HOME DURABLE MEDICAL EQUIPMENT STORES. IN FISCAL YEAR 2020, ARH'S NINE HOSPITALS RANGE IN SIZE FROM CRITICAL-ACCESS FACILITIES TO THE SYSTEM'S FLAGSHIP REGIONAL MEDICAL CENTER WITH 358-LICENSED BEDS IN HAZARD, KENTUCKY. ARH IS THE LARGEST PROVIDER OF CARE AND SINGLE LARGEST EMPLOYER IN SOUTHEASTERN KENTUCKY AND THE THIRD LARGEST PRIVATE EMPLOYER IN SOUTHERN WEST VIRGINIA, AND IS CONSISTENTLY RECOGNIZED FOR ITS MEDICAL EXCELLENCE. WHILE PROVIDING THIS REGION WITH QUALITY HEALTHCARE, ARH REINVESTS ANY EARNINGS BACK INTO OPERATIONS TO FURTHER THE SYSTEM'S EFFORTS IN IMPROVING AND ACCESSING HEALTHCARE SERVICES FOR THE REGION. CREATED TO ADDRESS THE UNMET HEALTH NEEDS OF AN UNDERSERVED REGION, ARH LEADERSHIP AND STAFF MEMBERS REALIZE THAT SERVING THIS POPULATION IS ABOUT MORE THAN JUST ADDRESSING THE HEALTH NEEDS, IT IS ALSO ABOUT PREVENTING CHRONIC DISEASES. THROUGH PARTNERSHIPS WITH AREA SCHOOLS, BUSINESSES, ORGANIZATIONS AND HEALTH DEPARTMENTS, ARH IS ONE OF THE PRIMARY SOURCES FOR HEALTH EDUCATION AND DISEASE PREVENTION IN EACH COMMUNITY AND PARTNERS WITH ALL OF THESE VARIOUS COMMUNITY ENTITIES TO FURTHER THESE EFFORTS. ARH SPONSORS MANY COMMUNITY-WIDE WELLNESS EVENTS THROUGHOUT ITS SERVICE AREAS, INCLUDING HEALTH FAIRS AND VARIOUS SUPPORT GROUPS. EACH YEAR, ARH PROVIDES FREE OR DISCOUNTED HEALTH SCREENINGS FOR COLORECTAL, BREAST, AND PROSTATE CANCERS AS WELL AS ROUTINE BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, AND BODY MASS INDEX (BMI) SCREENINGS IN EFFORTS TO PREVENT THE ONSET OF ILLNESSES OR CATCH MEDICAL CONDITIONS BEFORE THEY BECOME LIFE THREATENING. ARH ALSO ACTIVELY UTILIZES ALL FORMS OF MEDIA TO PROMOTE WELLNESS AND EDUCATE THE PUBLIC ON THE SIGNS AND SYMPTOMS OF MANY COMMON HEALTH CONDITIONS. THIS INCLUDES HEALTH EDUCATION NEWSLETTERS THAT ARE MAILED DIRECTLY TO RESIDENTS' HOMES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>DURING FISCAL YEAR 2021, ARH'S SERVICES WERE MAINLY ORGANIZED AROUND ITS 9 HOSPITAL SPECIFIC COMMUNITIES ACROSS EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA. IN EACH OF THESE COMMUNITIES A HOSPITAL EXISTS ALONG WITH A COMPLIMENTARY ARRANGEMENT OF OTHER ARH SERVICES WHICH MAY INCLUDE CLINICS, HOME HEALTH AGENCIES, PHARMACIES, AND/OR HOME DURABLE MEDICAL EQUIPMENT STORES. AT THE SYSTEM-LEVEL VARIOUS HEALTH PROMOTION ACTIVITIES ARE ORGANIZED AND PROMOTED ACROSS THE FACILITIES, INCLUDING THE INTRODUCTION OF NEW SERVICE LINES AND NEW TECHNOLOGY. HOWEVER, IN EACH OF ARH'S 9 COMMUNITIES, VARIOUS COMMUNITY OUTREACH PROGRAMS ARE ALSO UNDERWAY AND AGGRESSIVELY ADDRESSING THE HEALTH CONCERNS OF THAT PARTICULAR AREA WHILE STRONG COMMUNITY COLLABORATION IS BEING DEVELOPED. FROM SENIOR CITIZEN WELLNESS PROGRAMS TO PATIENT ASSISTANCE VIA A CANCER NAVIGATOR, ARH'S COMMUNITIES ARE REAPING THE BENEFITS OF SUCCESSFUL COMMUNITY OUTREACH.</p>

Additional Data

Software ID:

Software Version:

EIN: 52-0795508

Name: APPALACHIAN REGIONAL HEALTHCARE

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 9											
1	HAZARD ARH REGIONAL MEDICAL CENTER 100 MEDICAL CENTER DRIVE HAZARD, KY 41701	X	X		X			X			A
2	BECKLEY ARH HOSPITAL 306 STANAFORD ROAD BECKLEY, WV 25801	X	X					X			A
3	HARLAN ARH HOSPITAL 81 BALL PARK ROAD HARLAN, KY 40831	X	X					X			A
4	WHITESBURG ARH HOSPITAL 240 HOSPITAL ROAD WHITESBURG, KY 41858	X	X					X			A
5	TUG VALLEY ARH REGIONAL MEDICAL CENTER 260 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503	X	X					X			A

