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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization APPALACHIAN REGIONAL HEALTHCARE		D Employer identification number 52-0795508
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (859) 226-2440
	2260 EXECUTIVE DRIVE		
	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 405054810		G Gross receipts \$ 622,198,658
F Name and address of principal officer JOSEPH GROSSMAN 2260 EXECUTIVE DRIVE LEXINGTON, KY 405054810		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW ARH ORG			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1963	M State of legal domicile KY
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE HEALTH AND PROMOTE WELL-BEING OF ALL THE PEOPLE IN CENTRAL APPALACHIA		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	5,247
	6 Total number of volunteers (estimate if necessary)	6	295
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,233,876
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-353,337
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	369,716	238,872
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	573,002,325	594,381,686
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,886,719	5,625,539
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,625,206	20,360,887
Expenses		602,883,966	620,606,984
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	76,763	129,279
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	288,856,915	296,222,343
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 337,117		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	291,321,172	275,929,499
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	580,254,850	572,281,121
19 Revenue less expenses Subtract line 18 from line 12	22,629,116	48,325,863	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	532,183,640	602,843,959
	21 Total liabilities (Part X, line 26)	437,480,048	482,481,639
	22 Net assets or fund balances Subtract line 21 from line 20	94,703,592	120,362,320

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer		2016-05-16 Date		
	DANNY HARRIS CFO/VP FISCAL SERVICES Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BOB MORELAND CPA	Preparer's signature BOB MORELAND CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00418596
	Firm's name ▶ MOUNTJOY CHILTON MEDLEY LLP			Firm's EIN ▶ 27-1235638	
	Firm's address ▶ 462 S FOURTH ST SUITE 2600 LOUISVILLE, KY 402023445			Phone no (502) 749-1900	

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

TO IMPROVE HEALTH AND PROMOTE WELL-BEING OF ALL THE PEOPLE IN CENTRAL APPALACHIA IN AN EVOLVING, COMMUNITY BASED SYSTEM PROVIDING HIGH QUALITY HEALTHCARE PROGRAMS AND SERVICES

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 \$ 503,507,433 including grants of \$ 129,279) (Revenue \$ 600,047,622)

