

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ST. MARY'S HEALTH WAGON, INC. P.O. BOX 7070 WISE, VA 24293	D Employer identification number 04-3739083	E Telephone number (276) 328-8850
F Name and address of principal officer: Same As C Above		G Gross receipts \$ 9,213,481.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
J Website: THEHEALTHWAGON.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2004	M State of legal domicile: VA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	64
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,074,464.	9,871,333.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,486.	71,545.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	887,614.	-729,397.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,015,564.	9,213,481.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,929,463.	4,012,224.
16a Professional fundraising fees (Part IX, column (A), line 11e)		22,800.	12,500.
b Total fundraising expenses (Part IX, column (D), line 25)		491,804.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,737,445.	2,889,347.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,689,708.	6,914,071.
19 Revenue less expenses. Subtract line 18 from line 12	4,325,856.	2,299,410.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	15,771,521.	18,062,114.
	22 Net assets or fund balances. Subtract line 21 from line 20	227,584.	218,767.
		15,543,937.	17,843,347.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	TERESA TYSON <small>Type or print name and title</small>	President & CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LARRY D. STURGILL	LARRY D. STURGILL			P00381273
	Firm's name	Larry D. Sturgill, CPA, PC		Firm's EIN	54-1283622
	Firm's address	P.O. Box 2080 WISE, VA 24293		Phone no.	276-328-9593

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ 6,087,514. including grants of \$) (Revenue \$)

** See Schedule O **

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 6,087,514.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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, filed for the calendar year ending with or within the year covered by this return.		
	2a 64		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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 organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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.

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed VA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 TERESA TYSON 5626 PATRIOT DRIVE WISE VA 24293 (276) 328-8850

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERESA TYSON President & CEO	40 0				X			428,119.	94,207.	0.
(2) PAULA HILL-COLLINS CLINICAL DIRECTOR	40 0				X			308,725.	0.	0.
(3) ETHAN T COLLINS NURSE PRACTITIONER	40 0					X		194,882.	84,418.	0.
(4) RACHEL L HELTON GRANT DIRECTOR	40 0					X		273,306.	0.	0.
(5) OLIVIA STALLARD DENTIST	40 0					X		158,860.	0.	0.
(6) CARA A ROBINSON NURSE PRACTITIONER	40 0					X		141,982.	0.	0.
(7) STEFFANY B STALLARD LPN NURSE	40 0					X		127,628.	0.	0.
(8) VALERIE STEWART Vice Chair	0 0	X		X				0.	0.	0.
(9) CATHY HAWKINS Director	0 0	X						0.	0.	0.
(10) MARK HANDY MD Director	0 0	X						0.	0.	0.
(11) CHARLES KISER Director	0 0	X						0.	0.	0.
(12) STEVE SMITH Chairman	0 0	X		X				0.	0.	0.
(13) SHEILAH COLLINS Treasurer	0 0	X						0.	0.	0.
(14) SHIRLEY WOODWARD Secretary	0 0	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TERESA TYSON President & CEO	40 0			X				0.	0.	0.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								1,633,502.	178,625.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,633,502.	178,625.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	3,737,719.				
	f All other contributions, gifts, grants, and similar amounts not included above	6,133,614.				
	g Noncash contributions included in lines 1a-1f	1,824,268.				
	h Total. Add lines 1a-1f	9,871,333.				
	Program Service Revenue	2a <u>MEDICAL FEE'S</u>		71,545.	71,545.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		71,545.				
Miscellaneous Revenue		3 Investment income (including dividends, interest, and other similar amounts)		-729,397.		-729,397.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
	c Gain or (loss)					
	d Net gain or (loss)					
	Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		9,213,481.	71,545.	0.	-729,397.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	736,844.	736,844.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,477,273.	2,077,127.	155,432.	244,714.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,953.	149,598.	8,311.	14,044.
9 Other employee benefits	418,055.	371,683.	21,190.	25,182.
10 Payroll taxes	208,099.	178,818.	10,404.	18,877.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	70,360.	66,542.	3,818.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,500.			12,500.
f Investment management fees	91,778.		91,778.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	24,950.	23,702.	1,248.	
12 Advertising and promotion	3,666.			3,666.
13 Office expenses	78,594.	75,850.	2,744.	
14 Information technology	220,370.	209,351.	11,019.	
15 Royalties				
16 Occupancy				
17 Travel	89,550.	85,072.	4,478.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	227,053.	215,700.	11,353.	
23 Insurance	96,288.	91,474.	4,814.	
24 Other expenses. Itemize expenses not covered 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.)				
a <u>COMMUNITY OUTREACH-INKIND</u>	880,287.	880,287.		
b <u>CONSULTING SERVICES</u>	476,295.	476,295.		
c <u>PUBLIC RELATIONS</u>	172,821.			172,821.
d <u>PATIENT SERVICE EXPENSE</u>	148,339.	148,339.		
e All other expenses	308,996.	300,832.	8,164.	
25 Total functional expenses. Add lines 1 through 24e	6,914,071.	6,087,514.	334,753.	491,804.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	3,077,590.	1	3,185,854.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	277,484.	4	78,156.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	98,838.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,699,736.		
	b Less: accumulated depreciation	10b 884,712.	3,499,946.	10c 5,815,024.
	11 Investments – publicly traded securities	8,525,313.	11	8,554,004.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	391,188.	15	330,238.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,771,521.	16	18,062,114.	
Liabilities	17 Accounts payable and accrued expenses	60,586.	17	18,236.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	166,998.	25	200,531.
	26 Total liabilities. Add lines 17 through 25	227,584.	26	218,767.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	13,728,669.	27	16,248,493.
	28 Net assets with donor restrictions	1,815,268.	28	1,594,854.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	15,543,937.	32	17,843,347.	
33 Total liabilities and net assets/fund balances	15,771,521.	33	18,062,114.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,213,481.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,914,071.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,299,410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,543,937.
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	
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	17,843,347.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