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 9											
Name, address, primary website address, and state license number											
6	MIDDLESBORO ARH HOSPITAL 3600 WEST CUMBERLAND AVENUE MIDDLESBORO, KY 40965	X	X					X			A
7	MCDOWELL ARH HOSPITAL ROUTE 122 BOX 247 MCDOWELL, KY 41647	X	X			X		X			A
8	MORGAN COUNTY ARH HOSPITAL 476 LIBERTY ROAD WEST LIBERTY, KY 41472	X	X			X		X			A
9	SUMMERS COUNTY ARH HOSPITAL 115 SUMMERS HOSPITAL ROAD HINTON, WV 25951	X	X			X		X			A

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: HAZARD ARH REGIONAL MEDICAL CENTER, - FACILITY 3: HARLAN ARH HOSPITAL, - FACILITY 2: BECKLEY ARH HOSPITAL, - FACILITY 5: TUG VALLEY ARH REGIONAL MEDICAL CENTER, - FACILITY 4: WHITESBURG ARH HOSPITAL, - FACILITY 6: MIDDLESBORO ARH HOSPITAL, - FACILITY 8: MORGAN COUNTY ARH HOSPITAL, - FACILITY 7: MCDOWELL ARH HOSPITAL, - FACILITY 9: SUMMERS COUNTY ARH HOSPITAL

