### EXTENDED TO NOVEMBER 16, 2020

Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

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

2019

Open to Public Inspection

_	FOI III	e 20 19 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre			]	
Ĺ	Name	e   Doing business as		<u>54-20755</u>	60
	Initial return	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	170 WACCAMAW MEDICAL PARK COURT		843-248-	4700
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	748,219.
	Amen return	CONWAY, SC 29526		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer DR . RICHARD OSMAN		for subordinates	? ☐ Yes X No
	pendi	SAME AS C ABOVE	~~	H(b) Are all subordinates in	ncluded? Yes No
	Tax-ex	empt status X 501(c)(3)	0 527	If "No," attach a	list (see instructions)
J	Websi	te: ► ACCESSHEALTHHORRY.ORG		H(c) Group exemption	n number 🕨
ĸ	Form o	organization: X Corporation Trust Association Other	L Year	of formation 2002 N	1 State of legal domicile: SC
	art I	Summary	τ -		
	1	Briefly describe the organization's mission or most significant activities TO O	RGANI 2	E AND MAINT	AIN A
Governance		COMMUNITY HEALTH COALITION THAT INCLUDES			AL CENTERS,
na	2	Check this box  if the organization discontinued its operations or dispo			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
οğ.		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
iţie	í	Total number of volunteers (estimate if necessary)		6	0
Activities &	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ř	1	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
	<del>1 ~</del>	Trot din diagon basiness taxasis income from the Tri sin see T, into es		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		835,404.	746,249.
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	117.	1,970.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		835,521.	748,219.
—		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	20,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines (0)		0.	
Ses	162	Professional fundrations for (Port IV column (A) line 11a)	<u> </u>	Ŏ.	
Expenses	h	Total fundamenta augustas (Part IV poliuma (D)) line 35)	<u> </u>		
Ä	17	Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)  Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 13-17 (must equal Part IX, column (A), lines 13-17 (must equal Part IX, column (A), line 25, lines 13-17 (must equal Part IX, column (A), lines 13-17 (must equal Part IX, column (A), lines 25, lines 13-17 (must equal Part IX, column (A), lines 13-17 (must equal Part IX, column (A	<del>\``</del> ⊢	780,315.	635,566.
	110	Total expenses Add lines 12.17 (must equal Deat IV and the 25th of	<u>რ</u> ∖ ⊢	800,315.	655,566.
	18	Pougous loss systems Subtract line 19 from la 12	7. F	35,206.	92,653.
- V		Revenue less expenses Subtract line 18 from line 12			
Net Assets or	20	Revenue less expenses Subtract line 18 from line 12  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 30	<b>⋰</b> ⊨	eginning of Current Year 472,668.	End of Year 607,768.
ASS	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	<u> </u>	1,067.	48,544.
let'	22	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20	<u> </u>	471,601.	559,224.
ظ ظ	art II	Signature Block		4/1,001.	333,224.
		lities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ante and to the heet of m	v knowledge and helief it is
		thes of perjory, 1 declare that 1 have examined this return, including accompanying schedule tt, and complete. Dec <u>la</u> ration of preparer (other than officer) is based on all information of w			y knowledge and belief, it is
uue	, correc		men prepare	(59 - 12-	7 473
٥		Signature of officer		Date	2020
Sig		Tim R. Holland Executive D	بل مي ت		
He	re	Type or print name and title	· Core	ж	
			<u> </u>	Date Check	PTIN
D.		Print/Type preparer's name  Preparer's signature  Preparer's signature		- I <sub>if</sub> -	——·
Pai		DAVID C. DEKLEVA, CPA DAVID C. DEKLEV	A, CP	07/24/20 self-employe	
	parer	Firm's name SMITH SAPP		Firm's EIN	57-0801130
use	Only	Firm's address 4728 JENN DR. SUITE 100		0.4	2 440 0224
-		MYRTLE BEACH, SC 29577		Phone no 84	3 448-8334
Ма	y the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1990 (2019) ACCESSHEALTH HORRY, INC. 54-	<u>-2075560</u>	Page 2
Pa	rt, 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 ORGANIZE AND MAINTAIN A COMMUNITY HEALTH COALITION THAT	INCLUDES	
			<del></del>
	HOSPITALS, MEDICAL CENTERS, CLINICS, PHYSICIANS IN PRIVATE		<u> </u>
	AND THE BUSINESS COMMUNITY TO ADDRESS THE ISSUE OF LONG-TER	KM HEALTH	
	CARE FOR THE INDIGENT AND THE MEDICALLY UNINSURED.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	ired by expenses	
7			لمما
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, a	na
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 632,445. including grants of \$ 20,000. ) (Revenue \$		)
	PROVIDED ACCESS TO HEALTH CARE FOR UNINSURED, LOW INCOME RE		AND_
	IMPLEMENTED INNOVATIVE APPROACHES TO ENHANCE PHYSICAL, MENT	TAL AND	
	SPIRITUAL HEALTH.		
		· <del></del>	
4b	(Code) (Expenses \$		
			<del> </del>
		<del></del>	
4.			
4c	(Code) (Expenses \$) (Revenue \$)		)
			<del></del>
4d	Other program services (Describe on Schedule O)		
. •		١	
40	(Expenses \$ including grants of \$ ) (Revenue \$		