**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

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

ST. MARY'S HEALTH WAGON, INC.

04-3739083

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	124,000.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2 d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X. \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		93,000.		93,000.
b Buildings		3,755,404.	216,550.	3,538,854.
c Leasehold improvements		205,771.	34,782.	170,989.
d Equipment		1,566,827.	187,939.	1,378,888.
e Other		1,078,734.	445,441.	633,293.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,815,024.

Part VII Investments – Other Securities. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	78,130.
(3) CREDIT CARD PAYABLE	1,525.
(4) INTERFUND PAYABLE	11,446.
(5) PAYROLL WITHHOLDINGS	1,765.
(6) SALARIES PAYABLE	107,665.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	200,531.

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.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,213,481.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	9,213,481.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	9,213,481.

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

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

1	Total expenses and losses per audited financial statements	1	6,914,071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	6,914,071.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	6,914,071.

Part XIII Supplemental Information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 TERESA TYSON President & CEO	(i)	428,119.	0.	0.	0.	428,119.	0.
	(ii)	94,207.	0.	0.	0.	94,207.	0.
2 PAULA HILL-COLLINS CLINICAL DIRECTOR	(i)	308,725.	0.	0.	0.	308,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 OLIVIA STALLARD DENTIST	(i)	158,860.	0.	0.	0.	158,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 RACHEL L HELTON GRANT DIRECTOR	(i)	273,306.	0.	0.	0.	273,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 ETHAN T COLLINS NURSE PRACTITIONER	(i)	194,882.	0.	0.	0.	194,882.	0.
	(ii)	84,418.	0.	0.	0.	84,418.	0.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		979,125.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	2	845,143.	CLOSING PRICE
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The Health Wagon serves as the oldest free mobile clinic in the nation and embraces a mission that "provides compassionate, quality health care to the medically underserved people" in the impoverished mountains of Central Appalachia. The Health Wagon champions the values of inclusiveness, community outreach, collaboration, spirituality, and empowerment. It is a free nurse-managed health clinic consisting of two stationary and four mobile clinics. The Health Wagon serves as the only dedicated safety net for those living in the farthest part of Southwest Virginia. The clinic's leadership in the healthcare sector has garnered notable recognition including interviews in media that include 60 Minutes, Nightline, CBS Nightly News, Inside Edition, Washington Post and the New York Times along with other extensive media attention regarding efforts to provide access to health care to the poor and marginalized population in the Appalachian region. The Health Wagon is a recognized leader in health care access both nationally and internationally, but more importantly, it is known for being an ambassador and a voice for the people in the Appalachian region. The mission extends beyond ameliorating health care disparities by creating a medical home for individuals but treating the individuals holistically by attempting to meet their social and spiritual needs as well. The Health Wagon is the only refuge that exists for far too many that live in poverty that is perpetuated by the vast dying singular economy of coal that writes a detailed narrative of the desperation for those who live there. The Health Wagon is changing and saving lives daily, turning back the tide of ever-worsening health care disparities with grassroots organizing and galvanizing resources like have never been seen before in Central Appalachia.

At the core of our mission is a commitment to providing comprehensive care that goes beyond addressing primary medical needs. This approach is crucial because it only

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

takes into account the diverse healthcare needs of our patients but also acknowledges the interconnectedness of various aspects of health. One area where our holistic practice model shines is in the realm of species health. By offering veterinarian care as part of our services, we address the health of our patients' beloved animal companions, recognizing the emotional and physical bond that exists between them. This encourages our patients to extend the same level of care to themselves and take proactive steps toward their own health. This inclusivity extends our reach and impact, enhancing the overall wellbeing of our community.