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5:	A COMMUNITY STEERING COMMITTEE PROVIDED GUIDANCE OVER THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN EACH OF ARH'S COMMUNITIES. THIS STEERING COMMITTEE WAS MADE UP OF REPRESENTATIVES FROM VARIOUS ORGANIZATIONS AND AGENCIES THROUGHOUT EACH HOSPITAL'S SERVICE AREA. IN PARTICULAR, SOME OF THE COMMITTEE MEMBERS REPRESENTED THE LOCAL HEALTH DEPARTMENT, SENIOR SERVICES, SCHOOL SYSTEM, SOCIAL SERVICE ORGANIZATIONS, AND EMERGENCY MANAGEMENT. THESE INDIVIDUALS ASSISTED WITH DISTRIBUTING SURVEYS AND ORGANIZING FOCUS GROUPS THROUGHOUT THE COMMUNITY ENSURING THAT VARIED COMMUNITY INTERESTS AND EXPERTISE WERE REPRESENTED. SPECIAL ATTENTION WAS PAID TO ENSURING THAT REPRESENTATION FROM THE PUBLIC HEALTH SECTOR WAS INCLUDED IN THIS ASSESSMENT PROCESS AND THAT THE SENIOR CITIZEN AND UNDERSERVED POPULATION WERE REPRESENTED. A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT.
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11:	THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED BY ARH IN 2018-2019. THIS OFFERED A GOOD OPPORTUNITY TO EXAMINE PROGRESS MADE SINCE THE PREVIOUS CHNA PROCESS WHILE OUTLINING NEW STRATEGIES TO GUIDE ACTIVITIES, OUTREACH, AND AREAS OF IMPROVEMENT FOR RECENTLY IDENTIFIED NEEDS. ALL OF THE NEEDS IDENTIFIED DURING THIS PROCESS WERE REVIEWED AND PRIORITIZED BY EACH FACILITY. SOME NEEDS MAY NOT HAVE BEEN SELECTED AS A HIGH PRIORITY SINCE ANOTHER COMMUNITY AGENCY MAY ALREADY BE ADDRESSING THAT NEED AND REFERRALS JUST NEED TO BE MADE TO THAT PARTNER AGENCY. MEASURES WERE TAKEN TO ENSURE THAT EACH IDENTIFIED NEED WAS EITHER ADDRESSED TO SOME DEGREE BY ARH OR REFERRED TO OTHER APPROPRIATE COMMUNITY ENTITIES. BELOW ARE THE MAIN SYSTEM-WIDE NEEDS IDENTIFIED DURING ARH'S MOST RECENT CHNA. THESE AREAS ARE THE MAIN FOCUS OF THE HOSPITALS' ACTIVITIES: SUBSTANCE ABUSE (DRUGS, ALCOHOL, TOBACCO, AND VAPING) MENTAL HEALTH (SERVICES AND REDUCING STIGMA) OBESITY/DIABETES/PHYSICAL ACTIVITY COMMUNICATION AND EDUCATION THE RESULTS FROM THE MOST RECENT CHNA IDENTIFIED THE NEED FOR ARH'S FACILITIES TO FOCUS ON PROVIDING MORE PREVENTIVE AND EDUCATIONAL SERVICES. FOR SOME COMMUNITIES, THIS ALSO MEANT FURTHER PUBLICIZING THE PREVENTIVE AND EDUCATIONAL SERVICES THAT THEY WERE ALREADY OFFERING TO FURTHER INCREASE COMMUNITY PARTNERSHIPS AND AWARENESS. CHNA RESPONDENTS ALSO REQUESTED INCREASED EDUCATIONAL TOPICS INCLUDING MORE OF A FOCUS ON TOPICS SUCH AS VAPING AND MENTAL HEALTH ALONG WITH THE CHRONIC DISEASE ISSUES OF DIABETES AND HEART DISEASE. AN INCREASE IN THE AVAILABILITY OF SERVICES AND PROVIDERS TO ADDRESS THESE IDENTIFIED HEALTH ISSUES IS ALSO A PROMINENT NEED IN THE REGION, ESPECIALLY THE NEED TO ADD MORE MENTAL HEALTH PROVIDERS. ANOTHER NEED THAT WAS ALSO APPARENT WITH THE MOST RECENT CHNA RESULTS WAS THE NEED TO IMPROVE COMMUNICATIONS. THIS NEED RANGES FROM ENSURING THAT THERE IS FASTER COMMUNICATION REGARDING TEST RESULTS, IMPROVING COMMUNICATION TO THE PUBLIC ON ARH SERVICES AND ACTIVITIES VIA SOCIAL MEDIA, AND PROVIDING MORE PATIENT NAVIGATORS/ADVOCATES TO ASSIST PATIENTS WITH NEGOTIATING THE HEALTHCARE PROCESS.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 1 - HARLAN ARH HOSPITAL PSYCHIATRIC SERVICE 81 BALL PARK ROAD HARLAN, KY 40831	PSYCH
1 2 - ARH PSYCHIATRIC CENTER-HAZARD 102 MEDICAL CENTER DRIVE HAZARD, KY 41701	PSYCH
2 3 - ARH HAZARD FAMILY HEALTH SERVICES 200 MEDICAL CENTER DRIVE HAZARD, KY 417019466	CLINIC
3 4 - ARH DANIEL BOONE CLINIC - HARLAN 37 BALL PARK ROAD HARLAN, KY 408311701	RURAL HEALTH CLINIC
4 5 - ARH WHITESBURG SURGICAL CLINIC 214 HOSPITAL ROAD STE A WHITESBURG, KY 418587627	CLINIC
5 6 - ARH TUG VALLEY MEDICAL ASSOCIATES 306 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 415034095	RURAL HEALTH CLINIC
6 7 - ARH MIDDLESBORO INTERNAL MEDICINE 3004 CUMBERLAND AVE SUITE 3 MIDDLESBORO, KY 409652343	CLINIC
7 8 - ARH WHITESBURG CLINIC 214 HOSPITAL ROAD WHITESBURG, KY 418587627	RURAL HEALTH CLINIC
8 9 - HAZARD ARH REGIONAL MEDICAL CENTER CLINI 200 MEDICAL CENTER DRIVE HAZARD, KY 41701	PHARMACY
9 10 - HARLAN ARH OUTPATIENT PHARMACY 37 BALL PARK ROAD HARLAN, KY 40831	PHARMACY
10 11 - HAZARD ARH HOME HEALTH AGENCY 100 AIRPORT GARDENS ROAD HAZARD, KY 41701	HOME HEALTH
11 12 - ARH WOMEN'S AND FAMILY HEALTH CARE HARLA 37 BALL PARK ROAD SUITE 201 HARLAN, KY 408311701	CLINIC
12 13 - ARH COMMUNITY PHARMACY 210 BLACK GOLD BLVD SUITE 104 HAZARD, KY 41701	PHARMACY
13 14 - ARH HAZARD HOMECARE STORE 200 MEDICAL CENTER DRIVE HAZARD, KY 41701	HOME HEALTH CARE
14 15 - ARH WILLIAMSON HOMECARE STORE 140 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503	HOME HEALTH CARE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 16 - ARH MAN HOMECARE STORE ROUTE 99 BUFFALO CREEK ROAD KISTLER, WV 25628	HOME HEALTH CARE
1 17 - ARH HARLAN HOMECARE STORE 106 RAILROAD STREET SUITE 5 HARLAN, KY 40831	HOME HEALTH CARE
2 18 - ARH PRESCRIPTION DIVISION 306 HOSPITAL DRIVE SUITE 105 SOUTH WILLIAMSON, KY 41503	PHARMACY
3 19 - WHITESBURG ARH HOME HEALTH AGENCY 240 HOSPITAL ROAD WHITESBURG, KY 41858	HOME HEALTH
4 20 - ARH MORGAN COUNTY CLINIC 476 LIBERTY ROAD WEST LIBERTY, KY 414720579	RURAL HEALTH CLINIC
5 21 - BECKLEY ARH HOME HEALTH AGENCY 306 STANAFORD ROAD BECKLEY, WV 25801	HOME HEALTH
6 22 - MORGAN COUNTY ARH HOME HEALTH AGENCY 518 MAIN STREET WEST LIBERTY, KY 41472	HOME HEALTH
7 23 - ARH WOMEN'S AND FAMILY HEALTH CARE - TUG 26901 US HIGHWAY 119N BELFRY, KY 415147520	RURAL HEALTH CLINIC
8 24 - ARH TRI-CITY MEDICAL CENTER 18880 NORTH US 119 CUMBERLAND, KY 408238106	RURAL HEALTH CLINIC
9 25 - BECKLEY ARH PHARMACY 250 STANAFORD ROAD BECKLEY, WV 25801	PHARMACY
10 26 - MCDOWELL ARH HOME HEALTH AGENCY 8535 KY RT 122 MINNE, KY 41651	HOME HEALTH
11 27 - HARLAN ARH HOME HEALTH AGENCY 81 BALL PARK ROAD HARLAN, KY 40831	HOME HEALTH
12 28 - ARH SUMMERS COUNTY RURAL HEALTH CLINIC 115 SUMMERS HOSPITAL RD HINTON, WV 259510940	RURAL HEALTH CLINIC
13 29 - ARH BECKLEY HOMECARE STORE 260 STANAFORD ROAD BECKLEY, WV 25801	HOME HEALTH CARE
14 30 - WILLIAMSON ARH HOME HEALTH AGENCY 160 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503	HOME HEALTH