DURING FISCAL YEAR ENDING JUNE 30, 2015, ARH PROVIDED EACH OF THE COMMUNITIES IT SERVES IN EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA AN ABUNDANCE OF HEALTHCARE AND COMMUNITY-ORIENTED SERVICES TO FURTHER IMPROVE THE HEALTH OF THE RESIDENTS IT SERVES, ARH STRONGLY PROMOTES THE IMPORTANCE OF PREVENTATIVE HEALTH SCREENINGS THROUGHOUT THE YEAR, EACH ARH FACILITY PROVIDED FREE HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS, BLOOD GLUCOSE, BODY MASS INDEX, PULSE, CHOLESTEROL AND STROKE-RISK SCREENINGS EFFORTS HAVE ALSO BEEN UNDERWAY ACROSS THE SYSTEM TO BRING ABOUT COMMUNITY AWARENESS OF CONDITIONS SUCH AS CANCER, STROKE AND HEART DISEASE THROUGH PHYSICIAN OR PRACTITIONER-LED EDUCATIONAL SEMINARS THAT OFFER PARTICIPANTS INFORMATION ABOUT WARNING SIGNS AND TIPS ABOUT PREVENTION THE HEALTH SYSTEM ALSO IS WORKING TO EDUCATE THE REGION'S YOUTH ABOUT THE IMPORTANCE OF PHYSICAL FITNESS TO GOOD HEALTH BY HOSTING FITNESS FAIRS AT ELEMENTARY SCHOOLS, TEENS ABOUT THE DANGERS OF TEXTING AND DRIVING, AND KEEPS OUR SENIORS HEALTHY THROUGH A SENIOR WELLNESS PROGRAM BELOW IS A SUMMARY ABOUT SOME OTHER ACCOMPLISHMENTS ENCOUNTERED BY ARH DURING FISCAL YEAR 2015 THE HOSPITALS WHICH MAKE UP THE ARH SYSTEM ARE CONSISTENTLY RECOGNIZED FOR THEIR MEDICAL EXCELLENCE MOST RECENTLY, WHITESBURG ARH HOSPITAL'S COMMITMENT TO QUALITY IMPROVEMENT AND COORDINATION OF RESOURCES TO PROVIDE THEIR PATIENTS WITH THE HIGHEST QUALITY STROKE CARE WAS RECOGNIZED BY THE NORTON HEALTHCARE/UK HEALTHCARE - STROKE CARE NETWORK WHITESBURG ARH HOSPITAL WAS NAMED A "RISING STAR" FOR ITS WORK IN IMPROVING STROKE CARE FOR ITS PATIENTS AS AN AFFILIATE IN THE STROKE CARE NETWORK, WHITESBURG ARH HAS ACCESS TO NORTON HEALTHCARE AND UK HEALTHCARE'S EXPERTISE AND RESOURCES TO BEST ENSURE THEIR HOSPITAL OFFERS "THE BEST CARE FOR STROKE" FOR THEIR CITIZEN HARLAN ARH HOSPITAL WAS RECOGNIZED AS A 2013 TOP PERFORMER ON KEY QUALITY MEASURES BY THE JOINT COMMISSION, THE LEADING ACCREDITOR OF HEALTHCARE ORGANIZATIONS IN THE UNITED STATES HARLAN ARH WAS RECOGNIZED FOR ATTAINING AND SUSTAINING EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE OF PNEUMONIA AND SURGICAL CARE THE NATIONAL ORGANIZATION OF STATE OFFICE OF RURAL HEALTH (NOSORH) AND IVANTAGE HEALTH ANALYTICS HAVE RECOGNIZED THREE ARH CRITICAL ACCESS HOSPITALS - MARY BRECKINRIDGE ARH, MCDOWELL ARH AND MORGAN COUNTY ARH - AMONG THE NATION'S TOP PERFORMING ACUTE CARE HOSPITALS FOR THEIR FOR OVERALL EXCELLENCE IN QUALITY MCDOWELL ARH HOSPITAL ALSO WAS RANKED AMONG THE TOP 10 RURAL KENTUCKY HOSPITALS FOR EXCELLENCE IN OUTCOMES MORGAN COUNTY ARH HOSPITAL ALSO WAS RANKED AMONG THE TOP 12 RURAL KENTUCKY HOSPITALS FOR EXCELLENCE IN PATIENT SATISFACTION THE TUG VALLEY ARH PEDIATRIC CLINIC RECEIVED THE IMMUNIZATION CHAMPION AWARD PRESENTED BY THE KENTUCKY RURAL HEALTH ASSOCIATION THE AWARD RECOGNIZES INDIVIDUALS WHO MAKE A SIGNIFICANT CONTRIBUTION TOWARD IMPROVING PUBLIC HEALTH THROUGH THEIR WORK IN CHILDHOOD AND ADULT IMMUNIZATION ADDITIONALLY, A CONSUMER REPORT STUDY ANALYZING HOSPITAL-ACQUIRED INFECTION DATA FOR THOUSANDS OF HOSPITALS ACROSS THE U S AND RATING THEM ON HOW WELL THEY PREVENTED THESE INFECTIONS TUG VALLEY ARH REGIONAL MEDICAL CENTER WAS AMONG THE KENTUCKY HOSPITALS TO RECEIVE THE HIGH SAFETY SCORES IN THE HOSPITAL SAFETY-RELATED CATEGORIES OF AVOIDING INFECTIONS AVOIDING READMISSIONS, COMMUNICATING ABOUT MEDICATION AND DISCHARGE, APPROPRIATE USE OF CHEST AND ABDOMINAL SCANNING AND AVOIDING MORTALITY ARH CONTINUES TO WORK TO EXPAND HEALTHCARE SERVICES IN THE COMMUNITIES IT SERVES A NUMBER OF ADVANCEMENTS OCCURRED DURING 2015 THE EMERGENCY DEPARTMENTS AT SUMMERS COUNTY ARH AND MORGAN COUNTY ARH HOSPITALS WERE DESIGNATED AS LEVEL FOUR TRAUMA CENTERS BECKLEY ARH HOSPITAL CELEBRATED TWO EXCITING NEW PROJECTS TOTALING NEARLY \$6 MILLION TO BOOST THE SERVICES IT PROVIDES TO RALEIGH AND SURROUNDING COUNTIES THE FORMER GRAND FURNITURE BUILDING LOCATED IN THE CRANBERRY CREEK PLAZA WAS TRANSFORMED INTO A \$3 MILLION MEDICAL MALL FILLED WITH DOCTORS' OFFICES, INCLUDING EAR NOSE AND THROAT (ENT), DERMATOLOGY AND WOMEN'S HEALTH SPECIALISTS, AS WELL CARDIOLOGY AND CARDIAC REHABILITATION SERVICES, AND THE REJUVENATION CENTER MEDICAL SPA AND GREENBRIER CENTER FOR COSMETIC SURGERY THE 27,000-SQUARE-FOOT MEDICAL MALL OFFERS RESIDENTS A CONVENIENT ANSWER TO OUTPATIENT HEALTHCARE SERVICES AND WILL FREE-UP SPACE AND REDUCE TRAFFIC CONGESTION ON THE BECKLEY ARH CAMPUS WHILE ALSO ALLOWING FOR THE ADDITION OF NEW HEALTHCARE SERVICES THE HOSPITAL ALSO COMPLETED CONSTRUCTION OF A CARDIAC CATHETERIZATION LAB AND PERIPHERAL ANGIOGRAPHY LAB THE PROJECT TOALED \$2 7 MILLION AND FEATURES STATE-OF-THE- ART SIEMENS TECHNOLOGY AND FIVE PRE/POST PROCEDURE BEDS ARH ALSO EXPANDED THE LEVEL OF DIAGNOSTIC SERVICES TO WOMEN WITH ARH HOSPITALS IN BECKLEY AND MIDDLESBORO, AND THE ARH MEDICAL MALL IMAGING CENTER IN HAZARD OFFERING THE MOST ADVANCED 3D MAMMOGRAPHY TECHNOLOGY IN THE REGION THE NEW HOLOGIC BREAST TOMOSYNTHESIS IS A MORE ACCURATE WAY TO SCREEN FOR BREAST CANCER THIS MACHINE IS A TRUE 3D SCREENING THAT DELIVERS A SERIES OF DETAILED IMAGES ALLOWING PHYSICIANS TO BETTER EVALUATE BREAST TISSUE, LAYER BY LAYER THE EXCEPTIONALLY SHARP IMAGES SIGNIFICANTLY INCREASE EARLY DETECTION, WHILE REDUCING THE NUMBER OF CALLBACKS AND UNNECESSARY BIOPSIES ADDITIONALLY, ARH CONTINUED TO PROVIDE THE RESIDENTS IT SERVES A WIDE-RANGE OF PRIMARY AND SPECIALTY CARE SERVICES THROUGH ITS NETWORK OF HEALTH FACILITIES AND PARTNERSHIPS WITH OTHER HEALTH SYSTEMS SUCH AS THE RENOWNED UK HEALTHCARE, VIRTUALLY ELIMINATING RESIDENTS' NEED TO LEAVE THE AREA FOR CARE

4b

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

4c

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

4d

Other program services (Describe in Schedule O)





















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 503,507,433

Form 990 (2014)

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	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	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 Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	155	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	5,247	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

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	18	
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	16	
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 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
▶THE ORGANIZATION

2260 EXECUTIVE DRIVE
LEXINGTON, KY 405054810 (859) 226-2440

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,710,436	0	239,122

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 ▶211

		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>	3	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>	4	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>	5	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
TRIANGLE ANESTHESIA GROUP PSC 3320 TATES CREEK ROAD STE 100 LEXINGTON, KY 40502	PHYSICIAN SERVICES	7,281,966
DENHAM BLYTHE CO PO BOX 11636 LEXINGTON, KY 40576	ARCHITECTS	6,419,446
MCKESSON INFORMATION SOLUTIONS 5995 WINDWARD PARKWAY ALPHARETTA, GA 30005	IT CONSULTING	6,168,152
EXECUTIVE HEALTH RESOURCES PO BOX 822688 PHILADELPHIA, PA 19182	REVENUE CYCLED CONSULTING	3,018,698
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 55480	REFERENCE LABORATORY	2,853,084