Form 990, Part III, Line 1 - Organization Mission

The Health Wagon serves as the oldest free mobile clinic in the nation and embraces a mission that "provides compassionate, quality health care to the medically underserved people" in the impoverished mountains of Central Appalachia. The Health Wagon champions the values of inclusiveness, community outreach, collaboration, spirituality, and empowerment. It is a free nurse-managed health clinic consisting of two stationary and four mobile clinics. The Health Wagon serves as the only dedicated safety net for those living in the farthest part of Southwest Virginia. The clinic's leadership in the healthcare sector has garnered notable recognition including interviews in media that include 60 Minutes, Nightline, CBS Nightly News, Inside Edition, Washington Post and the New York Times along with other extensive media attention regarding efforts to provide access to health care to the poor and marginalized population in the Appalachian region. The Health Wagon is a recognized leader in health care access both nationally and internationally, but more importantly, it is known for being an ambassador and a voice for the people in the Appalachian region. The mission extends beyond ameliorating health care disparities by creating a medical home for individuals but treating the individuals holistically by attempting to meet their social and spiritual needs as well. The Health Wagon is

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Form 990, Part III, Line 1 - Organization Mission

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At the core of our mission is a commitment to providing comprehensive care that goes beyond addressing primary medical needs. This approach is crucial because it only takes into account the diverse healthcare needs of our patients but also acknowledges the interconnectedness of various aspects of health. One area where our holistic practice model shines is in the realm of species health. By offering veterinarian care as part of our services, we address the health of our patients' beloved animal companions, recognizing the emotional and physical bond that exists between them. This encourages our patients to extend the same level of care to themselves and take proactive steps toward their own health. This inclusivity extends our reach and impact, enhancing the overall wellbeing of our community.

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 goes through an extensive review process. Internally, the 990 return is prepared by Larry Sturgill, CPA, an independent accounting firm, and a draft of Form 990 tax return is sent to the President and CEO and senior management for an internal review. The Health Wagon's financial liaison further reviews the 990 tax return after management and makes changes if needed. The final reviewed copy of the 990 tax return is sent to the President and CEO. The President and CEO distributes the final copy to the Finance Committee for final review and thereafter with the Board of Trustees. Larry Sturgill, CPA presents the 990 tax return to the full Board of Trustees and a vote is tendered to accept the final form. The final 990 tax

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

return is given to the President and CEO for signature and a copy is given to all seated Board of Trustees before filing with the IRS.

In addition to the procedures noted above, programs are routinely monitored post-implementation and are reviewed for independently contracted financial audits to ensure the cost incurred and claimed have been properly reported and reasonably stated in compliance with terms of the agreement. Additionally, internal audits are conducted to ensure the quality of completed projects.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Health Wagon conducts annual board training, including periodic training on The Health Wagons conflict of interest policy, the annual disclosures required, and the process for review and approval of any related party transactions. The Executive committee of the Board of Directors, with the assistance of general counsel, oversees the submission of the annual disclosures by the directors, officers, trustees, and key employees, reviews the disclosures to determine whether there are interests that could give rise to conflicts, and monitors overall compliance with the policy. If any actual or potential conflicts were to arise, the general counsel would work with the Executive Committee, the Board of Trustees, and management, as appropriate, to facilitate the assessment of the fairness of the deliberations or voting regarding the transaction and otherwise monitor compliance with the policy. The Health Wagon has a conflict of interest statement and trustees are asked to sign annually. In connection with any actual or possible conflict of interest, any trustees, officer, key employee or member of a committee with the governing board must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Board of Trustees and/or members of the committee considering the proposed transactions, initiatives, or arrangements.

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

Each Board of Trustee shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflict of interest policy,
- b. Has read and understands the conflict of interest policy,
- c. Has agreed to comply with the conflict of interest policy

Interested persons shall disclose or update their interests that may have conflicting interests, family members or other business dealings. This can include any type of transactions or affiliations with businesses arising from any family members or their dealings.

To ensure The Health Wagon continues to operate in a manner that is consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic and consistent reviews yearly will be done. It will entail

- a. Whether compensation arrangement and benefits are reasonable.
- b. If joint partnerships and ventures are consistent with The Health wagons written policies and procedures. That they are properly recorded, include reasonable investment or payment for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.
- c. Whether the Board of directors and all of those committed to The Health Wagon's cause are properly implementing this conflict interest of interest policy.
- d. Whether any improvements should be made to this conflict of interest policy.