Form **990** (2019)

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Form 990 (2019) ACCESSHEALTH HORRY, INC.
Part IV Checklist of Required Schedules

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // "Yes," complete Schedule D, Part V   1/1   1/2				Yes	No
2 X Did the organization required to complete Schedule <i>G</i> , Schedule of Contributors?  3 Did the organization engage in direct or inderce to protect potables and provides on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule <i>C</i> , Part I Section 501(k) of the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule <i>C</i> , Part II Section 501(k) of the organization as defined in Revenue Procedure 98 197 If "Yes," complete Schedule <i>C</i> , Part III of the organization and the evenue Procedure 98 197 If "Yes," complete Schedule <i>C</i> , Part III of the organization and the organization or investment of amounts in such funds or accounts? If "Yes," complete Schedule <i>D</i> , Part II of the organization receive or hold a conservation essement, including easierents to preserve open space, the environment, histonic land areas, or hations estikutives? If "Yes," complete Schedule <i>D</i> , Part II of the organization receive or hold a conservation essement, including easierents to preserve open space, the environment, histonic land areas, or hations estikutives? If "Yes," complete Schedule <i>D</i> , Part II of the organization mental and around it in Part X, ine 21, for escrew 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 <i>D</i> , Part IV If the organization report an amount for inaid, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule <i>D</i> , Part VII If the organization report an amount for inaid, buildings, and equipment in Part X, line 19. That is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule <i>D</i> , Part XII If II I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 X Y Section 501(c)(3) organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part I I Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(c)(4) erganization. Did the organization engage in lobbying activities, or have a section 501(c)(4). Section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or aminizar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II b. Did the organization markets any donor actives of indice or any similar tunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for the funds or accounts or the distribution or amount in Part X, in complete Schedule D, Part II of the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serva as a custodian for amounts not listed in Part X, or provide credit organization, hold assets in donor-restricted endowments or right and accounts for the funds or accounts or register schedule D, Part IV if the organization report an amount for investments or other assets in donor-restricted endowments or right and accounts for the funds when the proper schedule D, Part IV if the organization report an amount for investments or other assets reported in Part X, line 197 if Yes, "complete Schedule D, Part IV if the organization report an amount for other sac					
section 501(h) election in effect during the tax year? if "Yes," complete Schedule C, Part II is the organization a section 501(c)(s) organization. Did the organization as section 501(c)(s), 501(c)(s), 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 18-19? if "Yes," complete Schedule C, Part III is the organization as actions 501(c)(s), 501(c)(s), 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 18-19? if "Yes," complete Schedule C, Part III organization receive or hold at conservation easement, including easements to preserve open space, the environment, historical areas, or instoric of amounts in such funds or accounts for which dinors have the night to provide advised trade or any similar funds or accounts for which dinors have the night to provide advised to amounts on such funds or accounts? If "Yes," complete Schedule D, Part II organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such latest in Part X, to provide credit counseling, debt immagement, credit repair, or debt negatiation services? If "Yes," complete Schedule D, Part III organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII organization report an amount for or investments are organized in Part X, line 10? If "Yes," complete Schedule D, Part VII organization report an amount for or organization report an amount for organized bright schedule D, Part VII organization report an amount for organized bright schedule D, Part VII organization report an amount for organized bright schedule D, Part VII organized in Part X, line 19? If "Yes," complete Schedule D, Part VII organized in Part X, line 19? If "Yes," complete Schedule D, Part VII organized			2_	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)) election in effect during the tax year? If Yes, "complete Schedule C, Part II"  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 58:191 If Yes," complete Schedule C, Part II  5 Did the organization in Revenue Procedure 58:191 If Yes, "complete Schedule C, Part II  6 Did the organization in Revenue Procedure 58:191 If Yes, "complete Schedule C, Part II  7 Did the organization revenue or hold a conservation easement, including easements to preserve open apace, the environment, instruction of works of art, historical treasures, or other similar assets? If Yes, "complete Schedule D, Part II  8 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 III  9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes, "complete Schedule D, Part VII  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes, "complete Schedule D, Part VII  11 If the organization report an amount for revestments - criter securities in Part X, line 107 If Yes, "complete Schedule D, Part VII  11 Did the organization report an amount for other assets in Part X, line 107 If Yes, "complete Schedule D, Part VII  12 Did the organization shall be the properties Schedule D, Part VII  13 Did the organization shall be the properties Schedule D, Part VII  14 Did the organization shall be the organization organization included in consolidated, independent audited financial statements for the tax year? If Yes, "complete Schedule D, Part X X Ind VIII A Did the organization shall be year under the schedule P, Pa	3				٠,,
duning the tax yea? If "Yes," complete Schedule C, Part III  5 Is the organization a section 501(c)ll. 501			3		X
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 5	4				
smilar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III of Did the organization maintain any doner adversed funds or any smilar 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 II of the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fund areas, or historic structures? If "Yes," complete Schedule D, Part III of the organization maintain collections of works of art, historical treasures, or other smilar assets? If "Yes," complete Schedule D, Part III of 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 or through a related organization, hold assets in donor-restricted endowments or any quitar of the organization report an amount for investments or "Yes," then complete Schedule D, Part V, III of the organization report an amount for investments or "Yes," then complete Schedule D, Part V, III of the organization report an amount for investments or "Yes," then complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part VIII of Did the organization report an amount for investments: organization report and assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III of Did the organization report an amount for investments: organization related in Part X, line 19. If "Yes," complete Schedule D, Part X III of Did the organization or short an amount for investments assets in Part X, line 19. If "Yes," complete Schedule D, Part X III of Did the organization or short an amount for investments assets in Part X, line 19. If "Yes," complete Schedule D, Part X III of Did the organization or short an amount for investments or the	_		4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II I Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II I Did the organization report an amount in Part X, line 21, for secrow 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 VI I II If the organization or any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI I II If 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 VI II	5	· · · · · · · · · · · · · · · · · · ·	_		- T
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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 III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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 histed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or a quasi endowments? If "Yes," complete Schedule D, Part VI  11 If the organization report an amount for lowing questionion is "Yes," then complete Schedule D, Part VI  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII asset in organization report an amount for other lashities in Part X, line 15? If "Yes," complete Schedule D, Part XII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII assets reported in Part X, line 16? If "Yes," line 16? If "Yes," complete Schedule D, Part XII assets report	O	· · · · · · · · · · · · · · · · · · ·			v
the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II    Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not histed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV    Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quair andowments? If "Yes," complete Schedule D, Part V    If the organization is in the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V    Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part V    Did the organization report an amount for investments of the resolution of the organization report an amount for investments of the securities 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 V    Did the organization report an amount for other liabilities 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 X    Did the organization report an amount for other liabilities 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 X    Did the organization orban separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X    Did the organization noticed in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X    Did the organization have aggregate reverues or expenses of more than \$1,0000 from grantmaking, fundraising	7	·	.0		-4
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I/! 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 counselling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part I/! 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V! 11 If the organization's answer to any of the following questionor is "Yes," thon complete Schedule D, Part V! 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V! 13 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VI! 14 Did the organization report an amount for other assets 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 VI! 15 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 XII 16 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 XII 17 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 XII 18 Did the organization orbital in separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XII 19 Did the organization as chool described in section 170(b)(I)(A)(b) If "Yes," complete Schedule D	•		7		x
Schedule D, Part III  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  Did the organization or anower to any of the following quections is "Yes," then complete Schedule D, Parts VI, VIII, 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 VII  b Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  b Did the organization report an amount for investments or ther 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  Did the organization report an amount for other assets 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 VII  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 VII  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 XII  Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  X  Did the organization report an amount for other lashilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  X	8				
9 Did the organization report an amount in Part X, line 21, for escrive 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 V  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? "If "Yes," complete Schedule D, Part V  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II  13 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 V III  14 Did the organization report an amount for other liabilities 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 V III  15 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  16 Did the organization or bottan separate, independent audited financial statements for the tax year include a footnote that addresses the organization or bottan separate, independent audited financial statements for the tax year?  17 Yes, "and if the organization as who of the repair and the organization inducted in consolidated, independent audited financial statements for the tax year?  17 Yes, "and if the organization export on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report and Part X, line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule E, Parts II and IV  18 Did the organization report and Part IX, column (A), line 3, more than \$5,000	•		я		x
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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  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  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  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  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
or more? If "Yes," complete Schedule F, Parts I and IV  14b X  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  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  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  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
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  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  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
1 1 1		· · · · · · · · · · · · · · · · · · ·			
			21	_X_	