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 ▶96

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	231,327			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	7,545			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	238,872			
Program Service Revenue	2a	PATIENT REVENUES				
		Business Code				
		621110	576,703,781	576,703,781		
	b	PHARMACY/LAB/LAUNDRY	12,214,669	9,030,356	3,184,313	
	c	IMAGING REVENUE	5,290,835	5,290,835		
	d	RECORD TRANSCRIPT FEES	172,401	172,401		
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	594,381,686			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	7,217,213			7,217,213
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	1,534,842			1,534,842
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	-1,591,674			-1,591,674
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue				
	11a	HOME STORE SALES	6,042,752	415,351	5,627,401	
	b	MEANINGFUL USE	4,162,124	4,162,124		
	c	CONTRACT ACCOUNTS	2,179,628	2,179,628		
	d	All other revenue	6,441,541	2,093,146	422,162	3,926,233
	e	Total. Add lines 11a-11d	18,826,045			
	12	Total revenue. See Instructions	620,606,984	600,047,622	9,233,876	11,086,614

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	129,279	129,279		
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	2,398,030		2,398,030	
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	213,982,571	196,726,609	17,124,565	131,397
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,961,701	14,500,951	1,449,813	10,937
9	Other employee benefits	50,189,837	44,632,305	5,525,252	32,280
10	Payroll taxes	13,690,204	12,285,136	1,396,411	8,657
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,810,163	420,802	2,389,361	
c	Accounting	706,795	105,838	600,957	
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)	73,918,148	63,953,219	9,881,959	82,970
12	Advertising and promotion	827,467	758,888	62,836	5,743
13	Office expenses	10,437,148	9,044,576	1,391,542	1,030
14	Information technology	5,738,170	5,549,791	188,173	206
15	Royalties				
16	Occupancy	13,353,973	11,701,927	1,647,029	5,017
17	Travel	2,025,276	1,572,497	452,532	247
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	587,512	330,579	256,933	
20	Interest	3,861,786	1,314,718	2,547,068	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,409,372	18,055,359	4,354,013	
23	Insurance	19,880,580	19,780,428	100,152	
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	79,056,191	76,460,833	2,592,519	2,839
b	TAXES & LICENSES	13,065,929	2,894,176	10,155,099	16,654
c	BAD DEBT	8,939,172	8,867,767	71,405	
d	EQUIPMENT RENTAL AND MA	7,195,619	4,616,475	2,578,944	200
e	All other expenses	11,116,198	9,805,280	1,271,978	38,940
25	Total functional expenses. Add lines 1 through 24e	572,281,121	503,507,433	68,436,571	337,117
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		16,892,650	1	18,507,824
	2	Savings and temporary cash investments		30,660,609	2	47,947,555
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		61,095,776	4	65,179,532
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		999,252	7	963,080
	8	Inventories for sale or use		11,826,546	8	12,761,495
	9	Prepaid expenses and deferred charges		16,198,019	9	15,059,301
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a486,864,483			
	b	Less accumulated depreciation	10b306,616,766	175,622,922	10c	180,247,717
	11	Investments—publicly traded securities		213,164,739	11	258,808,906
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		950,741	13	1,038,705
	14	Intangible assets		900,000	14	900,000
	15	Other assets See Part IV, line 11		3,872,386	15	1,429,844
	16	Total assets. Add lines 1 through 15 (must equal line 34)		532,183,640	16	602,843,959
Liabilities	17	Accounts payable and accrued expenses		72,214,764	17	66,705,563
	18	Grants payable			18	
	19	Deferred revenue		17,014,730	19	16,220,590
	20	Tax-exempt bond liabilities		76,700,032	20	99,878,980
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		50,654,853	23	32,694,481
	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		220,895,669	25	266,982,025
	26	Total liabilities. Add lines 17 through 25		437,480,048	26	482,481,639
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		94,693,226	27	120,351,954
	28	Temporarily restricted net assets		10,366	28	10,366
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		94,703,592	33	120,362,320
	34	Total liabilities and net assets/fund balances		532,183,640	34	602,843,959

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	620,606,984
2	Total expenses (must equal Part IX, column (A), line 25)	2	572,281,121
3	Revenue less expenses Subtract line 2 from line 1	3	48,325,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,703,592
5	Net unrealized gains (losses) on investments	5	-375,359
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	-22,291,776
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,362,320

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 52-0795508

Name: APPALACHIAN REGIONAL HEALTHCARE

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			
(1) JAMES T HART TRUSTEE	3 00	X						0	0	0
(1) JAMES VICTOR FLANAGAN TRUSTEE	3 00	X						0	0	0
(2) IDA ANDROWICH TRUSTEE	3 00	X						0	0	0
(3) VINCE GABBERT TRUSTEE	3 00	X						0	0	0
(4) MADONNA STURGILL TRUSTEE	3 00	X						0	0	0
(5) RANDY EVANS TRUSTEE	5 00	X						0	0	0
(6) RAYMOND COX TRUSTEE	3 00	X						0	0	0
(7) AHMED FAHEEM MD TRUSTEE	3 00	X						0	0	0
(8) THOMAS HYATT ESQ VICE CHAIRMAN	5 00	X		X				0	0	0
(9) GREG COUCH TRUSTEE	3 00	X						0	0	0
(10) DUANNE THOMPSON TRUSTEE	3 00	X						0	0	0
(11) JEFFREY B HOLLON CHAIRMAN	3 00	X		X				0	0	0
(12) GREG PAULEY SECRETARY/TREASURER	5 00	X		X				0	0	0
(13) LARRY MEADOR TRUSTEE	3 00	X						0	0	0
(14) BROCK LITTERAL TRUSTEE	3 00	X						0	0	0
(15) JULIE AKEMON TRUSTEE	3 00	X						0	0	0
(16) ONZIE SIZEMORE TRUSTEE	3 00	X						0	0	0
(17) LARRY B FRANCIS MD TRUSTEE	3 00	X						0	0	0
(18) DANNY M HARRIS CFO/VP FISCAL SERVICES	40 00			X				301,472	0	21,287
(19) BOBBY RICK KING CLO/VP LEGAL AFFAIRS	40 00			X				287,954	0	23,066
(20) JOHN D MILLER CMO/VP MEDICAL SERVICES	40 00			X				306,179	0	24,768
(21) PAUL V MILES COO/VP OPERATIONS	40 00			X				312,666	0	32,373
(22) JOSEPH L GROSSMAN PRESIDENT/CEO	40 00			X				739,000	0	56,798
(23) HOLLIE P HARRIS VP CORPORATE STRATEGY	40 00			X				238,418	0	26,206
(24) ELLEN WRIGHT VP AND CHIEF NURSING OFFICER	40 00			X				164,883	0	18,835