When complying with this conflict of interest policy the Health Wagon may, but not need, use outside counsel and if indeed they are used their use shall not relieve

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

the board of directors of its responsibility under this conflict of interest policy.

If the Board of directors determines that there is a conflict of interest it shall adhere to the following procedures

a. The chairperson of the board shall appoint someone that is not of interest to investigate the proposed transaction or arrangement.

b. After exercising due diligence, the board of directors shall make a determination whether the health wagon can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the board of directors will make a determination by a majority vote of the disinterested board members only whether to continue with said transactions.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Health Wagon's Board of Trustees and/or personnel committee uses appropriate comparability data gathered largely from Guidestar's Nonprofit Compensation Report along with professional health care professional data sources and contemporaneous documentation regarding compensation of the President and CEO. Guidestar's Nonprofit Compensation Report allows for independent compensation reviews and confirms large scale nonprofit compensation analysis based entirely on IRS data. The President and CEO's salary is supported by grants, typically federal, and does not come from individual donations. The President and CEO serves as the project officer on several grants usually involving health metrics and high-level programmatic implementation for advancing health care for the region. Also, she serves as a nurse practitioner serving in a clinician role. The most recent compensation review occurred in 2022.

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Health Wagon purchases a widely used independent compensation survey published by Guidestar's Nonprofit Compensation Guide. The President and CEO and/or Personnel Committee performs an annual evaluation and compensation review of key employees. The most recent compensation review occurred in 2022.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing Documents Disclosure Explanation Summary: The Health Wagon's governing documents, conflict of interest policy, and form 990s are available to the public upon request by emailing drtysonnp@thhealthwagon.org. The organization's annual reports and annual financial statements are available online at www.thehealthwagon.org.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

04-3739083

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) APPALACHIAN CENTER FOR EXECELENCE P.O. BOX 90 COEBURN, VA 24230 83-3107705	HEALTH CARE/CLINIC	VA	501 (3) (c)	170 (b) (1) (A) (iii)	N/A		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) APPALACHIAN CENTER FOR EXECELENCE INC.	d	258,390	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Client 2004

ST. MARY'S HEALTH WAGON, INC.

04-3739083

1/08/24

02:49PM

**Form 990, Part III, Line 4e
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	6,087,514.	6,087,514.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	71,545.	Part VIII, Line 2, Col. A

**Form 990, Part IX, Line 11g
Other Fees For Services**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
AUDIT FEES	24,950.	23,702.	1,248.	0.
Total	<u>\$ 24,950.</u>	<u>\$ 23,702.</u>	<u>\$ 1,248.</u>	<u>\$ 0.</u>

**Form 990, Part IX, Line 24e
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
CONTINUING EDUCATION	7,030.	7,030.		
GIFTS	10,502.	10,502.		
LICENSE/DUES	49,195.	46,735.	2,460.	
MAINTANCE & REPAIRS	25,005.	23,755.	1,250.	
MOBILE UNIT EXPENSE	21,075.	21,075.		
OUTREACH	5,914.	5,914.		
PROGRAM EXPENSE	41,550.	41,550.		
RAM EXPENSE	57,945.	57,945.		
RENT	1,690.	1,690.		
UTILITIES	89,090.	84,636.	4,454.	
Total	<u>\$ 308,996.</u>	<u>\$ 300,832.</u>	<u>\$ 8,164.</u>	<u>\$ 0.</u>

1/08/24

02:49PM

Form 990, Part III, Line 4a - Empowering Communities: Unveiling our Program Service Achievements

Nestled within the heart of the Appalachian Mountains, a radiant heroic mission of scale emerges. The Health Wagon, a non-profit organization, stands as a relentless champion in dismantling barriers to healthcare for underserved and vulnerable communities in central Appalachia. The Health Wagon is not just on a mission; it is forging a revolution for healthcare accessibility. The Health Wagon dedication is unyielding and resolve unwavering.

As you journey through our narrative, details of our remarkable impact we create, the lives we uplift, and the futures we redefine will become evident. Your contribution, no matter the size, isn't merely a donation; it's a partnership in a remarkable journey toward enhanced health, fortified communities, and an ever-glistening horizon. Join hands with us in this noble pursuit to deliver not just healthcare, but also the promise of a brighter future.

In unity, we possess the potential to accomplish something truly extraordinary. Together, we can bring about change that resonates far and wide.
Southwest Virginia Counties vs. the Rest of the State:

1. Healthcare Access:

- In Southwest Virginia, healthcare access remains a formidable challenge. Virginia's healthcare disparity divide is more pronounced than in any other state in the nation, highlighting the urgent need for equity in healthcare access. The counties we serve are plagued by a shortage of medical facilities and professionals, leaving residents with limited options for quality healthcare. The rest of the state enjoys significantly better access to healthcare resources, with numerous hospitals, clinics, and specialists. The economic landscape in these underserved counties is equally concerning, with 40% of residents living below the poverty line and an unemployment rate that stands at 10.3%. Educational opportunities are limited, with only 25% of adults holding a bachelor's degree. Conversely, in the rest of the state, the poverty rate is much lower at 12.5%, unemployment hovers at 4.2%, and 41% of adults have a bachelor's degree or higher.