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
31 31 - PIKEVILLE BRANCH-ARH PIKE CO HOME HEALT 247 SOUTH MAYO TRAIL PIKEVILLE, KY 41502	HOME HEALTH
1 32 - ARH MCDOWELL PROFESSIONAL CLINIC 9879 KY RT 122 MCDOWELL, KY 416476042	RURAL HEALTH CLINIC
2 33 - ARH WEST LIBERTY HOMECARE STORE 522 PRESTONSBURG STREET WEST LIBERTY, KY 41472	HOME HEALTH CARE
3 34 - WHITESBURG ARH PHARMACY 240 HOSPITAL ROAD WHITESBURG, KY 41858	PHARMACY
4 35 - ARH MAYKING HOMECARE STORE 240 HOSPITAL ROAD WHITESBURG, KY 41858	HOME HEALTH CARE
5 36 - ARH MCDOWELL HOMECARE STORE 8535 KY RT 122 MINNE, KY 41651	HOME HEALTH CARE
6 37 - MIDDLESBORO ARH PHARMACY 3600 WEST CUMBERLAND AVENUE MIDDLESBORO, KY 40965	PHARMACY
7 38 - MIDDLESBORO ARH HOME HEALTH AGENCY 1916 CUMBERLAND AVENUE MIDDLESBORO, KY 40965	HOME HEALTH
8 39 - ARH MIDDLESBORO HOMECARE STORE 1916 CUMBERLAND AVENUE MIDDLESBORO, KY 40965	HOME HEALTH CARE
9 40 - ARH SPECIALTY PHARMACY 200 MEDICAL CENTER DR HAZARD, KY 41701	PHARMACY
10 41 - ARH HINTON HOMECARE STORE 1500 TERRACE STREET HINTON, WV 25951	HOME HEALTH CARE
11 42 - ARH FAMILY CARE WAYLAND 2662 KING COLEMAN HWY WAYLAND, KY 416669998	PRIMARY CARE CLINIC
12 43 - ARH FAMILY CARE - WHEELWRIGHT 30 KY RT 306 BYPRO, KY 416129706	PRIMARY CARE CLINIC
13 44 - JENKINS ARH FAMILY CARE 9480 HIGHWAY 805 JENKINS, KY 415378182	PRIMARY CARE CLINIC
14 45 - ARH BARIATRIC CENTER 210 BLACK GOLD BOULEVARD SUITE 102 HAZARD, KY 417012620	CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
46 46 - ARH SYSTEM CENTER-HAZARD 100 AIRPORT GARDENS ROAD HAZARD, KY 41701	SUPPORT
1 47 - ARH SYSTEM CENTER-LEXINGTON 2260 EXECUTIVE DR SUITE 400 LEXINGTON, KY 40505	SUPPORT
2 48 - ARH SYSTEM CENTER-LEXINGTON JORDAN BUIL 1218 SOUTH BROADWAY LEXINGTON, KY 40504	SUPPORT
3 49 - ARH SYSTEM CENTER-SOUTH WILLIAMSON 260 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503	SUPPORT
4 50 - ARH REGIONAL DISTRIBUTION CENTER 26901 US HIGHWAY 119N BELFRY, KY 41514	SUPPORT
5 51 - DME WAREHOUSE 26901 US HIGHWAY 119N BELFRY, KY 41514	SUPPORT
6 52 - ARH SOUTHERN WEST VIRGINIA CLINIC 250 STANAFORD ROAD BECKLEY, WV 258013140	CLINIC
7 53 - MIDDLESBORO ARH PHYSICIAN CLINIC 3602 WEST CUMBERLAND AVE MIDDLESBORO, KY 409652614	CLINIC
8 54 - ARH WOMEN'S AND FAMILY HEALTH CARE - MID 2004 CUMBERLAND AVE MIDDLESBORO, KY 409652614	CLINIC
9 55 - ARH CARDIOLOGY & ASSOC - HAZARD 200 MEDICAL CENTER DR STE 1J HAZARD, KY 417019477	CLINIC
10 56 - ARH DERMATOLOGY 210 BLACK GOLD BLVD SUITE 211 HAZARD, KY 41701	CLINIC
11 57 - ARH CARDIOLOGY ASSOCIATES - BECKLEY 1256 N EISENHOWER DR BECKLEY, WV 258013120	CLINIC
12 58 - BECKLEY ARH PRIMARY CARE 250 STANAFORD ROAD STE 104 BECKLEY, WV 258013140	CLINIC
13 59 - BECKLEY ARH UROLOGY CLINIC 407 CARRIAGE DR BECKLEY, WV 258013120	CLINIC
14 60 - ARH SPECIALTY ASSOCIATES - TUG VALLEY 306 HOSPITAL DR STE 100 SOUTH WILLIAMSON, KY 415034095	CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
61 61 - ARH SPECIALTY ASSOCIATES - WHITESBURG 214 HOSPITAL DR STE B WHITESBURG, KY 418587627	CLINIC
1 62 - ARH CARDIOLOGY ASSOCIATES - WHITESBURG 226 MEDICAL PLAZA LN STE C WHITESBURG, KY 418587425	CLINIC
2 63 - ARH CARDIOLOGY ASSOCIATES - TUG VALLEY 306 HOSPITAL DR STE 202 SOUTH WILLIAMSON, KY 415034095	CLINIC
3 64 - ARH DERMATOLOGY MIDDLESBORO 2145 US HIGHWAY 25E MIDDLESBORO, KY 409651874	CLINIC
4 65 - ARH OAK HILL PRIMARY CARE CENTER 223 MAPLE AVE OAK HILL, WV 259013475	CLINIC
5 66 - ARH SPECIALTY ASSOCIATES - HAZARD 200 MEDICAL CENTER DR STE MULTIPLE SUIT HAZARD, KY 417019422	CLINIC
6 67 - ARH PENNINGTON GAP CLINIC 121 STACY DR PENNINGTON GAP, VA 242779998	CLINIC
7 68 - BECKLEY ARH MEDICAL MALL 1256 N EISENHOWER DR BECKLEY, WV 258013120	CLINIC
8 69 - SUMMERS CO ARH FAMILY CARE CLINIC 197 PLEASANT ST HINTON, WV 259512540	CLINIC
9 70 - MIDDLESBORO ARH HEMATOLOYONCOLOGY CLINI 3602 W CUMBERLAND AVE MIDDLESBORO, KY 409652614	CLINIC
10 71 - MORGAN COUNTY ARH FAMILY HEALTH 1084 HWY 7 WEST LIBERTY, KY 414727146	CLINIC
11 72 - ARH PRIMARY CARE - BECKLEY 250 STANAFORD ROAD BECKLEY, WV 25801	CLINIC
12 73 - HAZARD MEDICAL MALL 210 BLACK GOLD BLVD STE 102 HAZARD, KY 41701	MEDSPA
13 74 - ARH BECKLEY REJUVENATION CENTER 1256 N EISENHOWER DRIVE BECKLEY, WV 25801	MEDSPA
14 75 - ARH MIDDLESBORO REJUVENATION CENTER 2145 US HIGHWAY 25E MIDDLESBORO, KY 40965	MEDSPA