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			
(26) DAVID A BLAINE ENT	40 00					X		456,032	0	7,485
(1) RAYMOND ELSOEIDI ONCOLOGIST	40 00					X		446,032	0	13,807
(2) STEVEN T CARAWAN ORTHOPEDIC SURGEON	40 00					X		473,603	0	7,084
(3) MELAKU G DEMEDE CARDIOLOGIST	40 00					X		533,765	0	3,470
(4) GEORGES DAMAA CARDIOLOGIST	40 00					X		450,432	0	3,943

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization APPALACHIAN REGIONAL HEALTHCARE	Employer identification number 52-0795508
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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 11, 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)

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 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)

10

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An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

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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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to 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	
2	Political expenditures	▶ \$
3	Volunteer hours	

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-

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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) 2011	(b) 2012	(c) 2013	(d) 2014	(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 to 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		96,797
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			96,797
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	RETAINED A LOBBYIST FOR MAILING TO LEGISLATORS OR THE PUBLIC AND ALSO TO HAVE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, AND/OR A LEGISLATIVE BODY. THESE ARE DONE AT THE STATE LEVEL ONLY. ARH IS A MEMBER OF VARIOUS HOSPITAL ASSOCIATIONS. THE APPROPRIATE PERCENTAGE OF DUES PAID TO THE ORGANIZATIONS ALLOCABLE TO LOBBYING ACTIVITIES ARE ALSO INCLUDED.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization APPALACHIAN REGIONAL HEALTHCARE	Employer identification number 52-0795508
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenue included in 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) 2014

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

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

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in 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)

(ii) related organizations

3a(ii)

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to 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		5,686,836		5,686,836
b Buildings		138,206,595	82,983,061	55,223,534
c Leasehold improvements		139,504,773	73,872,459	65,632,314
d Equipment		184,510,446	147,182,425	37,328,021
e Other		18,955,833	2,578,821	16,377,012
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				180,247,717

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to 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' to 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
PART X, LINE 2	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. THE CORPORATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2011.

[illegible]

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	64,953,392
	ACCRUED PENSION COST	116,817,990
	RESERVE FOR SELF-INSURANCE	58,463,374
	PHYSICIAN COMMITMENTS	1,265,734
	DUE TO PATIENTS	15,232,284
	BOND INTEREST PAYABLE	412,064
	CAPITAL LEASE OBLIGATIONS	7,285,918
	SERP PAYABLE	951,190
	OTHER PAYABLES	1,600,079

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input checked="" type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 10000 0000000000 %</div> 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"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	7,046	17,908,799	15,791,922	2,116,877	0 390 %
b Medicaid (from Worksheet 3, column a)	1	12,935	172,942,844	134,999,847	37,942,997	7 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2	19,981	190,851,643	150,791,769	40,059,874	7 410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	1,151	38,149	357,194		357,194	0 070 %
f Health professions education (from Worksheet 5)	2,327	1,617	588,985		588,985	0 110 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1	20	230		230	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	113	9,153	45,907	400	45,507	0 010 %
j Total Other Benefits	3,592	48,939	992,316	400	991,916	0 190 %
k Total . Add lines 7d and 7j	3,594	68,920	191,843,959	150,792,169	41,051,790	7 600 %

Part III

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	14	256	1,584	0	1,584	0 %
3 Community support	233	120,407	79,953		79,953	0 010 %
4 Environmental improvements	2	48	755		755	0 %
5 Leadership development and training for community members	2	18	299		299	0 %
6 Coalition building	69	1,573	9,129		9,129	0 %
7 Community health improvement advocacy	30	2,732	26,899		26,899	0 %
8 Workforce development	4	214	404		404	0 %
9 Other	4	88	1,645		1,645	0 %
10 Total	358	125,336	120,668		120,668	0 010 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

Yes

No

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

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

23,078,860

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

145,905,831

6

Enter Medicare allowable costs of care relating to payments on line 5

6

160,352,694

7

Subtract line 6 from line 5 This is the surplus (or shortfall)

7

-14,446,863

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

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

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

No

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 ARH REGIONAL MEDICAL CENTER PROFESSIONAL OFFICE BUILDING CO-OWNERS COUNCI	CONDO OWNER	39 600 %		60 400 %
2 2 WHITESBURG PHYSICIAN OFFICE BUILDING LLC	CONDO OWNER	28 130 %		71 870 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

9

Other (describe)

Facility reporting group

See Additional Data Table

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

HAZARD ARH REGIONAL MEDICAL CENTER

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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
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
6a 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) WWW ARH ORG/CHNA		
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 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW ARH ORG/CHNA		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
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" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group

HAZARD ARH REGIONAL MEDICAL CENTER

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>200 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	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)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW ARH ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW ARH ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW ARH ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
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 non-payment?	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 checked="" type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

HAZARD ARH REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	Yes
a	<input checked="" type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
d	<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 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
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? If "No," indicate why	21	Yes
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)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
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	23	No
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	24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? **80**

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

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

Form and Line Reference	Explanation
PART I, LINE 7	THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 31,944,393

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 370,000 RESIDENTS AND EMPLOYING NEARLY 5,000 PEOPLE ACROSS EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA WITH HOSPITALS, CLINICS, HOME HEALTH AGENCIES, PHARMACIES AND HOME DURABLE MEDICAL EQUIPMENT STORES. IN FISCAL YEAR 2014, ARH'S 10 HOSPITALS RANGE IN SIZE FROM CRITICAL-ACCESS FACILITIES TO THE SYSTEM'S FLAGSHIP REGIONAL MEDICAL CENTER WITH 308-LICENSED BEDS IN HAZARD, KENTUCKY. 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 COMMUNITIES, 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>