2. Socioeconomic Disparities:

- The economic landscape in Southwest Virginia is marred by high levels of poverty, unemployment, and limited educational opportunities. The counties we serve grapple with economic disparities, making it exceedingly difficult for individuals and families to afford even the most basic healthcare services. Meanwhile, the rest of the state boasts stronger economic stability, greater educational access, and lower poverty rates.

3. Health Outcomes:

- When we examine health outcomes, the disparities become even more pronounced. In Southwest Virginia, counties struggle with higher rates of chronic diseases, poor health indicators, and limited preventative care. Conversely, the rest of the state exhibits better overall health outcomes, with lower disease prevalence and higher life expectancies.

Comparing to 3rd World Countries:

When we take a global perspective and compare the healthcare and socioeconomic challenges of the counties we serve in Southwest Virginia to those in third-world countries, the disparities are astounding. In many ways, these Appalachian communities face health and economic challenges that are more reminiscent of disadvantaged regions in developing nations.

1/08/24

02:49PM

4. Healthcare Infrastructure:

•Our counties suffer from healthcare infrastructure deficiencies that parallel those found in underprivileged nations. Limited access to primary care, specialty services, and modern healthcare facilities creates a severe healthcare gap, mirroring the challenges faced by some third-world countries.

5. Socioeconomic Struggles:

•The socioeconomic struggles experienced by residents in these counties are akin to those in impoverished nations. High poverty rates, insufficient educational opportunities, and limited access to job markets create a cycle of economic hardship that hinders healthcare accessibility.

6. Health Disparities:

•The health disparities within these Southwest Virginia counties are on par with or even exceed those in many third-world countries. Chronic diseases, preventable health conditions, and reduced life expectancies are more reminiscent of regions with limited access to healthcare and resources. Individuals in Southwest Virginia face a shorter life expectancy compared to individuals residing in Nicaragua, emphasizing the pressing need for improved healthcare and support in the region.

In 2021, the Health Wagon had an unprecedented and historical total of 35,250 patient visits during the height of the pandemic. These visits were made by 10,857 individuals, highlighting the significant impact we have on our community's healthcare needs. The Health Wagon leveraged resources and ensure that the vulnerable populations within the region were not decimated by the pandemic. The Health Wagon stepped up and assumed a vital role in the public health sector. We became a beacon of hope for those in need, offering essential healthcare services and ensuring that our community had access to the care they required. A significant milestone in our efforts to combat the ongoing pandemic was the creation and implementation of a Monoclonal Antibody Infusion Program. This initiative was designed to provide critical treatment to those affected by COVID-19, helping to prevent the devastating impact of the virus on our region. We successfully administered monoclonal antibody infusions to over 8,000 individuals, playing a pivotal role in safeguarding our community against the dire consequences of the pandemic. Our dedication to public health and our ability to adapt to the evolving healthcare landscape allowed us to make an extraordinary difference in the face of this challenging public health crisis.

In 2022, the Health Wagon recorded 26,616 patient visits as we continue to reach thirteen different sites using four mobile units and maintain two stationary clinics. The Health Wagon collaborates with over 45 colleges and universities to offer preceptor opportunities and volunteerism. Our operation remains the most extensive healthcare outreach of its kind in the nation.
Health Wagon Program Impact (Five Divisions, 76 Programs)

Primary/Preventative Care:

- 1.Acute Disease Management
- 2.After-Hours Clinics
- 3.Chronic Disease Management
- 4.Medical Therapy Management
- 5.Medication-Assisted Treatment (Injectable Sublocade to reduce diversion)
- 6.Medicare and Medicaid Enrollment
- 7.Sports Physical Assessments
- 8.Annual Physical Assessments
- 9.COVID-19 Testing and Vaccination Clinics
- 10.Pneumococcal Vaccines
- 11.Diabetes Education

1/08/24

02:49PM

- 12.CDL Certification
- 13.Influenza Vaccine Clinics
- 14.Intravenous Infusion Therapies

Specialty Care and Diagnostic:

- 15.Bone Density Screenings
- 16.Behavioral Health Clinics
- 17.Cancer Screening Clinics (Cystoscopy, Mammography, Pap Smears, Lung Screenings)
- 18.Cardiovascular Disease Management
- 19.Colposcopy Clinics
- 20.Dermatology Clinics
- 21.Echocardiogram Clinics
- 22.Endocrinology Clinics
- 23.Eye Exams and Eyeglasses (Fabrication)
- 24.Hepatitis C Clinics
- 25.Lab Services
- 36.Nephrology Clinics
- 37.Ostomy Clinics
- 38.Pharmacy Connect and Medication Assistance
- 39.Podiatry Clinics
- 40.Pre-Op and Post-Op Surgery Clinics
- 41.Psychiatry Clinics
- 42.Psychological Counseling
- 43.Pulmonary Clinics
- 44.Referrals and Follow-Up Systems
- 45.Skin Cancer Screenings
- 46.Telemedicine Clinics (Cardiology, Colposcopy, Gastroenterology, Nephrology, Pain Management, and Primary Care)
- 47.Dermatology Services
- 48.Diagnostic Services

Dental, Vision, Auditory:

- 49.Ophthalmology
- 50.Optomety
- 51.Eyeglass Fabrication
- 52.Dental Care (fillings, extractions, crowns, root canals)
- 53.Preventative Dental Care
- 54.Periodontics
- 55.Denture Fabrication
- 56.Orthodontics
- 57.Oral Cancer Screening
- 58.Dentures (3D Printing)
- 59.Night Guards
- 60.Ear, Nose, and Throat (ENT) Clinics
- 61.Hearing Aid Assistance

Social:

- 62.Transportation Assistance
- 63.Pastoral Care
- 64.Referrals & Follow-Up Systems
- 65.HIV/AIDS Clinics
- 66.Nutrition Counseling
- 67.Counseling Services (Family, Marital, Substance Use Disorder, or General Counseling)
- 68.Mobile Crisis and Disaster Response
- 69.International Outreach

1/08/24

02:49PM

Outreach:

70. Move Mountains Medical Missions (M7 and Miniature M7 Events)
71. Veterinary and Rabies Immunizations
72. Innovative Readiness Training Event
73. Davey's Shuffle Back to School Outreach Event
74. Health Fairs throughout the Year (Partners with ETSU)
75. Give Kids a Smile Pediatric Dental Clinic
76. International Medical/Dental Outreach (Belize Mission Trip)

Changing the Appalachian Healthcare Landscape:

In four short decades, The Health Wagon has made remarkable strides in reshaping the healthcare landscape in Southwest Virginia. The persistently low health rankings in the region are beginning to show signs of improvement, and many attribute this positive change to the tireless efforts of The Health Wagon and the unprecedented collaborations forged in bringing lifesaving healthcare resources to the people of Appalachia. Our ability to accomplish more with fewer resources and our talent for facilitating strategic partnerships have ignited healthcare transformation in the region.

Media Impact and Response: Our leadership in the healthcare sector has attracted notable recognition from the media, both nationally and internationally. We've been featured on renowned platforms like 60 Minutes, Nightline, CBS Nightly News, and in major publications, including The Washington Post and The New York Times. This media attention serves as a platform to shed light on the severe disparities faced by the people of Appalachia and underscores our dedication to increasing healthcare access. The Health Wagon's influence extends to international platforms by speaking at the United Nations and the World Health Organization, where our voice has been heard on numerous occasions. Our participation in health boards, advisory councils, and coalitions solidifies our role as an Appalachian region ambassador. The Health Wagon is frequently invited as a guest speaker and lecturer on various healthcare topics, furthering the cause of rural healthcare access, social justice, healthcare disparities, and more. The Health Wagon serves as a persuasive voice for the Appalachian people, often left unheard.

Advancing Higher Education: Our commitment to education shines through our role as preceptors for students from prestigious institutions, including Harvard, the University of Virginia, and the University of Richmond. Our collaborative relationships extend to over forty institutions, providing students from diverse disciplines with hands-on rural healthcare experience. This experience helps them understand the unique health challenges faced by Appalachian communities, preparing them to address healthcare disparities effectively.

Accelerated Growth due to Extreme Healthcare Needs: Since its establishment in 1980, the Health Wagon has experienced remarkable growth. Under the direction of Dr. Teresa Tyson FNP, the Health Wagon has expanded from a one-person staff to nearly 50 professionals, including medical doctors, family nurse practitioners, registered nurses, licensed practical nurses, dentists, dental hygienists, and ancillary staff. A dedicated team of volunteers complements the Health Wagon's core staff. The Health Wagon's commitment extends beyond primary care, offering specialty and tertiary healthcare services through partnerships with providers, universities, non-profit organizations, and for-profit entities. The Health Wagon actively addresses the social determinants of health that influence wellness and access to care, including poverty, unemployment, low educational attainment, geographic constraints, limited public transportation, and food insecurity. The service area is characterized by extremely limited resources.