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
76 76 - ARH BECKLEY GASTROENTEROLOGY 429 CARRIAGE DRIVE BECKLEY, WV 25801	CLINIC
1 77 - ARH BECKLEY ONCOLOGY 250 STANAFORD ROAD BECKLEY, WV 25801	CLINIC
2 78 - ARH HAZARD FAMILY CLINIC 181 ROY CAMPBELL DRIVE HAZARD, KY 41701	CLINIC
3 79 - ARH FAMILY HEALTH LACKEY 77 MILLARD ALLEN DR LACKEY, KY 41643	CLINIC
4 80 - ARH FAMILY HEALTH PHARMACY 1084 HWY 7 SUITE 3 WEST LIBERTY, KY 41472	PHARMACY
5 81 - ARH HAZARD PHARMACY 181 ROY CAMPBELL DRIVE HAZARD, KY 41701	PHARMACY
6 82 - ARH PAIN AND HEADACHE MEDICINE 200 MEDICAL CENTER DRIVE HAZARD, KY 41701	CLINIC
7 83 - ARH RETAIL PHARMACY 4845 KY RTE 321 PRESTONSBURG, KY 41653	PHARMACY

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number

52-0795508

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 52-0795508
Name: APPALACHIAN REGIONAL HEALTHCARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERRY CO ECONOMIC DEVELOPMENT PO BOX 1059 HAZARD, KY 41702	47-3338245	GOVT	20,000				SUPPORT ONGOING OPERATIONS
ONE HARLAN COUNTY 81 BALL PARK RD HARLAN, KY 40831	81-1027395	GOVT	40,000				SUPPORT ONGOING OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY STURGILL PHILANTHROPY BUILDING LEXINGTON, KY 40506	61-6001218	501(C)(3)	98,477				SUPPORT ONGOING OPERATIONS
LEXINGTON CANCER FOUNDATION 15014 COLLEGE WAY LEXINGTON, KY 40502	56-2472701	501(C)(3)	15,000				SUPPORT ONGOING OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WV CHAMBER OF COMMERCE PO BOX 2789 CHARLESTON, WV 25330	55-0306990	GOVT	5,000				SUPPORT ONGOING OPERATIONS
COWAN COMMUNITY ACTION 81 STURGILL BR PO BOX 268 WHITESBURG, KY 41858	61-1396831	501(C)(3)	10,000				SUPPORT ONGOING OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLOYD COUNTY BOARD OF EDUCATION 442 KY ROUTE 550 EASTERN, KY 41622	61-6001347	501(C)(3)	20,000				SUPPORT ONGOING OPERATIONS