54-2075560 Form 990 (2019) ACCESSHEALTH HORRY, INC. Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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? If "Yes," complete Х 23 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? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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? If "Yes," complete Schedule L, Part I Х 25a 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? If "Yes," complete X Schedule L. Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V. line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	porta	ble gaming			l
	(gambling) winnings to prize winners?			1c	X	

# Form 990 (2019) ACCESSHEALTH HORRY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	1	÷.		ł
	filed for the calendar year ending with or within the year covered by this return	0		i	-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L'	2b_		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>'</u>	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	L	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ļ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u> </u> -	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b_		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		cıt			
	any contributions that were not tax deductible as charitable contributions?	<u> </u>	6a_		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ļ_'	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		_		7.7
	to file Form 8282?		7c		X
d	· · · · · · · · · · · · · · · · · · ·				<b>.</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10		7g 7h		
h		30.C.  -	<del>"</del>	-	
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	'	
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	•		
а	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			1 .	,1
.о	Initiation fees and capital contributions included on Part VIII, line 12	}.	٠'٠		1. 3
				Y 3 3 4	
11	Section 501(c)(12) organizations. Enter		•	,	, , '
	Gross income from members or shareholders	1		. * -	
	Gross income from other sources (Do not net amounts due or paid to other sources against		,	ì	
_	amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		l2a		
	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.			. •	1 3
а	Is the organization licensed to issue qualified health plans in more than one state?		l3a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	-			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			,	[* 33
	organization is licensed to issue qualified health plans				,,
С	Enter the amount of reserves on hand			l 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	Ľ	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		4b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	L	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	],			"
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	L	16	<u> </u>	_X_
	If "Yes," complete Form 4720, Schedule O			<u> </u>	<u></u>
			_	. നവവ	100401