The Health Wagon diligently works to overcome barriers to healthcare access through innovative approaches, including:

- Growing and expanding services through innovative mobile health services.
- Establishing one of the most comprehensive and robust telehealth networks in

1/08/24

02:49PM

the nation, connecting patients with nationally renowned specialists (the Health Wagon is the highest utilizer of telehealth in Virginia).

- Managing various specialty clinics (endocrinology, cardiology, nephrology, dermatology, and many more specialties).
- Conducting impactful outreaches such as community health fairs and mass immunization programs.
- Implementing innovative strategies to reach the vulnerable population on a larger scale.

Additionally, the Health Wagon achieved several significant milestones:

- Achieving the historic feat of the first FAA-Approved Drone Delivery in the United States, an accomplishment celebrated at the Smithsonian's National Air and Space Museum. This historic drone is on display in the "Thomas W. Haas We All Fly". This was made possible with many partners including Flirty, NASA Langley, Virginia Tech, Remote Area Medical, and others.
- Pioneering the first Innovative Readiness Training Event in Virginia, a Department of Defense military training opportunity that delivers joint training while serving underserved communities. A total of 3 such events have occurred since inception.
- Performing the first in the world tele-cystoscopies via Telehealth, a project in partnership with the University of Virginia, offering diagnostic examinations via telehealth to detect bladder cancer
- Organizing the Move Mountain Medical Missions (M7), formerly known as Remote Area Medical (RAM) Health Expedition Wise County, the largest health outreach of its kind in the nation and spanning operations for over 20 years. The 100,000th patient was served in 2019 while numbers continue to climb.
- Launching the First Free Diagnostic Ultrasound Program in partnership with the Phillips Foundation, providing free abdominal, transvaginal, echo, and vascular scans to patients.
- Implementing the First Diversion Free Opioid Addiction Program, addressing the opioid epidemic through an innovative evidence-based integrated care model.
- On pace to open the regions first Non-Profit/Charity Pharmacy in the region.

Other Inaugural Events: The Health Wagon's visionary leadership is dedicated to expanding its impact on individuals in need in the Appalachian region. Current initiatives or programs include:

- A Medication-Assisted Treatment (MAT) clinic for opioid addiction.
- Active participation in Medicaid enrollment with Virginia's new expansion, making us state leaders in enrollment numbers.
- Expanding our healthcare outreach and services to offer crisis support in nearby counties and states.
- The unveiling of a brand new dental facility, spanning 4,489 square feet, equipped with 10 dental chairs, a denture lab, and dedicated teaching classrooms for dental workforce training. Establishing a full-time dental service line, staffed by a dentist, oral surgeon, dental hygienists, dental assistants, and a dental case manager.
- Offering vision services at our Sister Bernie Kenny MMM Clinic in Dickenson County, with two full vision lanes for comprehensive eye exams and eyeglass provision.
- First in the nation to implement SpaceX Starlink capabilities on mobile healthcare units.
- Making a Difference

While many express hopes, plans, and dreams to make a difference in the Appalachian region, The Health Wagon is already on the frontlines, saving lives daily. We are poised to continue elevating the health and welfare of the entire region. Our commitment to addressing health inequality in Appalachia is more than a mission; it's a transformational journey.

1/08/24

02:49PM

Awards and Accolades:

Our lifelong commitment to improving the lives of others has earned recognition from numerous organizations. The awards and accolades bestowed upon Dr. Teresa Tyson, President & CEO of The Health Wagon as well as the organization speaks to our dedication to advancing healthcare access. These awards include:

- The Health Wagon is a NANOE member and is in good standing by maintaining the coveted Best Practice Charity Medallion since 2017
- Fierce Healthcare's Women of Influence Awards, 2022
- Grant Management Workshop Grantee Award for Appalachian Regional Commission Project, Expansion of Primary Care in the Appalachian Region, 2021
- Red Letter Award, 2020
- Top 100 People in Virginia to Meet in 2020, 2019
- Governor's Volunteerism and Services Award, 2019
- PBS Be More Award, 2019
- Mid-Atlantic Telehealth Resource Center (MATRC) Summit Breaking Barriers Through Telehealth, 2018
- Patient-Centered Primary Care Collaborative award on behalf of The Health Wagon, 2017
- Connections for Cardiovascular Health Grant Awardee, 2017
- Leadership Excellence Award, Virginia Nursing Foundation, 2017
- Primary Care Community Leadership/Research Award, 2017
- United Nation's Inspiring Global Nurse Award, 2017
- AstraZeneca HealthCare Foundation Connections for Cardiovascular Health Grant Award, 2017
- ETSU College of Nursing Distinguished Alumni Award, 2015
- ETSU National Alumni Association Alumni Award of Honor, 2015
- Daily Point of Light Award, 2014
- Cabot Community Celebrity Award, 2014
- AANP Domestic Humanitarian Award, 2012
- AANP Nurse Practitioner State Award for Excellence, 2009
- Kid's Central, Inc. Community Service Award, 2008
- Virginia Governor's Volunteerism and Community Service Award for Outstanding Nonprofit Group Award, 2007
- Governor's Nonprofit Volunteer Award, 2007
- Virginia Governor's Community Service and Volunteerism Administrator Award, 2004
- Virginia Rural Health Association's Best Practice Award, 2004
- Award for Outstanding Devotion to Community, American Breast Cancer Foundation, 2001