Form and Line Reference	Explanation
PART III, LINE 4	<p>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 2 COSTING METHODOLOGY TO DETERMINE THE BAD DEBT EXPENSE ON LINE 2, THE BAD DEBT EXPENSE PER THE FINANCIAL STATEMENTS, WHICH CONSISTS OF GROSS CHARGES LESS DISCOUNTS, WAS CONVERTED TO COST USING THE GLOBAL COST-TO-CHARGE RATIO DEVELOPED IN WORKSHEET 2 PATIENT DISCOUNTS ARE NOT REFLECTED IN BAD DEBT ANY PAYMENTS ON AN ACCOUNT AFTER IT IS WRITTEN OFF TO BAD DEBT RESULT IN A REVERSAL OF THE ENTIRE ACCOUNT OUT OF BAD DEBT, REINSTATEMENT OF THE PATIENT ACCOUNT RECEIVABLE, AND ANY NEGOTIATED DIFFERENCE IN THE FULL AMOUNT OF THE ACCOUNT AND THE PAYMENT MADE IS WRITTEN OFF TO CONTRACTUAL ALLOWANCE PATIENTS WHO MAY QUALIFY FOR CHARITY CARE BUT DO NOT APPLY CANNOT BE ESTIMATES ALL PATIENTS ARE EDUCATED ABOUT AND GIVEN EVERY OPPORTUNITY TO APPLY FOR CHARITY CARE AND, THEREFORE, ARH HAS NO INFORMATION FOR THOSE WHO CHOOSE NOT TO APPLY</p>

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 \$8 MILLION. MEDICARE RECIPIENTS RELY HEAVILY ON ARH FOR CARE, 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 \$7,359,854 (OR 100%) OF THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 7 BE TREATED AS A COMMUNITY BENEFIT.

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT WAS CONDUCTED BY ARH THIS FISCAL YEAR 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

Form and Line Reference	Explanation
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 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>

Form and Line Reference	Explanation
PART VI, LINE 4	THE RURAL SERVICE AREA COVERED BY ARH IN EASTERN KENTUCKY COVERS 16 COUNTIES AND CONSISTS OF ALMOST 370,000 RESIDENTS 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 ARHS 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 EXAMPLE, IN DECEMBER 2014, THE UNEMPLOYMENT RATE FOR LETCHER COUNTY, KENTUCKY WAS 9 9 PERCENT, COMPARED TO 5 1 PERCENT FOR THE STATE AND 5 6 PERCENT NATIONALLY FOR MORE THAN HALF A CENTURY, ARH HAS CARRIED A HEAVY LOAD IN CARING FOR THIS POPULATION OVER 5 PERCENT OF ARHS INPATIENTS IN FISCAL YEAR 2014 WERE UNINSURED AND DURING THAT SAME FISCAL YEAR MORE THAN 70 PERCENT OF ARHS INPATIENTS WERE MEDICARE OR MEDICAID BENEFICIARIES

Form and Line Reference	Explanation
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 370,000 RESIDENTS AND EMPLOYING NEARLY 5,000 PEOPLE ACROSS EASTERN KENTUCKY AND SOUTHERN WEST VIRGINIA WITH HOSPITALS, CLINICS, HOME HEALTH AGENCIES, PHARMACIES AND HOME DURABLE MEDICAL EQUIPMENT STORES. IN FISCAL YEAR 2014, ARH'S 10 HOSPITALS RANGE IN SIZE FROM CRITICAL-ACCESS FACILITIES TO THE SYSTEM'S FLAGSHIP REGIONAL MEDICAL CENTER WITH 308-LICENSED BEDS IN HAZARD, KENTUCKY. 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 COMMUNITIES, 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>

Form and Line Reference	Explanation
PART VI, LINE 6	DURING FISCAL YEAR 2013, ARH'S SERVICES WERE MAINLY ORGANIZED AROUND 10 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 10 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

Additional Data

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

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

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 CONSISTS OF	- FACILITY 1 HAZARD ARH REGIONAL MEDICAL CENTER, - FACILITY 3 HARLAN ARH HOSPITAL, - FACILITY 2 BECKLEY ARH HOSPITAL, - FACILITY 5 WILLIAMSON ARH HOSPITAL, - FACILITY 4 WHITESBURG ARH HOSPITAL, - FACILITY 6 MIDDLESBORO ARH HOSPITAL, - FACILITY 9 MORGAN COUNTY ARH HOSPITAL, - FACILITY 7 MCDOWELL ARH HOSPITAL, - FACILITY 8 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
HAZARD ARH REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 16A WEBSITE	WWW ARH ORG

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
HAZARD ARH REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 16B WEBSITE	WWW ARH ORG

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
HAZARD ARH REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 16C WEBSITE	WWW ARH ORG

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
GROUP A-FACILITY 3 -- HARLAN ARH HOSPITAL 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 WAS REPRESENTED A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT

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
GROUP A-FACILITY 3 -- HARLAN ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 3 -- HARLAN ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 2 -- BECKLEY ARH HOSPITAL 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 WAS REPRESENTED A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT

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
GROUP A-FACILITY 2 -- BECKLEY ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 2 -- BECKLEY ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 5 -- WILLIAMSON ARH HOSPITAL 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 WAS REPRESENTED A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT

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
GROUP A-FACILITY 5 -- WILLIAMSON ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 5 -- WILLIAMSON ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 4 -- WHITESBURG ARH HOSPITAL 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 WAS REPRESENTED. A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT.

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
GROUP A-FACILITY 4 -- WHITESBURG ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 4 -- WHITESBURG ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 6 -- MIDDLESBORO ARH HOSPITAL 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 WAS REPRESENTED A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT

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
GROUP A-FACILITY 6 -- MIDDLESBORO ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 6 -- MIDDLESBORO ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 9 -- MORGAN COUNTY ARH HOSPITAL 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 WAS REPRESENTED A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT

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
GROUP A-FACILITY 9 -- MORGAN COUNTY ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 9 -- MORGAN COUNTY ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 7 -- MCDOWELL ARH HOSPITAL 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 WAS REPRESENTED A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT

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
GROUP A-FACILITY 7 -- MCDOWELL ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 7 -- MCDOWELL ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 8 -- SUMMERS COUNTY ARH HOSPITAL 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 WAS REPRESENTED A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT

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
GROUP A-FACILITY 8 -- SUMMERS COUNTY ARH HOSPITAL PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 8 -- SUMMERS COUNTY ARH HOSPITAL PART V, SECTION B, LINE 24	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 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

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
GROUP A-FACILITY 1 -- HAZARD ARH REGIONAL MEDICAL CENTER 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 WAS REPRESENTED. A COMPLETE LIST OF THE COMMUNITY STEERING COMMITTEE MEMBERS FOR EACH ARH FACILITY IS INCLUDED IN EACH ASSESSMENT'S FINAL REPORT.