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization APPALACHIAN REGIONAL HEALTHCARE		Employer identification number 52-0795508

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	Yes
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	<p>ARH PROVIDES SENIOR EXECUTIVES A CONTRIBUTION OF SEVEN (7) PERCENT OF PAY (SUBJECT TO DOLLAR CAP) INTO THE TOP HAT 457(B) RETIREMENT PLAN, IF THE EXECUTIVE SIGNS A NON-COMPETE AGREEMENT. THE CONTRIBUTION AND EARNINGS ARE TAX DEFERRED UNTIL ASSETS ARE DISTRIBUTED OR WITHDRAWN. THE MAXIMUM CONTRIBUTION IS SUBJECT TO THE IRS COMPENSATION CAP, WHICH ALLOWS A CONTRIBUTION OF UP TO \$19,500 IN 2020. THIS CONTRIBUTION TOTAL IS AN AGGREGATE TOTAL REGARDLESS OF WHETHER ARH OR THE EXECUTIVE MAKES THE CONTRIBUTION. CONTRIBUTION TO THE 457 (B) DOES NOT AFFECT THE AMOUNTS THE EXECUTIVE MIGHT CONTRIBUTE TO THE 403(B) THRIFT PLAN. THE EXECUTIVE MAY CONTRIBUTE HIS/HER OWN MONEY TO THE PLAN PRE-TAX, TO THE EXTENT THE IRS CAPS ALLOW ROOM AFTER ARH'S CONTRIBUTION. CATCH UP CONTRIBUTIONS ARE ALLOWED WITHIN IRS LIMITS IN THE LAST THREE YEARS PRIOR TO RETIREMENT (AND, IF 7% OF PAY EXCEEDS THE REGULAR DOLLAR CAP, ARH MAY USE THE BALANCE OF THE 7% TO FUND UP THE CATCH UP LIMIT). BENEFITS ARE SUBJECT TO SOCIAL SECURITY AND MEDICARE TAXES AS THEY ACCRUE. THE FUNDS ARE INVESTED AS DIRECTED BY THE EXECUTIVE, BUT THE ACCOUNT REMAINS A GENERAL ASSET OF ARH. IF ARH BECOMES INSOLVENT, THE EXECUTIVE WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS. TO RECEIVE THE ARH CREDIT TO THE 457(B) PLAN, THE EXECUTIVE MUST SIGN A NON-COMPETE, CONFIDENTIALITY, ETC. AGREEMENT RESTRICTING WORK FOR A COMPETING ORGANIZATION FOR TWO (2) YEARS POST TERMINATION. IF THE FUNDING OF THE 457(B), INCLUDING ANY CATCH UP PROVISIONS, IS LESS THAN 7% OF BASE PAY, THEN ARH WILL CONTRIBUTE THE REMAINDER TO A 457(F) PLAN. INDIVIDUALS PARTICIPATING IN THE 457(F) PLAN AND THE RESPECTIVE EMPLOYER CONTRIBUTIONS FOR EACH INCLUDE: JOE GROSSMAN \$22,500 AND MARIA BRAMAN \$112.</p>
PART I, LINE 6	<p>THE COMPENSATION AND CONTRACTS COMMITTEE OF THE RELATED ORGANIZATION (ARH) BOARD OF TRUSTEES ADOPTED A SHORT-TERM INCENTIVE COMPENSATION PROGRAM FOR EXECUTIVES IN SEPTEMBER 2002. THE PROGRAM ESTABLISHED INCENTIVES FOR ACHIEVING SYSTEM AND COMMUNITY OBJECTIVES FOR EXECUTIVE LEADERSHIP BY INTEGRATING THE PERFORMANCE MANAGEMENT AND EXECUTIVE COMPENSATION SYSTEMS. THE INCENTIVE THRESHOLDS HAVE BEEN MODIFIED ACROSS TIME TO REFLECT INCREASED PERFORMANCE EXPECTATIONS AS IDENTIFIED IN THE SYSTEM'S STRATEGIC, BUDGET AND OPERATIONS PLAN. THE INCENTIVE AWARDS PROVIDE ADDITIONAL CASH COMPENSATION AS A PERCENTAGE OF BASE SALARY IN RELATION TO LEVELS OF ACHIEVEMENT. THESE ACHIEVEMENT LEVELS RANGE FROM THRESHOLD (LOWEST), TO TARGET (10% ABOVE THE THRESHOLD), AND MAXIMUM (HIGHEST AND 20% ABOVE THE THRESHOLD) AND VARY BASED UPON EXECUTIVE LEVEL. THE EXECUTIVE INCENTIVE PLAN WILL BE ADMINISTERED IN ACCORDANCE WITH THE FOLLOWING GUIDELINES: A. OBJECTIVES AND TARGETS ARE SET THROUGH THE STRATEGIC PLANNING, BUDGETING AND PERFORMANCE MANAGEMENT PROCESSES. B. SYSTEM MARGIN AND CASH BUDGET THRESHOLDS MUST BE MET BEFORE INDIVIDUAL AWARDS WILL BE CONSIDERED. C. AWARDS WILL BE CONSIDERED AS HAVING BEEN EARNED UPON AFFIRMATION BASED ON AUDITED FINANCIAL RESULTS AND ACTUAL OPERATING PERFORMANCE. D. THE PRESIDENT AND CEO WILL RECOMMEND PAYMENT OF INDIVIDUAL AWARDS, IF ANY, TO THE COMPENSATION AND CONTRACTS COMMITTEE FOR CONSIDERATION. E. THE COMPENSATION AND CONTRACTS COMMITTEE MAY ACCEPT, REJECT, OR MODIFY THE PRESIDENT AND CEO'S RECOMMENDATION.</p>