Accomplishments and Impact:

The Health Wagon is more than a healthcare organization; it's a lifeline for those who need it most. We don't just provide healthcare; we make a difference in the lives of poor patients in Central Appalachia, whether they are uninsured or unable to afford patient pay responsibilities.

Our relentless commitment to using innovative technology to help those in need and our ability to leverage unique avenues to bring resources to the medically underserved patients further distinguishes us.

Exceptional Overhead Rate:

Our prudent financial management is reflected in our outstanding position above industry standards regarding the Generally Accepted Nonprofit Overhead Ratio Range. Our overhead rate stands at an impressive 7.5%, significantly below the industry's standard range of 10% to 35%. This accomplishment underscores our dedication to addressing healthcare disparities as a long-term solution.

1/08/24

02:49PM

Sustainability and Resilience:

As we progress, our ongoing dedication to reducing overhead costs will further enhance our ability to deliver maximum value, making every dollar count and expanding our reach even further. Sustainability and resilience are key principles that guide our organization's growth.

Our strategic focus on sustainability ensures that The Health Wagon continues to be a beacon of hope in the Appalachian region. By carefully managing our resources and financial investments, we strengthen our ability to withstand challenges, economic fluctuations, and unforeseen crises. Our aim is to remain a steadfast presence in Central Appalachia for decades to come, ensuring that generations of underserved individuals can access the care they desperately need.

In this journey, resilience is paramount. We've faced obstacles and adversities, and we've emerged stronger each time. With resilience as our foundation, we are committed to adapting to changing healthcare landscapes, evolving patient needs, and unforeseen challenges. The Health Wagon will not just endure but continue to thrive as a vital source of healthcare services in Central Appalachia. Our commitment to sustainability and resilience will empower us to build a brighter, healthier future for the people we serve. The journey ahead is filled with opportunities to make a lasting impact and elevate the well-being of our communities, and we remain dedicated to this important mission. Together, we are shaping a healthier, more equitable future for Central Appalachia.

Leadership:

Dr. Teresa Owens Tyson FNP, President and CEO of St. Mary's Health Wagon, was born a coal miner's daughter, immersed in the harsh realities of poverty that shroud the Appalachian Mountains. Despite these hardships, Dr. Tyson embodies the virtues of resilience and self-reliance, qualities that define her leadership. Every day, she's changing and saving lives, pushing back against the healthcare disparities in Central Appalachia through grassroots organizing and unprecedented resource mobilization.

The enduring strength of The Health Wagon is intricately woven into the remarkable leadership of its long-standing President and CEO, Dr. Teresa Tyson FNP. With a Doctorate in Nursing Practice, a distinguished history of service, and an unwavering commitment to the underserved, Dr. Tyson stands as the guiding force behind the organization's extraordinary achievements. Her tireless dedication to delivering quality, affordable, and accessible healthcare to those in the farthest reaches of southwest Virginia has garnered national recognition and awards, while her expertise and relentless pursuit of innovation have transformed The Health Wagon into a beacon of hope. Through a lifetime of tireless service and a visionary approach, Dr. Tyson has paved the way for The Health Wagon to make an indelible mark in the heart of Central Appalachia. Her leadership has elevated the organization's capabilities, expanded its programs, and set a course for a healthier, more equitable future in the region.

Your Support, Our Promise:

In this pursuit of changing lives and transforming healthcare in Central Appalachia, your support plays a crucial role. Every dollar you contribute directly impacts those who need it most, providing essential healthcare services, overcoming socioeconomic barriers, and addressing disparities. Our success is a testament to the power of collective action, and with your support, we can reach even greater heights. We invite you to join us on this extraordinary journey to make a lasting impact on the lives of the underserved. Together, we can ensure that everyone, regardless of their circumstances, has access to quality healthcare. Your generosity is a catalyst for change, and your belief in our mission is what propels us forward. Give today, and let's continue to transform the healthcare landscape in Central Appalachia, one life at a time.