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
GROUP A-FACILITY 1 -- HAZARD ARH REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 22D	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 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

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
GROUP A-FACILITY 1 -- HAZARD ARH REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 24	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 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

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)
BECKLEY ARH BEHAVIORAL SCIENCES CENTER 306 STANAFORD ROAD BECKLEY,WV 25801	PHARMACY
HARLAN ARH HOSPITAL PSYCHIATRIC SERVICES 81 BALL PARK ROAD HARLAN,KY 40831	PHARMACY
ARH PSYCHIATRIC CENTER-HAZARD 102 MEDICAL CENTER DRIVE HAZARD,KY 41701	PHARMACY
ARH HAZARD FAMILY HEALTH SERVICES 200 MEDICAL CENTER DRIVE HAZARD,KY 41701	PHARMACY
ARH DANIEL BOONE CLINIC 37 BALL PARK ROAD HARLAN,KY 40831	PHARMACY
ARH TUG VALLEY MEDICAL ASSOCIATES 306 HOSPITAL DRIVE SOUTH WILLIAMSON,KY 41503	PHARMACY
ARH WHITESBURG CLINIC 214 HOSPITAL ROAD WHITESBURG,KY 41858	PHARMACY
ARH MIDDLESBORO INTERNAL MEDICINE 3004 CUMBERLAND AVE SUITE 3 MIDDLESBORO,KY 40965	PHARMACY
HAZARD ARH REGIONAL MED CTR CLINIC PH 200 MEDICAL CENTER DRIVE HAZARD,KY 41701	PHARMACY
ARH WOMEN'S & FAMILY HEALTH CARE HARL 87 BALL PARK ROAD SUITE 201 HARLAN,KY 40831	PHARMACY
HARLAN ARH OUTPATIENT PHARMACY 37 BALL PARK ROAD HARLAN,KY 40831	PHARMACY
HAZARD ARH HOME HEALTH AGENCY 100 AIRPORT GARDENS RD HAZARD,KY 41701	PHARMACY
WHITESBURG ARH HOME HEALTH AGENCY 240 HOSPITAL ROAD WHITESBURG,KY 41858	PHARMACY
BECKLEY ARH HOME HEALTH AGENCY 306 STANAFORD ROAD BECKLEY,WV 25801	PHARMACY
ARH WHITESBURG CLINIC 214 HOSPITAL ROAD WHITESBURG,KY 41858	PHARMACY

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)
ARH PRESCRIPTION DIVISION 306 HOSPITAL DRIVE SUITE 105 SOUTH WILLIAMSON, KY 41503	PHARMACY
ARH WILLIAMSON HOMECARE STORE 306 HOSPITAL DRIVE SUITE 104A SOUTH WILLIAMSON, KY 41503	PHARMACY
ARH MAN HOMECARE STORE ROUTE 99 BUFFALO CREEK ROAD KISTLER, WV 25628	PHARMACY
ARH REFERENCE LABORATORY 100 MEDICAL CENTER DRIVE HAZARD, KY 41701	PHARMACY
MCDOWELL ARH HOME HEALTH AGENCY 8535 KY RT 122 MINNE, KY 41651	PHARMACY
ARH HAZARD HOMECARE STORE 200 MEDICAL CENTER DRIVE HAZARD, KY 41701	PHARMACY
MORGAN COUNTY ARH HOME HEALTH AGENCY 493 MAIN STREET WEST LIBERTY, KY 41472	PHARMACY
ARH HARLAN HOMECARE STORE 106 RAILROAD STREET SUITE 5 HARLAN, KY 40831	PHARMACY
MAN ARH HOME HEALTH SUB-STATION BUFFALO CREEK ROAD/ROUTE 99 KISTLER, WV 25628	PHARMACY
ARH BECKLEY HOMECARE STORE 260 STANAFORD ROAD BECKLEY, WV 25801	PHARMACY
MORGAN COUNTY ARH PHARMACY 476 LIBERTY ROAD WEST LIBERTY, KY 41472	PHARMACY
ARH MORGAN COUNTY CLINIC 476 LIBERTY ROAD WEST LIBERTY, KY 41472	PHARMACY
ARH COMMUNITY PHARMACY 210 BLACK GOLD BLVD SUITE 104 HAZARD, KY 41701	PHARMACY
ARH TUG VALLEY MEDICAL MALL 26901 US HIGHWAY 119N BELFRY, KY 41514	PHARMACY
HARLAN ARH HOME HEALTH AGENCY 81 BALL PARK ROAD HARLAN, KY 40831	PHARMACY

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)
WILLIAMSON ARH HOME HEALTH AGENCY 160 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503	PHARMACY
PIKEVILLE BRANCH-ARH PIKE CO HOME HEALTH 247 SOUTH MAYO TRAIL PIKEVILLE, KY 41502	PHARMACY
ARH SUMMERS COUNTY CLINIC 1500 TERRACE STREET HINTON, WV 25951	PHARMACY
BECKLEY ARH PHARMACY 250 STANAFORD RD BECKLEY, WV 25801	PHARMACY
ARH WEST LIBERTY HOMECARE STORE 520 PRESTONBURG STREET WEST LIBERTY, KY 41472	PHARMACY
ARH TRI-CITY MEDICAL CENTER 18880 NORTH US 119 CUMBERLAND, KY 40823	PHARMACY
WHITESBURG ARH PHARMACY 240 HOSPITAL ROAD WHITESBURG, KY 41858	PHARMACY
ARH MCDOWELL HOMECARE STORE 8535 KY RT 122 MINNE, KY 41651	PHARMACY
ARH PIKEVILLE HOMECARE STORE 247 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	PHARMACY
MIDDLESBORO ARH PHARMACY 3600 WEST CUMBERLAND AVE MIDDLESBORO, KY 40965	PHARMACY
MIDDLESBORO ARH HOME HEALTH AGENCY 1916 CUMBERLAND AVENUE MIDDLESBORO, KY 40965	PHARMACY
ARH WHITESBURG HOMECARE STORE 240 HOSPITAL ROAD WHITESBURG, KY 41858	PHARMACY
ARH MCDOWELL PROFESSIONAL CLINIC 9879 KY RT 122 MCDOWELL, KY 41647	PHARMACY
ARH TRI CITIES CLINIC PHARMACY 18880 NORTH US 119 CUMBERLAND, KY 40823	PHARMACY
ARH HINTON HOMECARE STORE 1500 TERRACE STREET HINTON, WV 25951	PHARMACY