Additional Data

Software ID:
Software Version:
EIN: 52-0795508
Name: APPALACHIAN REGIONAL HEALTHCARE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSEPH L GROSSMAN PRESIDENT/CEO (TERM ENDED 5/21)	(i)	744,684	186,900	2,496	42,500	21,101	997,681	0
	(ii)	0	0	0	0	0	0	0
1TODD JAROSZ ORTHOPEDIC SURGEON	(i)	902,291	0	0	19,500	29,680	951,471	0
	(ii)	0	0	0	0	0	0	0
2DONNIE R STACY ONCOLOGIST	(i)	775,984	0	0	4,765	29,680	810,429	0
	(ii)	0	0	0	0	0	0	0
3ADNAN M BHOPALWALA CARDIOLOGIST	(i)	771,783	0	0	0	29,680	801,463	0
	(ii)	0	0	0	0	0	0	0
4CHAD E BRASHEAR GENERAL SURGEON	(i)	766,708	0	0	19,500	9,275	795,483	0
	(ii)	0	0	0	0	0	0	0
5JAMEEL BUTT GENERAL SURGEON	(i)	717,721	0	0	19,500	9,275	746,496	0
	(ii)	0	0	0	0	0	0	0
6MARIA BRAMAN CMO/VP MEDICAL AFFAIRS	(i)	281,760	66,195	1,087	19,500	29,680	398,222	0
	(ii)	0	0	0	0	0	0	0
7DANNY M HARRIS TREASURER	(i)	267,822	61,404	2,454	18,186	0	349,866	0
	(ii)	0	0	0	0	0	0	0
8HOLLIE P HARRIS PRESIDENT/CEO	(i)	220,137	51,752	577	32,521	19,478	324,465	0
	(ii)	0	0	0	0	0	0	0
9BESSIE ELLEN WRIGHT VP AND CHIEF NURSING OFFIC	(i)	151,548	36,106	1,732	16,767	19,478	225,631	0
	(ii)	0	0	0	0	0	0	0
10PAUL V MILES COO/VP OPERATIONS	(i)	268,439	63,463	3,671	41,803	29,680	407,056	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number

52-0795508

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF HAZARD KY	61-6001839		07-01-2021	70,075,000	HEALTHCARE REVENUE BOND		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	70,075,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	873,823							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	58,638,837							
11	Other spent proceeds	10,562,340							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number
52-0795508

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

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREG COUCH	PRINCIPAL OWNER OF MERIDIAN WEALTH	289,757	INVESTMENT COMPANY THAT MANAGES ARH RETIREMENT PORTFOLIO		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

APPALACHIAN REGIONAL HEALTHCARE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