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Form 990 (2019) ACCESSHEALTH HORRY, INC. 54-2075560 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a	1:	1		
	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 on Schedule O.			ļ	]	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1:	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with			'	
	officer, director, trustee, or key employee?	•	•	2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		·	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X_
6	Did the organization have members or stockholders?			6		X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	ppoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		· · · · · · · · · · · · · · · · · ·	9	<u> </u>	<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue	Code)			
				r	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a		X
	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	X	
b				12b_	X	<del></del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escnbe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve		dependent		, :	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		v
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment	uth a			
ioa	taxable entity during the year?	IIIGIIL V	nui a	160	!	х
	, , ,	to ite r	articipation	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization or the organization of the organ				İ	
	exempt status with respect to such arrangements?	IIIZatio	11 5	16b	Ì	
Sec	tion C. Disclosure		· · · · · · · · · · · · · · · · · · ·	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	0-T (Section 501(c)(	3)s only	ı) avaıl	able
	for public inspection. Indicate how you made these available. Check all that apply		(======================================	, · · · ·	,	
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd finai	ncial	
	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 bo	oks ar	nd records			
-	THE ORGANIZATION - 843-248-4700		·			
	170 WACCAMAW MEDICAL PARK COURT, CONWAY, SC 29526	,				

		•	
Form	990	(2019)	

### ACCESSHEALTH HORRY, INC.

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Jiga	21112		C)	npe	isai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
<i>;</i>	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of other
	week (list any hours for related organizations below	stee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	횰	<u>=</u>	Officer	Key	音	ğ	<del></del> -		<u> </u>
(1) DR. RICHARD OSMAN PRESIDENT	2.00	X		х				0.	0.	0.
(2) DR. COVIA STANLEY	2.00	1		1			-			
VICE PRESIDENT		x	ļ	х				0.	0.	0.
(3) JOHN COFFIN	2.00									
TREASURER		X	<u>_</u>	X				0.	0.	_0.
(4) PAMELA DAVIS	2.00		1		l		ļ			
SECRETARY	1 2 2 2	X		X	_	ļ		0.	0.	0.
(5) ETHEL BELLAMY	2.00							0.		_
DIRECTOR	2.00	X	├-		<u> </u>	+	-	<u> </u>	0.	0.
(6) JOHANNA HAYNES	2.00	X						0.	0.	0.
DIRECTOR (7) SUSAN JENNINGS	2.00		<del> </del>		-		-			<u>~</u> .
DIRECTOR	200	x					1	0.	0.	0.
(8) TONY MINSHEW	2.00									
DIRECTOR		X					_	0.	0.	0.
(9) JIM EUBANKS	2.00	ļ								
DIRECTOR		X	<u>├</u> -	├_	┞-	—	_	0.	0.	0.
(10) PATTY GRESKO	2.00	X					1	0.	0.	0.
DIRECTOR	2.00	^	-	<del>                                     </del>	-	$\vdash$	-	0.	<u> </u>	
(11) CELESTE BONDURANT-BELL DIRECTOR	2.00	1						0.	0.	_ 0.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					$\Box$				
		<u> </u>		<u>L</u>		<u> </u>				
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		1								
		<del>                                     </del>	$\vdash$	1		+		<del> </del>		
_		1							<u> </u>	

54-2075	560 Page <b>8</b>
J4-2013	300 Tage 3
continued)	
(E)	(F)
D	Contract and a set

<u>'</u>	(A) Name and title	(A) (B) (C) (D) (E)  Name and title Average hours per week week week (C) (D) (E)  Position (do not check more than one box, unless person is both an officer and a director/trustee) from from related		on	other									
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fro orga and		e ion ed
			1											
		<u> </u>		}		<del>                                     </del>				7				
										-				
			1											
			_											
							-	-						
				_			<u> </u>				<u>,                                      </u>			_
- <u>-</u>	Subtotal		<u> </u>	<u>L</u>			<u> </u>		0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but r	not limited to th		liste	ed al	bove	e) wł	no re	0. eceived more than \$100	.000 of reportable	_0 .[ le			0.
	compensation from the organization											—	Yes	No.
3	Did the organization list any former officer	, director, trust	ee, l	кеу	emp	loye	e, o	r hig	phest compensated emp	oloyee on		,	163	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omp	ensa	atıor	n and	d otl	her compensation from	the organization		_3		X
_	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	," со	mpl	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							elat	ed organization or indiv	adual for services		5		X_
	tion B. Independent Contractors								<del></del>	<b>A</b>				
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation 1	rom	
	(A) Name and business			-					(B) Description of s			(C omper		n
	Name and business		NO	INC	<u> </u>				Description of s	30141003		Ompo		
									<u> </u>					
														_
													_	
2	Total number of independent contractors (	_	not li	mıte	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	zation 🚩					<u>U_</u>			l			000 /	,

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 219,999. 1e f All other contributions, gifts, grants, and 526,250. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 746,249 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,970. 1,970. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents 6a b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis and sales expenses 7b c Gain or (loss) 7с d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous d All other revenue e Total. Add lines 11a-11d 0. 1,970. 748,219. 0. Total revenue. See instructions 12 Form 990 (2019) 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) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (A) Do not include amounts reported on lines 6b, Program service Total expenses Managèment and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses generāl expenses Grants and other assistance to domestic organizations 20,000. 20,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (nonemployees) a Management b Legal 7.571. 6,814. 757. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 380,955. 15,873. column (A) amount, list line 11g expenses on Sch O.) 396,828. 25,628. 23,065. 2,563. 12 Advertising and promotion 4,451. 495 4,946. 13 Office expenses Information technology 14 Rovalties 15 9,634. 1,070 10,704. 16 Occupancy 17.369. 17.369. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,082 974. 108 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 30. 27. 22 Depreciation, depletion, and amortization 2,946. 2,651 295 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 149,941 149,941 a MEDICAL SERVICES 11,970. 10,773. 1,197 b TELEPHONE c UTILITIES 2,120. 1,908. 212. 2,067. 1,860. 207. POSTAGE 2,364. 2,023. 341. e All other expenses 0. 23,121, 655,566. 632,445. Total functional expenses Add lines 1 through 24e 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 If following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet					· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			182,292.	1	279,253.
	2	Savings and temporary cash investments			290,347.	2	292,464.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	36,051.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%	•		,
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
	ļ	under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use		_	<u>.</u>	8	
⋖	9	Prepaid expenses and deferred charges		ļ_		9	
	10 a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	93,064.			
	b	Less accumulated depreciation	10b	93,064.	<u> 29.</u>	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line 1		13	·		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		1		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	472,668.	16	607,768
	17	Accounts payable and accrued expenses	1,067.	17	48,544.		
	18	Grants payable	ŀ		18		
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F		Г		21	<del></del>
Liabilities	22	Loans and other payables to any current or form					
Ε		trustee, key employee, creator or founder, subst			•		
Ľ.		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		ſ	<del></del>	24	
	25	Other liabilities (including federal income tax, pay	•				
		parties, and other liabilities not included on lines	17-24)	Complete Part X		25	
	00	of Schedule D		ļ	1,067.	25	48,544.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ale bara	V	1,007.	20	
es		and complete lines 27, 28, 32, and 33.	ck nere				
auc	27	Net assets without donor restrictions			35,206.	27	75,452
Bal	28	Net assets with donor restrictions			436,395.	28	483,772.
5	20	Organizations that do not follow FASB ASC 99	58 che	ck here	. :		
교		and complete lines 29 through 33.	CK Here	·';	} /·	ē.	
ğ	29	Capital stock or trust principal, or current funds			•	29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	llinmen	t fund		30	
Ass	31	Retained earnings, endowment, accumulated inc	•	ſ		31	
e	32	Total net assets or fund balances		, only lunds	471,601.	32	559,224.
_	33	Total liabilities and net assets/fund balances			472,668.	33	607,768
		. otal industries and the assets/fully balances			2,2,000		Form <b>990</b> (2019

Form	990 (2019) ACCESSHEALTH HORRY, INC.	54-20	75560	Pag	e 12
Pa	rt 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		2.2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,56	
3	Revenue less expenses Subtract line 2 from line 1	3		65	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>471</u>	.,6(	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		0.03	30.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	559	, 22	24.
Pa	rt 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 Cash X Accrual Other			- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both.			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		ļ	
	consolidated basis, or both		1	- 1	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c		<u>X</u> _
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O		i	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2019)

932012 01-20-20

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization ACCESSHEALTH HORRY, INC. Employer identification number

_		ACCE	SSHEALTH H	ORRY, INC.				5	4-2075560			
Par	tΙ	Reason for Public	Charity Status (	All organizations must co	mplete th	ıs part ) Se	ee instructions	3	***************************************			
The c	rgan	zation is not a private found							<del></del>			
1 [		A church, convention of ch		_				,				
2 [		A school described in sect							\			
3		A hospital or a cooperative					u).		)			
<i>a</i> [		A medical research organiz					-	Miii Enter	the hospital's name			
7 (		city, and state	anon operated in co.	njanotion mara noopita		500010	(5)	,(III). =: \.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	the mospital of manner			
ا ج		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
5 (												
٦ ٦		section 170(b)(1)(A)(iv). (Complete Part II )										
6 L	<del></del>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 L	لم											
_ [		section 170(b)(1)(A)(vi). (C										
8 L	==	A community trust describe										
9 L		An agricultural research org										
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	the colleg	e or			
-	_	university				·						
10 L		An organization that norma	-									
		activities related to its exen										
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganızatıon	after June 30, 1975			
-		See section 509(a)(2). (Cor	•									
11 L	_	An organization organized a	and operated exclusi	ively to test for public sa	fety See:	section 50	)9(a)(4).					
12 L		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ns of, or to ca	arry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 5	609(a)(3). C	Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	iplete lines	s 12e, 12f, and	d 12g				
а		Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), t	ypically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or truste	es of the s	supporting			
		organization You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by ha	ving			
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported			
		organization(s) You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functional	lly integrate	ed with,			
		its supported organizatio	n(s) (see instructions	) You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppoi	rted organi	zation(s)			
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a dist	ribution re	quirement and	d an attent	iveness			
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	•	•				II, Type III				
		functionally integrated, or										
f	Ente	r the number of supported of		• •	•							
g	Prov	ude the following information	about the supporte	d organization(s)					· · · · · · · · · · · · · · · · · · ·			
		) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your governi	inization listed ing document?	(v) Amount of	•	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
_		<del></del>			-							
			Ì									
		_										
		_	] _									
			1									

Schedule A (Form 990 or 990-EZ) 2019 ACCESSHEALTH HORRY, INC. 54-2075560 Page 2

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)

Sec	ction A. Public Support				·		1.7.7
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	508,620.	903,309.	447,924.	835,404.	746,249.	3,441,506,
2	Tax revenues levied for the organ-						- <del></del>
	ization'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	508,620.	903,309.	447,924.	835,404.	746,249.	3,441,506,
	The portion of total contributions					,, , ,	
-	by each person (other than a					, .	
	governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the	Í	٠,	,	ľ		
	amount shown on line 11,		, ,				
	column (f)						704,004.
6	Public support. Subtract line 5 from line 4						2 737 502
	etion B. Total Support			<del></del>	L		2,737,302.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	508,620.	903,309.	447,924.	835,404.	746,249.	3,441,506,
	Gross income from interest,	300,0200	30373031	12//321	000/101	, 10, 11, 15, 1	<u>J, 441, 500,</u>
Ü	dividends, payments received on	[				,	
	securities loans, rents, royalties,						
	and income from similar sources	223.	280.	185.	117.	1,970.	2,775 <u>.</u>
۵	Net income from unrelated business					<u> </u>	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						· · · · · · · · · · · · · · · · · · ·
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				<del></del>		3 444 281,
	Gross receipts from related activities,	etc. (see instruction	one)		l	12	27,271.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	v vear as a section		21,211
10	organization, check this box and stop	•	s mst, second, um	a, rourin, or mar te	ix year as a section	11 30 1 (0)(0)	▶□
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2019 (I		<del></del>	column (fl)		14	79.48 %
	Public support percentage from 2018	,	•	(-),		15	88.55 %
	33 1/3% support test - 2019. If the o			n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies	-				,	<b>▶</b> [X]
b	33 1/3% support test - 2018. If the o		~		line 15 is 33 1/3%	or more, check th	
-	and stop here. The organization quali					,	ightharpoons
17a	10% -facts-and-circumstances test	•			e 13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
ь	10% -facts-and-circumstances test					7a, and line 15 is	10% or
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						s •
				_,,,		dula A /Form 990	

# Schedule A (Form 990 or 990-EZ) 2019 ACCESSHEALTH HORRY, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						/_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	_(f)/Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	ļ				}	
	include any "unusual grants ")						4
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						
				<del> </del>	/	<del> </del>	<del></del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_	•			<del>                                     </del>	<del>  / /             -  </del>		<del></del>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	L			<u></u>	<u> </u>	
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	L					
t	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			1			
	Public support. (Subtract line 7c from line 6)				<del></del>	<u> </u>	
	ction B. Total Support	L			- <del></del>	·	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(u) 2010	(5) 2010	(0) 2011	(4) = 0.10	(0) 2310	107 10101
	a 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						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11 and 12)	L	L				L
14	First five years. If the Form 990 is for	the organization's	s tirst, second, th	ird, tourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
<del></del>	check this box and stop/here						
	ction C. Computation of Publ	<del></del>				<del></del>	
	Public support percentage for 2019 (			, column (f))		15	<u>%</u>
	Public support percentage from 2018			<del></del>	<del></del>	16	%
	ction D. Computation of Inve					<del></del>	
17	Investment income percentage for 20	)19 (line 10c, colur	nn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	i 33 1/3% support tests - 2019. If the	-					17 is not
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						ightharpoons
20	Private foundation, If the organization		•				▶□

## Part IV Supporting Organizations

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

Section A. A	ll	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	1		
	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		
За	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		ļ	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	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	1 .		
	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_		
С	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	1		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	_	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	}		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<del> </del> -
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	j		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
Оa	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10-		
	supporting organizations)? If "Yes," answer 10b below	10a		<del> </del>
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401		
	determine whether the organization had excess business holdings )	10b		L

Sche <b>Pa</b>	edule A (Form 990 or 990-EZ) 2019 ACCESSHEALTH HORRY, INC.  rt IV   Supporting Organizations (continued)	54-207556	0 Pa	age <b>5</b>
	Oupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	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		
h	A family member of a person described in (a) above?	11b	_	
	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		
	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			!
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported	}		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	l	
Sec	tion C. Type II Supporting Organizations		1 1	
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		}	
	the supported organization(s)	1		L
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	1 1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		ļ	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see insti	ructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instruction:		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ		
	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	Î		
	that these activities constituted substantially all of its activities	2a	<del>  -</del>	
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	ļ		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		1
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b> </b>	
b	, ,, ,			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_	1	L

	edule A (Form 990 or 990 EZ) 2019 ACCESSHEALTH HORRY, INC	•		54-2075560 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain ii	n Part VI) See instructions. Al
	other Type III non functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sec	tion 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		
Sect	tion 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)			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	rganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990-EZ) 2019 ACCESSHEALTH  rt V   Type III Non-Functionally Integrated 509			4-2075560 Page 7
		(a)(3) Supporting Orga	anizations (continued)	T
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			<del></del>
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	ns		
4_	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u> _	Other distributions (describe in Part VI) See instructions			
<u>7</u> _	Total annual distributions. Add lines 1 through 6.	an example to the second		<u> </u>
8	Distributions to attentive supported organizations to which the	ne organization is responsive	5	
9	(provide details in Part VI) See instructions  Distributable amount for 2019 from Section C, line 6			
<u>9</u> _ 10	Line 8 amount divided by line 9 amount	· <del></del> ·		
_	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	-	,	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015		-	
¢	From 2016		<u> </u>	
q	From 2017			
e	From 2018	,	<u> </u>	
f	Total of lines 3a through e			
a	Applied to underdistributions of prior years	•		
h	Applied to 2019 distributable amount			
_i_	Carryover from 2014 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$	<del></del>	'	
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount	·	· · · · · · · · · · · · · · · · · · ·	
c	Remainder Subtract lines 4a and 4b from 4		<u>'</u>	
5	Remaining underdistributions for years prior to 2019, if	·		
	any Subtract lines 3g and 4a from line 2 For result greater	•		
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h		•	
	and 4b from line 1 For result greater than zero, explain in	•		
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8_	Breakdown of line 7.	·, ·		
	Excess from 2015			
	Excess from 2016		<u> </u>	
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	Form 990 or 990-EZ) 2019 ACCESSHEALTH HORRY, INC.	54-2075560 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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, Pa Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any add (See instructions)	a or 17b, Part III, line 12, is 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V,
<del></del>		
_		
_		
_		
_		

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number ACCESSHEALTH HORRY, INC. 54-2075560 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 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? 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? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat 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 Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		EALTH HORR								Page 2	
Pa	rt III   Organizations Maintaining C	Collections of Ar	t, Hist	torical Tr	easures,	<u>or Oth</u>	<u>er Simil</u>	<u>ar Asse</u>	ts(continu	ied)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	at make :	significant	use of its			
	collection items (check all that apply)										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other_	• • •						
С	Preservation for future generations			_							
4	Provide a description of the organization's or	ollections and explain	n how th	ev further t	he organizati	on's exe	mpt purp	ose in Par	t 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 m							Γ.	Yes	☐ No	
Pai	rt IV Escrow and Custodial Arran					"Yes" or	Form 990	) Part IV			
	reported an amount on Form 990, Pa			o.guza.io				5, · a. · · · ,			
12	Is the organization an agent, trustee, custod	<del></del>	jary for	contribution	s or other as	sets not	ıncluded		<del></del>		
	on Form 990, Part X?	ian or other intermed	ialy ioi v	CONTRIBUTION	13 01 011101 40	3013 1101	included		Yes	□ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llovuna t	ablo				L	7 162	L NO	
D	ii res, explain the analigement in Part Alli	and complete the for	llowing t	abie					Amount		
_	Posinnina balanca								Amount		
C	Beginning balance						1c				
	Additions during the year						1d			<del></del>	
e	Distributions during the year						1e				
f	Ending balance	200 5					<u>_1f</u>		7		
	Did the organization include an amount on F						-		_ Yes	⊢ No	
	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete								1		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	ears back	(e) Four y	ears back	
1a	Beginning of year balance										
b	Contributions			·	<del> </del>				<u> </u>		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses									<del></del>	
g	End of year balance				J				<u>L.</u>		
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held a	ind administe	ered for t	he organi	zation		<del></del>	
	by								\	/es No	
	(i) Unrelated organizations								3a(ı)		
	(ii) Related organizations								3a(II)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on S	chedule R?					3b		
_4_	Describe in Part XIII the intended uses of the	organization's endo	wment f	funds							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a S	See Form 990	), Part X	line 10				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value	
		basis (investm	nent)	basis	(other)	de	preciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			6	9,658.		69,6	58.		0.	
е	Other				3,406.		23,4	06.		0.	
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c)			ightharpoons		0.	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	m Form 000 Port IV line	a 11h Can Farm 000 Darf V line 12	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	of-year market value
(1) Financial derivatives	(5) 2551 12.05	(e) member of targetter cost of one	or your manner raise
(2) Closely held equity interests			
(3) Other			
(A)			1
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 900 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	of-vear market value
(1)	(4)		
(2)			
(3)			
(4)			
(5)	······································		
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			<del></del>
(9)	<u> </u>		<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		<del></del>	<del></del>
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11d See Form 990, Part X, line 15	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)	·		<del></del>
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	<b>&gt;</b>	
Part X Other Liabilities.			<del></del>
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	e 11e or 11f See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·		
(2)			<del></del>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<del></del>	-	
(9)			<u>-</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line.	25.1	<b></b>	<del></del>
	,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sche	edule D (Form 990) 2019 ACCESSHEALTH HORRY, INC.			75560 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements		1	748,219.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	_2d		
е	<b>5</b>		2e	0.
3	Subtract line 2e from line 1		3	748,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1		
a	•	4a		
b	,	4b		0
c			4c	<u>0.</u> 748,219.
Da.	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII   Reconciliation of Expenses per Audited Financial State	mente With Expense	5	
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	-	ss per neturn	•
1	Total expenses and losses per audited financial statements		1	655,566.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del>  '- </del>	033,300.
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d		2d		
		L	2e	0.
3	Subtract line 2e from line 1		3	655,566.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b	<del></del> _	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	655,566.
Pai	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		V, line 4, Part X,	ine 2, Part XI,
	20 and 40, and 7 art An, inless 20 and 40. Also complete this part to provide any a			
PAT	RT X, LINE 2:			
	VI M, 11111 2.			
THE	E ORGANIZATION IS A NONPROFIT CORPORATION	N AS DESCRIBED	IN SECTI	ON
502	1(C)(3) OF THE UNITED STATES INTERNAL REV	VENUE CODE AND	IS EXEMP	T FROM
प्रका	DERAL AND STATE INCOME TAXES. ACCOUNTING	CUVVUVALUC DEE	SCRIBE WE	ובאז ייי
REC	COGNIZE AND HOW TO MEASURE THE EFFECTS OF	F TAX POSITION	S TAKEN C	OR
EXI	PECTED TO BE TAKEN. IN ORDER TO BE RECOGN	NIZED, A TAX P	OSITION M	UST BE
MOE	RE LIKELY THAN NOT TO BE SUSTAINED UPON I	EXAMINATION BY	TAXING	
רנזא	THORITIES. TO THE EXTENT THAT ALL OR A PO	ЭРТТОМ ОЕ А ТА	X POSITIC	N TS NOT
KE(	COGNIZED, A LIABILITY WOULD BE RECOGNIZED	FOR THE UNRE	COGNIZED	BENEFITS.
<u>AS</u>	OF DECEMBER 31, 2019, MANAGEMENT HAS DET	FERMINED THAT	THE ORGAN	IIZATION
DOE	ES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX	X BENEFITS.		

Schedule D (Form 990) 2019	ACCESSHEALTH HORRY, INC.	54-2075560 Page <b>5</b>
Schedule D (Form 990) 2019 Part XIII   Supplemental Info	ormation (continued)	
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<del></del>		<del></del>
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

<ul><li>Attach to Form 990.</li><li>Go to www.irs.gov/Form990 for the latest information.</li></ul>

Open to Public

Inspection

OMB No 1545-0047

Name of the organization ACCESSHEA	ACCESSHEAL/TH HORRY	, INC.					Employer identification number 54-2075560
Part I General Information on Grants and Assistance	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	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the select	
criteria used to award the grants or assistance?	stance?						[X] Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. C	complete if the orga	anization answered "Y	res" on Form 990, Part	. IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated	\$5,000 Part II can	be duplicated if addit	if additional space is needed	Jed	1 1 1 0		
1 (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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRIENDSHIP MEDICAL CLINIC, INC.							
1396 HIGHWAY 544 CONWAY SC 29526	30-0127648	501(C)(3)	20,000.	0.			MEDICAL SERVICES
ļ							
2 Enter total number of section 501(c)(3) and government organizations list	and government o	rganizations listed in th	ted in the line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ACCESSHEALTH HORRY, INC.

Employer identification number 54-2075560

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
CLINICS, PHYSICIANS IN PRIVATE PRACTICES AND THE BUSINESS COMM	UNITY TO
ADDRESS THE ISSUE OF LONG-TERM HEALTH CARE FOR THE INDIGENT AN	D THE
MEDICALLY UNINSURED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S CHAIRMAN REVIEWED THE PREPARED FORM 990 BEF	ORE IT WAS
FILED.	<del></del>
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS MONITORS COMPLIANCE WITH THE CONFLICT O	F INTEREST
POLICY THROUGHOUT THE YEAR. FAILURE TO COMPLY WITH THE CONFLI	CT OF
INTEREST POLICY WOULD RESULT IN A PERSONS REMOVAL FROM THE ORG	ANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:	
THIS INFORMATION IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
LITTLE RIVER MEDICAL CENTER:	
PROGRAM SERVICE EXPENSES	380,955.
MANAGEMENT AND GENERAL EXPENSES	15,873.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	396,828.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	396,828.
<del></del>	