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)
ARH MIDDLESBORO HOMECARE STORE 1916 CUMBERLAND AVENUE MIDDLESBORO, KY 40965	PHARMACY
ARH FAMILY CARE 30 KY RT 306 BYPRO, KY 41612	PHARMACY
NEON CLINIC 37 HIGHWAY 343 NEON, KY 41840	PHARMACY
JENKINS ARH FAMILY CARE 9480 HIGHWAY 805 JENKINS, KY 41514	PHARMACY
ARH FAMILY CARE MIDDLESBORO 1217 EAST CUMBERLAND AVE MIDDLESBORO, KY 40965	PHARMACY
ARH FAMILY CARE WAYLAND 2662 KING KELLY COLEMAN HWY WAYLAND, KY 41666	PHARMACY
BARIATRIC CLINIC 210 BLACK GOLD BLVD SUITE 102 HAZARD, KY 41701	PHARMACY
ELKORN CITY ARH FAMILY CARE 905 WEST RUSSELL STREET ELKHORN, KY 41522	PHARMACY
MIDDLESBORO PRIMARY CARE CENTER 2004 CUMBERLAND AVE APEX BUILDING MIDDLESBORO, KY 40965	PHARMACY
HAZARD DERMATOLOGY CLINIC 210 BLACK GOLD BLVD SUITE 102 HAZARD, KY 41701	PHARMACY
ARH MIDDLESBORO CLINIC 3600 WEST CUMBERLAND AVE MIDDLESBORO, KY 40965	PHARMACY
ARH JUNE BUCHANAN PRIMARY CARE CENTER ROUTE 550 COWTOWN ROAD HINDMAN, KY 41822	PHARMACY
DME WAREHOUSE 26901 US HIGHWAY 119N BELFRY, KY 41514	PHARMACY
ARH REGIONAL DISTRIBUTION CENTER 26901 US HIGHWAY 119N BELFRY, KY 41514	PHARMACY
ARH SYSTEM CENTER-SOUTH WILLIAMSON 260 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503	PHARMACY

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)
ARH SYSTEM CENTER-LEXINGTON JORDAN BLDG 1218 SOUTH BROADWAY LEXINGTON,KY 40504	PHARMACY
ARH SYSTEM CENTER-LEXINGTON 2285 EXECUTIVE DRIVE STE 400 LEXINGTON,KY 40505	PHARMACY
ARH SYSTEM CENTER-HAZARD 100 AIRPORT GARDENS RD HAZARD,KY 41701	PHARMACY
UROLOGY HEALTH CENTER-MIDDLESBORO 2004 CUMBERLAND AVE APEX BUILDING MIDDLESBORO,KY 40965	PHARMACY
HAZARD CARDIOLOGY CLINIC 243 ROY CAMPBELL DRIVE SUITE A HAZARD,KY 41701	PHARMACY
ARH SOUTHERN WEST VIRGINIA CLINIC 250 STANAFORD RD BECKLEY,WV 25801	PHARMACY
MIDDLESBORO WOMEN & FAMILY HEALTH SERVIC 2004 CUMBERLAND AVE APEX BUILDING MIDDLESBORO,KY 40965	PHARMACY
BECKLEY CARDIOLOGY CLINIC 250 STANAFORD RD BECKLEY,WV 25801	PHARMACY
BECKLEY ARH PRIMARY CARE 250 STANFORD RD BECKLEY,WV 25801	PHARMACY
BECKLEY ARH UROLOGY CLINIC 407 CARRIAGE BECKLEY,WV 25801	PHARMACY
ARH SPECIALTY ASSOCIATES - TUG VALLEY 306 HOSPITAL DRIVE SOUTH WILLIAMSON,KY 41503	PHARMACY
ARH SPECIALTY ASSOCIATES - WHITESBURG 214 HOSPITAL ROAD WHITESBURG,KY 41858	PHARMACY
ARH CARDIOLOGY ASSOCIATES - WHITESBURG 226 MEDICAL PLAZA WHITESBURG,KY 41858	PHARMACY
ARH SPECIALTY ASSOCIATES - HARLAN 37 BALL PARK ROAD HARLAN,KY 40831	PHARMACY
ARH CARDIOLOGY ASSOCIATES - HARLAN 37 BALL PARK ROAD HARLAN,KY 40831	PHARMACY

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)
ARH CARDIOLOGY ASSOCIATES - TUG VALLEY 306 HOSPITAL DRIVE SOUTH WILLIAMSON,KY 41503	PHARMACY
ARH DERMATOLOGY MIDDLESBORO 3503 W CUMBERLAND AVE MIDDLESBORO,KY 40965	PHARMACY
ARH OAK HILL CLINIC 223 MAPLE AVE OAK HILL,WV 25901	PHARMACY
ARH FMRS SHARE CLINIC 101 S EISENHOWER DRIVE BECKLEY,WV 25801	PHARMACY
ARH SPECIALTY ASSOCIATES - HAZARD 200 MEDICAL CENTER DRIVE HAZARD,KY 41701	PHARMACY

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) HARLAN COUNTY HIGH SCHOOL 4000 US-119 BAXTER, KY 40806	61-0667976	501(C)(3)	6,000				SPONSORSHIP OF ARH BOWL
(2) JENNY WILEY DRAMA ASSOCIATION INC PO BOX 22 PRESTONSBURG, KY 41653		501(C)(3)	10,000				2015 SHOW SPONSORSHIPS
(3) LETCHER COUNTY PARKS AND RECREATION 156 MAIN STREET SUITE 107 WHITESBURG, KY 41858		501(C)(3)	10,000				SPONSORSHIP FOR PROVIDING RECREATIONAL ACTIVITIES TO RESIDENTS
(4) UNIVERSITY OF CHARLESTOWN 2300 MACCORKLE AVE SE CHARLESTON, WV 25304		501(C)(3)	43,750				SPONSORSHIP FOR EDUCATION
(5) BECKLEY-RALEIGH COUNTY CHAMBER OF COMMERCE 245 NORTH KANAWHA STREET BECKLEY, WV 25801		501(C)(3)	21,328				SPONSORSHIP DOLLARS TO SUPPORT VARIOUS COMMERCE EVENTS

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

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" to 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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
APPALACHIAN REGIONAL HEALTHCARE

Employer identification number
52-0795508

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	Yes
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in 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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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	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 \$17,500 IN 2013. 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 \$15,677.
PART I, LINE 6	THE COMPENSATION AND CONTRACTS COMMITTEE OF THE 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.

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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DANNY M HARRIS, CFO/VP FISCAL SERVICES	(i) (ii)	247,722 0	53,750 0	0 0	19,135 0	2,152 0	322,759 0	0 0
BOBBY RICK KING, CLO/VP LEGAL AFFAIRS	(i) (ii)	236,568 0	51,386 0	0 0	20,914 0	2,152 0	311,020 0	0 0
JOHN D MILLER, CMO/VP MEDICAL SERVICES	(i) (ii)	264,499 0	41,680 0	0 0	22,616 0	2,152 0	330,947 0	0 0
PAUL V MILES, COO/VP OPERATIONS	(i) (ii)	257,093 0	55,573 0	0 0	30,221 0	2,152 0	345,039 0	0 0
JOSEPH L GROSSMAN, PRESIDENT/CEO	(i) (ii)	596,380 0	140,871 0	1,749 0	54,646 0	2,152 0	795,798 0	0 0
HOLLIE P HARRIS, VP CORPORATE STRATEGY	(i) (ii)	195,660 0	42,758 0	0 0	23,313 0	2,893 0	264,624 0	0 0
ELLEN WRIGHT, VP AND CHIEF NURSING OFFICER	(i) (ii)	134,992 0	29,891 0	0 0	16,683 0	2,152 0	183,718 0	0 0
DAVID A BLAINE, ENT	(i) (ii)	456,032 0	0 0	0 0	4,592 0	2,893 0	463,517 0	0 0
RAYMOND ELSOUEIDI, ONCOLOGIST	(i) (ii)	446,032 0	0 0	0 0	10,914 0	2,893 0	459,839 0	0 0
STEVEN T CARAWAN, ORTHOPEDIC SURGEON	(i) (ii)	473,603 0	0 0	0 0	4,191 0	2,893 0	480,687 0	0 0
MELAKU G DEMEDE, CARDIOLOGIST	(i) (ii)	533,765 0	0 0	0 0	577 0	2,893 0	537,235 0	0 0
GEORGES DAMAA, CARDIOLOGIST	(i) (ii)	450,432 0	0 0	0 0	1,050 0	2,893 0	454,375 0	0 0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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		12-19-2012	40,000,000	REFUNDING CURRENT BONDS		X		X		X
B CITY OF HAZARD KY	61-6001839	421381AB0	11-20-2013	42,215,460	REFUNDING & CONSTRUCTING HEALTHCARE FACILITY		X		X		X
C CITY OF HAZARD KY	61-6001839	421381AC8	11-20-2014	42,000,000	HEALTHCARE REVENUE BOND ANTICIPATION NOTES		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				40,000,000		42,215,460		42,048,720				
4	Gross proceeds in reserve funds				3,642,668								
5	Capitalized interest from proceeds												
6	Proceeds in refunding escrows												
7	Issuance costs from proceeds				735,189		343,000		130,500				
8	Credit enhancement from proceeds												
9	Working capital expenditures from proceeds												
10	Capital expenditures from proceeds						16,874,482		5,031,781				
11	Other spent proceeds				35,622,143		24,997,978		36,886,439				
12	Other unspent proceeds												
13	Year of substantial completion				2013		2014						
					Yes	No	Yes	No					Yes
14	Were the bonds issued as part of a current refunding issue?						X	X			X		
15	Were the bonds issued as part of an advance refunding issue?				X			X			X		
16	Has the final allocation of proceeds been made?				X			X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X			X		X			

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X		X			
b	Exception to rebate?				X		X		
c	No rebate due?				X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		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		X		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		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		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		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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization APPALACHIAN REGIONAL HEALTHCARE	Employer identification number 52-0795508
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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?
				YesNo

2	Enter the amount of tax incurred by 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	20,753	INVESTMENT COMPANY THAT MANAGES ARH RETIREMENT PORTFOLIO		No
(2) JULIE AKEMON	BOARD OF PEOPLE'S BANK & TRUST	62,911	ARH HAS A NOTE TO PB&T, BALANCE AT 6/30/15 WAS \$1,453,438 59 INTEREST PAID DURING FY15 WAS \$62,910 71		No
(3) GREG PAULEY	CEO OF KENTUCKY POWER	3,913,707	ARH'S FACILITIES UTILIZE KY POWER FOR ELECTRICITY		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

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization APPALACHIAN REGIONAL HEALTHCARE	Employer identification number 52-0795508
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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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

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 OFFICERS. 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ARH BOARD SETS COMPENSATION LEVELS FOR MR. GROSSMAN AND OTHER ARH EXECUTIVES. THE BOARD CONTRACTS WITH MERCER CONSULTING 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 SET THE RANGES AND THE PRESIDENT'S COMPENSATION. THE REVIEW WAS COMPLETED AND SALARIES WERE SET AT THE NOVEMBER BOARD MEETING. MERCER FOLLOWED UP WITH A LETTER ATTESTING TO THE REASONABLENESS OF THE COMPENSATION. RICK KING KEEPS THE MINUTES OF THE COMMITTEE.

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES - PHYSICIANS PROGRAM SERVICE EXPENSES 16,374,377 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,374,377 OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 30,444,618 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 30,444,618 SECURITY SERVICES PROGRAM SERVICE EXPENSES 1,887,452 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,887,452 LAB SERVICES PROGRAM SERVICE EXPENSES 10,964,133 MANAGEMENT AND GENERAL EXPENSES 9,881,959 FUNDRAISING EXPENSES 82,970 TOTAL EXPENSES 20,929,062 CONTRACT LABOR FEES PROGRAM SERVICE EXPENSES 4,282,639 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,282,639

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MINIMUM PENSION LIABILITY ADJUSTMENT -22,291,776

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	3,540,909	5,527,660	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 2285 EXECUTIVE DRIVE LEXINGTON, KY 40505 45-2696517	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) Disproprtionate 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 2285 EXECUTIVE DRIVE SUITE 400 LEXINGTON, KY 40505 75-3022080	PHYSICIAN OFFICE BUILDING	KY		EXCLUDED	69,083	581,439		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 2285 EXECUTIVE DRIVE SUITE 400 LEXINGTON, KY 40504 20-1796044	OFFICE BUILDING MANAGEMENT	KY	N/A	C		70,035	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?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

1s

Yes

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 MARY BRECKINRIDGE	L	1,304,182	ALLOCATED COSTS
(2) ARH MARY BRECKINRIDGE	O	7,209,650	ACTUAL COSTS/EXPENSES
(3) ARH MARY BRECKINRIDGE	S	3,259,226	ACTUAL COSTS/EXPENSES

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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