52-0795508

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DIRECTOR OF ACCOUNTING AND CFO BOTH REVIEW THE 990 PRIOR TO THE BOARD REVIEW. THE BOARD THEN REVIEWS THE 990 PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A SECURE WEBSITE IS PROVIDED TO OFFICERS AND TRUSTEES FOR ANNUAL DISCLOSURES, AND IS MONITORED REGULARLY BY THE VICE PRESIDENT OF LEGAL AFFAIRS AND THE CORPORATE COMPLIANCE OFFICER S. POTENTIAL CONFLICTS OF INTEREST ARE REPORTED DIRECTLY TO THE CHAIRMAN OF THE BOARD. TRUSTEES IDENTIFIED AS HAVING A CONFLICT OF INTEREST IN A PARTICULAR MATTER BEFORE THE BOARD MAY NOT PARTICIPATE IN THE BOARD'S DECISION-MAKING PROCESS. FAILURE TO DISCLOSE IS SUBJECT TO DISCIPLINE, INCLUDING CENSURE, AND IN SOME CASES, REMOVAL FROM THE BOARD. EMPLOYEE OFFICERS ARE SUBJECT TO DISCIPLINE IN ACCORDANCE WITH THE CORPORATION'S HUMAN RESOURCE POLICIES AND THE ARH CODE OF BUSINESS AND PROFESSIONAL CONDUCT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	APPALACHIAN REGIONAL HEALTHCARE, INC.'S (ARH) BOARD SETS COMPENSATION LEVELS FOR PRESIDENT /CEO AND OTHER ARH EXECUTIVES AND KEY EMPLOYEES THROUGH ITS COMPENSATION AND CONTRACTS COMMITTEE. THE BOARD CONTRACTS WITH A CONSULTING FIRM TO REVIEW THE MARKET FOR THE POSITIONS ON THE SYSTEM OPERATING COUNCIL WHO MAKES RECOMMENDATIONS ON THE SALARY RANGES AND ASSESSES THE COMPETITIVENESS OF THE SALARIES. WITH THAT INFORMATION, THE COMPENSATION AND CONTRACTS COMMITTEE SETS THE RANGES AND THE PRESIDENT'S COMPENSATION. THE BOARD REVIEWS AND RATIFIES COMPENSATION AMOUNTS. THE CONSULTING FIRM FOLLOWS UP WITH A LETTER ATTESTING TO THE REASONABLENESS OF COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WHILE ARH HAS NOT YET ADOPTED A POLICY OF SHARING ITS FINANCIAL STATEMENTS WITH THE PUBLIC, IT DOES PROVIDE FINANCIAL INFORMATION THROUGH THE FORM 990 AND ALSO PROVIDES CERTAIN FINANCIAL INFORMATION IN OTHER PUBLIC DOCUMENTS, INCLUDING ITS PERIODIC REPORTS TO THE COMMUNITIES IT SERVES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES - PHYSICIANS: PROGRAM SERVICE EXPENSES 28,772,140. MANAGEMENT AND GENERAL EXPENSES 1,053,405. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 29,825,545. OUTSIDE SERVICES: PROGRAM SERVICE EXPENSES 28,495,729. MANAGEMENT AND GENERAL EXPENSES 16,536,161. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 45,031,890. SECURITY SERVICES: PROGRAM SERVICE EXPENSES 2,369,438. MANAGEMENT AND GENERAL EXPENSES 5,109. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,374,547.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET PERIODIC PENSION GAIN 737,984. HIGHLANDS ACQUISITION -590,331. CHANGE IN PENSION PLAN ASSET AND OBLIGATION 53,532,274.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS FOR OVERSEEING AND SELECTING INDEPENDENT AUDITORS HAS NOT CHANGED FROM THE PRIOR YEAR. PRIOR TO THE START OF THE AUDIT, THE VICE PRESIDENT OF FINANCE MEETS WITH THE INDEPENDENT AUDITORS. AT THE CONCLUSION OF THE AUDIT, THE FINANCE COMMITTEE MEETS WITH THE INDEPENDENT AUDITORS FOR PRESENTATION OF THE FINANCIAL STATEMENTS. THE INDEPENDENT AUDITORS ARE SELECTED WHEN DEEM NECESSARY BY MANAGEMENT THROUGH A FORMAL "REQUEST FOR PROPOSAL" (RFP) PROCESS.

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number
52-0795508

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
(1) HAZARD ARH IMAGING CENTER LLC 210 BLACK GOLD BLVD HAZARD, KY 41701 27-0755457	MEDICAL IMAGING SERVICES	KY	896	8,093,943	APPALACHIAN REGIONAL HEALTHCARE INC
(2) CUMBERLAND VALLEY ARH CANCER CENTER LLC 2260 EXECUTIVE DRIVE LEXINGTON, KY 40606	HEALTH CARE	KY			APPALACHIAN REGIONAL HEALTHCARE INC

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(b)(13) controlled entity?	
						Yes	No
(1) THE ARH FOUNDATION FOR HEALTHIER COMMUNITIES INC 100 AIRPORT GARDENS RD HAZARD, KY 41701 20-4840007	CARRYING OUT FUNDRAISING AND CHARITABLE ACTIVITIES FOR ARH	KY	501(C)(3)	LINE 7	APPALACHIAN REGIONAL HEALTHCARE INC	Yes	
(2) ARH MARY BRECKINRIDGE 2260 EXECUTIVE DR LEXINGTON, KY 40505 45-2696517	HEALTH CARE	KY	501(C)(3)	LINE 3	APPALACHIAN REGIONAL HEALTHCARE INC	Yes	
(3) ARH TUG VALLEY HEALTH SERVICES INC 2260 EXECUTIVE DR LEXINGTON, KY 40505 82-2577178	HEALTH CARE	KY	501(C)(3)	LINE 3	APPALACHIAN REGIONAL HEALTHCARE INC	Yes	

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	
(1) WHITESBURG PHYSICIAN OFFICE BLDG LLC 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505 75-3022080	PHYSICIAN OFFICE BUILDING	KY		EXCLUDED	69,420	456,610		No		Yes		28.130 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ARH REGIONAL MEDICAL CENTER PROFESSIONAL OFFICE BUILDING CO-OWNERS COUNCIL 2260 EXECUTIVE DRIVE LEXINGTON, KY 40504 20-1796044	OFFICE BUILDING MANAGEMENT	KY	N/A	C			39.600 %		No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARH FOUNDATION FOR HEALTHIER COMMUNITIES	Q	525,240	ALLOCATED COSTS

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation