

Return of Organization Exempt From Income Tax

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

2023

Open to Public Inspection

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.

A For the **2023** calendar year, or tax year beginning **2023**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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

G Gross receipts \$ **6,270,539.**

F Name and address of principal officer:
Same As C Above

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **THEHEALTHWAGON.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2004** **M** State of legal domicile: **VA**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	72
	6	Total number of volunteers (estimate if necessary)	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	5,310,399.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,545.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-729,397.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	881,669.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,213,481.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	6,270,539.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,012,224.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,988,661.
	b	Total fundraising expenses (Part IX, column (D), line 25)	12,500.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	433,945.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,889,347.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,455,507.
	20	Total assets (Part X, line 16)	6,914,071.
	21	Total liabilities (Part X, line 26)	6,444,168.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,299,410.
		Beginning of Current Year	End of Year
		18,140,608.	18,036,379.
		218,767.	288,167.
		17,921,841.	17,748,212.

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: *Teresa Tyson* Date: 11-15-2024
 Type or print name and title: **TERESA TYSON** President & CEO

Paid Preparer Use Only
 Print/Type preparer's name: **LARRY D. STURGILL** Preparer's signature: LARRY D. STURGILL Date: _____
 Firm's name: **Larry D. Sturgill, CPA, PC** Check if self-employed PTIN: **P00381273**
 Firm's address: **P.O. Box 2080** Firm's EIN: **54-1283622**
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 [X]

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 [X] No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 5,418,244. including grants of \$) (Revenue \$)

See Client Notes

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 5,418,244.

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 "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 noncash 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 72		
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.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.		
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.		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.		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.		

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	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			
(1) TERESA TYSON DNP, FNP-BC, FAANP CEO, PRESIDENT	65 8				X		299,147.	0.	0.
(2) PAULA COLLINS DNP, FNP-BC, FAANP PPCNP-C, V. P/CLINCIAL DIRECTOR	65 8				X		299,061.	0.	0.
(3) OLIVIA STALLARD DDS DENTIST	45 0					X	198,391.	0.	0.
(4) ETHAN COLLINS MSEN, FNP-BC GRANT MANAGER	45 16					X	128,174.	63,438.	0.
(5) CARA A ROBINSON FNP-BC COMPLIANCE MGR	45 0					X	184,877.	0.	0.
(6) CHRISTOHER J RATLIFF FNP-BC NURSE PRACTITIONER	45 0					X	122,570.	0.	0.
(7) JAZLYN ROWE FNP-BC NURSE PRACTITIONER	45 0					X	119,562.	0.	0.
(8) VALERIE STEWART FNP-BC Vice Chair	1 1	X		X			0.	0.	0.
(9) CATHY HAWKINS Director	1 0	X					0.	0.	0.
(10) MARK HANDY M.D. Director	1 0	X					0.	0.	0.
(11) CHARLES KISER Director	1 0	X					0.	0.	0.
(12) FARON COUCH Director	1 0	X					0.	0.	0.
(13) JERRY STANLEY Director	1 0	X					0.	0.	0.
(14) SHEILAH COLLINS Treasurer	1 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) MARTHA MCCARROLL Director	1 0	X						0.	0.	0.
(16) SHIRLEY WOODWARD Secretary	1 0	X		X				0.	0.	0.
(17) STEVE SMITH Chairman	1 0	X		X				0.	0.	0.
(18) JOSEPH F SMIDDY M.D. BOARD EMERITUS	6 0	X						0.	0.	0.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	1,351,782.	63,438.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	1,351,782.	63,438.	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>	3	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>	4	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>	5	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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	763,953.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,546,446.				
	g Noncash contributions included in lines 1a-1f	1g	331,743.				
	h Total. Add lines 1a-1f		5,310,399.				
	Program Service Revenue	2a <u>MEDICAL FEE'S</u>		Business Code			
b			78,471.	78,471.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			78,471.				
Miscellaneous Revenue		3 Investment income (including dividends, interest, and other similar amounts)		881,669.			881,669.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real (ii) Personal					
		6a					
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		7a					
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	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					
		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
9a							
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
10a							
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			6,270,539.	78,471.	0.	881,669.

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	598,208.	317,934.	280,274.	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	2,591,286.	2,411,164.		180,122.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	227,087.	198,156.	11,787.	17,144.
9 Other employee benefits	339,139.	288,929.	25,559.	24,651.
10 Payroll taxes	232,941.	209,019.	9,741.	14,181.
11 Fees for services (nonemployees):				
a Management				
b Legal	475.		475.	
c Accounting	78,385.		78,385.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	97,907.		97,907.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	27,010.		27,010.	
12 Advertising and promotion	5,192.			5,192.
13 Office expenses	91,064.	83,116.	3,736.	4,212.
14 Information technology	225,074.	202,566.	11,254.	11,254.
15 Royalties				
16 Occupancy				
17 Travel	52,449.	46,964.	2,209.	3,276.
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	451,435.	428,863.	22,572.	
23 Insurance	123,428.	111,086.	6,171.	6,171.
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>OUTREACH</u>	365,501.	365,501.		
b <u>PATIENT SERVICE EXPENSE</u>	355,750.	355,750.		
c <u>PUBLIC RELATIONS</u>	163,344.			163,344.
d <u>RAM EXPENSE</u>	142,746.	142,746.		
e All other expenses	275,747.	256,450.	14,899.	4,398.
25 Total functional expenses. Add lines 1 through 24e	6,444,168.	5,418,244.	591,979.	433,945.
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.....	3,264,348.	1	2,857,143.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	78,156.	4	80,928.
	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.....	98,838.	8	
	9 Prepaid expenses and deferred charges.....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 6,850,528.		
	b Less: accumulated depreciation.....	10b 1,336,148.	5,815,024.	10c 5,514,380.
	11 Investments – publicly traded securities.....	8,554,004.	11	8,261,125.
	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.....	330,238.	15	1,322,803.
16 Total assets. Add lines 1 through 15 (must equal line 33).....	18,140,608.	16	18,036,379.	
Liabilities	17 Accounts payable and accrued expenses.....	18,236.	17	17,660.
	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.....	200,531.	25	270,507.
	26 Total liabilities. Add lines 17 through 25.....	218,767.	26	288,167.
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.....	16,326,987.	27	17,520,073.
	28 Net assets with donor restrictions.....	1,594,854.	28	228,139.
	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.....	17,921,841.	32	17,748,212.	
33 Total liabilities and net assets/fund balances.....	18,140,608.	33	18,036,379.	

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	6,270,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,444,168.
3	Revenue less expenses. Subtract line 2 from line 1	3	-173,629.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,921,841.
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	17,748,212.

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 A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ST. MARY'S HEALTH WAGON, INC.	Employer identification number 04-3739083
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2023

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA

Part VI

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

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for purpose of easements, acreage, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for reporting requirements for art and historical treasures.

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.

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

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

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

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

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

Part V Endowment Funds

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

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

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

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

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

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

	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
1a Land		93,000.		93,000.
b Buildings		3,755,404.	312,850.	3,442,554.
c Leasehold improvements		217,383.	48,887.	168,496.
d Equipment		1,623,793.	408,792.	1,215,001.
e Other		1,160,948.	565,619.	595,329.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 5,514,380.

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, line 12, column (B))		

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, line 13, column (B))		

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

(a) Description	(b) Book value
(1)	
(2) Building-Construction In Progress	429,553.
(3) DUE FROM ACEH	266,768.
(4) Due From Others	451,930.
(5) INTRAFUNDS RECEIVABLES	59,124.
(6) NOTE RECEIVABLE ACEH	100,000.
(7) PREPAID EXPENSES	15,426.
(8) Rounding	2.
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B))	1,322,803.

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	84,410.
(3) INTERFUND PAYABLE	59,124.
(4) PAYROLL WITHHOLDINGS	843.
(5) SALARIES PAYABLE	126,130.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	270,507.

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	6,270,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,270,539.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,270,539.

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	6,444,168.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,444,168.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,444,168.

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

2023

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 checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a**
- 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) 2023

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 DNP, FNP-BC, FAANP CEO, PRESIDENT	(i)	288,907.	10,240.	0.	0.	299,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 PAULA COLLINS DNP, FNP-BC, FAANP PPCNP-C, V.P/CLINICAL DIRECTOR	(i)	288,821.	10,240.	0.	0.	299,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 OLIVIA STALLARD DDS DENTIST	(i)	197,343.	1,048.	0.	0.	198,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 ETHAN COLLINS MSEN, FNP-BC GRANT MANAGER	(i)	109,766.	18,408.	0.	0.	128,174.	0.
	(ii)	63,438.	0.	0.	0.	63,438.	0.
5 CARA A ROBINSON FNP-BC COMPLIANCE MGR	(i)	171,682.	13,195.	0.	0.	184,877.	0.
	(ii)	0.	0.	0.	0.	0.	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

2023

**Open to Public
Inspection**

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.

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		153,461.	FMV
6 Cars and other vehicles	X	1	35,000.	NADA VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	2	143,282.	
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) 2023

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

2023

**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

In the heart of the Appalachian Mountains, a bold mission unfolds. St. Mary's Health Wagon (the Health Wagon), a dedicated non-profit, tirelessly works to break down barriers to healthcare for underserved and vulnerable communities in central Appalachia. More than a mission, the Health Wagon is leading a healthcare accessibility revolution with dedication that is unyielding and resolve that is unwavering. The Health Wagon has operated for over 40 years as a transformational healthcare provider in Southwest Virginia, bridging the severe healthcare access gaps in one of the nation's most economically and medically underserved areas. Our mission is to bring accessible, quality healthcare to the medically underserved in Central Appalachia. The Health Wagon addresses acute and chronic health needs while simultaneously working to alleviate the socioeconomic barriers that undermine health outcomes. The Health Wagon stands poised to revolutionize health care access. The Health Wagon stands as a relentless champion in dismantling barriers to healthcare for underserved and vulnerable communities in central Appalachia issuing a heroic mission of scale. The Health Wagon is not just on a mission; it is forging a continual revolution in rural healthcare accessibility and health promotion.

The Health Wagon is noted to be the oldest mobile free clinic in the nation and embraces our mission wholeheartedly to support the impoverished individuals in the mountains of central Appalachia. The Health Wagon champions the values of inclusiveness, community outreach, collaboration, spirituality, and empowerment. The Health Wagon is a health system network of free clinics consisting of two stationary clinics, four mobile units and a new state of the art dental clinic. The Health Wagon is a nurse practitioner managed and serves as the only dedicated safety net system for those living in the farthest part of the southwestern portion of Virginia. The

Name of the organization

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

clinic's leadership in the healthcare sector has garnered notable recognition including interviews in the 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 populations 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 of the Appalachian region. The mission extends beyond ameliorating healthcare disparities by not only 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 a vast dying singular economy of coal and 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 health care disparities with grassroots organizing and galvanizing resources that are unprecedented in central Appalachia.

In unity, with other likeminded visionaries and supporters, the Health Wagon possesses the potential to accomplish something truly extraordinary. Together, the Health Wagon with others can bring about lasting change that resonates far and wide.

Form 990, Part III, Line 1 - Organization Mission

St. Mary's Health Wagon's mission is to provide compassionate, quality health care to the medically underserved in Central Appalachia. The Health Wagon is dedicated to delivering high-quality healthcare to underserved and remote communities, breaking down barriers to access through innovative mobile medical services as well as offering services at stationary clinics as well. With a commitment to empowering individuals and families, the Health Wagon brings essential care directly to those

Name of the organization

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Form 990, Part III, Line 1 - Organization Mission

in need, ensuring that geography, income, or resources are never obstacles to health and well-being. The Health Wagon's ideal is to foster healthier, more resilient communities by connecting people to comprehensive, patient-centered care, all while maintaining a steadfast focus on excellence, empathy, innovation and accessibility.

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

The reviewing of Form 990 typically involves a structured, collaborative process that engages key stakeholders to ensure compliance, transparency, and alignment with the organization's mission. The process begins with the CPA, Larry Sturgill, preparing the initial draft of Form 990 based on the nonprofit's financial records. He conducts a detailed review to ensure accuracy in revenue, expenses, grants, and program accomplishments. Health Wagon's financial liaison to Larry Sturgill, CPA then performs a line-by-line review of the draft, verifying financial accuracy, compliance with IRS requirements, and consistency with prior filings.

Next, the President and CEO and other executive leadership reviews the narrative sections to ensure they effectively highlight the nonprofit's mission, impact, and program accomplishments. Input is provided on significant achievements to be featured under program services descriptions. The finance committee, including board members with financial expertise, reviews the document to evaluate the portrayal of financial health and alignment with board-approved budgets and financial reports. The Form 990 is presented to the Board of Trustees for oversight. This step encourages board members to ask questions and understand key aspects of the filing, including governance disclosures and compliance issues. The review and approval process is documented in meeting minutes to demonstrate board oversight. Feedback from the board and other stakeholders is addressed collaboratively by the CPA, financial liaison, and finance committee, with all corrections and clarifications incorporated into the final document. A vote is tendered to accept the 990 in final

Name of the organization

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

form.

Once all parties are satisfied, the CEO signs off on Form 990, and the CPA files it with the IRS by the appropriate deadline. Post-filing, the organization shares the filed Form 990 with the Board of Trustees and makes it publicly accessible, reinforcing transparency. A copy is given to individual Board of Trustee members as well. Finally, a post-filing debrief with the finance committee and CPA helps identify lessons learned and opportunities to advance the process for the following year. Additionally, internal and external financial audits that are independently contracted are conducted annually. This approach ensures comprehensive oversight and strengthens trust among donors, stakeholders, and the public.

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 Trustees, 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

Name of the organization

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

material facts to the Board of Trustees and/or members of the committee considering the proposed transactions, initiatives, or arrangements.

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 Heath 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 Trustees 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

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

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

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 the board of trustees 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 Trustees 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 CEO compensation review and approval process is designed to ensure fairness, competitiveness, and alignment with the organization's advancement of mission and objectives. At the Health Wagon, the Board of Trustees understand the importance of fair and objective compensation for our executive team. Our compensation packages are designed to attract and retain top-tier talent while ensuring that our leaders are fairly compensated for their critical roles in advancing our mission and serving the Appalachian region. Furthermore, the Board of Trustees considers chief executive leadership pay one of the most mission-critical responsibilities under its purview.

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

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

The Health Wagon's CEO compensation review and approval process uses best practices guidelines, and balances organizational objectives while maintaining transparency and accountability. The Board of Trustees with assistance from a designated committee such as the Executive Committee or Personal Committee, conducts a review of the CEO's compensation. This process begins with a formal evaluation of the CEO's performance, focusing on accomplishments in meeting organizational goals, financial stewardship, and strategic priorities that are looked at year-round with detailed reports to the Board. To determine appropriate compensation, the committee conducts a comprehensive market analysis, utilizing data sources, including the GuideStar Nonprofit Compensation Report. This data reinforces the commitment to accountability and sustainability within nonprofit leadership. Impact and program advancement are also heavily considered and weighed. In determining compensation, the Board considers factors such as education level, with a doctoral-prepared nurse practitioner at the helm, tenure (31 years with the organization), industry standards, job functions, organizational performance, understanding of the organization's unique role in providing critical healthcare services to underserved populations and the complexities of the modern post-pandemic healthcare landscape including workforce shortages and healthcare wage increases, and ensures that compensation reflects these realities while remaining competitive at both local and national levels.

Although The Health Wagon is a nonprofit, it must compete for talent in the for-profit arena. While widely recognized as a free and charitable clinic, the Health Wagon functions similarly to or even beyond that of a Federally Qualified Health Center (FQHC) due to its robust programmatic activities. Even most FQHC don't deliver the depth and breadth of services that the Health Wagon offers. The organization operates two stationary clinics, a state-of-the-art dental clinic, four

Name of the organization

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

mobile units, an after-hours clinic, and provides 24-hour call services. It offers comprehensive primary and preventive care, specialty services, vision, tele-radiology, mental health services, social outreach support, and mass outreach events, managing five divisions with 76 programs aimed at enhancing regional health and well-being in Central Appalachia. The CEO's salary reflects the scope of responsibilities, the organization's impact, and the skills required to navigate challenges in a complex healthcare delivery environment. Sustainable development in nonprofit organizations often necessitates competitive compensation for leaders who drive innovation, manage complex systems, and secure funding for life-saving programs. At The Health Wagon, this leadership has enabled groundbreaking advances in healthcare access for Central Appalachia.

The Health Wagon furthermore acknowledges and appreciates the dedication of its executives, who often work extreme hours to address significant healthcare challenges. Both the CEO/President and Vice President/Clinical Director are doctoral-prepared nurse practitioners who balance administrative responsibilities with patient care and the management of a 24-hour on-call medical services. Their roles effectively equate to holding two full-time jobs—an intentional cost-saving measure for the organization. They have earned national and international recognition, speaking before the World Health Organization (WHO) and the United Nations and have elevated the Health Wagon to a national and international platform. Under the visionary leadership of CEO/President Vice President/Clinical Director, the Health Wagon has developed a new model of health care delivery, the Integrative Comprehensive Collaborative Collective (ICCC) Model. This model stands to transform healthcare by integrating multidisciplinary teams, advanced telehealth technologies, leverage innovation and utilize community partnerships. By emphasizing collaboration across various sectors, the Health Wagon has addressed systemic inequities and

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

delivered tailored care to remote and underserved populations. These accomplishments underscore the importance of sustaining their leadership through fair and equitable compensation while ensuring the organization's long-term viability. The Health Wagon's integrative model serves as a beacon for sustainable, collaborative healthcare, proving that innovation and leveraging valuable resources can coexist in the nonprofit sector.

The CEO/President oversees the salaries of all other employees, benchmarking them against comparable positions within the healthcare sector to ensure competitiveness and fairness. This process considers individual contributions, responsibilities, performance metrics, and their strategic impact on the Health Wagon's success. Annual appraisals are conducted, and detailed reports on staff and organizational management are available to the Board, which reviews finances and approves the budget. Through this rigorous and transparent approach, the Health Wagon demonstrates its commitment to responsible governance and its mission to serve the Appalachian region.

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 2023.

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

Name of the organization

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

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

2023

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	108,378	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 2004AMEN

ST. MARY'S HEALTH WAGON, INC.

04-3739083

11/28/24

07:16PM

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

	Program Services Total	Form 990	Source
Total Expenses	5,418,244.	5,418,244.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	78,471.	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	27,010.		27,010.	
Total	\$ 27,010.	\$ 0.	\$ 27,010.	\$ 0.

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
CONSULTING SERVICES	30,979.	30,979.		
CONTINUING EDUCATION	6,868.	6,868.		
CONTRACT SERVICES	7,344.	7,344.		
FACILITY EXPENSE	51,939.	49,342.	2,597.	
GIFTS	5,651.		5,651.	
LICENSE/DUES	45,059.	42,806.	2,253.	
MOBILE UNIT EXPENSE	39,941.	39,941.		
UTILITIES	87,966.	79,170.	4,398.	4,398.
Total	\$ 275,747.	\$ 256,450.	\$ 14,899.	\$ 4,398.

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

The Need of Appalachian Virginia: Southwest Virginia vs. the Rest of the State

1. Healthcare Disparities and Outcomes in Virginia: An Unprecedented Divide

The Healthcare disparities represent an unprecedented divide in Appalachian Virginia versus the rest of the state. More specifically, Southwest VA epitomizes the stark contrast in wealth and health disparities within the state. With some of the wealthiest localities in the country, such as Loudoun County, boasting a median household income of \$142,299, the situation is dire in places like Dickenson County (Health Wagon's founding location), where the median income plummets to just \$29,932. This vast disparity, unmatched by any other state, underscores the urgent need for resources in under-resourced communities where pain, suffering, and death are excessive. For far too many, adverse financial conditions act as judge, jury, and executioner in determining the health outcomes of individuals. The war on poverty was initially fought in Appalachia, yet many residents continue to face systemic barriers to health and prosperity. Life expectancy rates (could be as much as 10-20 years!) in some areas reflect these inequities, further emphasizing the need for effective policy change and advocacy. In a region rich with natural resources and cultural heritage, we must leverage these assets to build a sustainable healthcare framework that addresses the root causes of these disparities and champions equitable access to care for all. The healthcare disparities in Virginia are more severe than in any other state, with Southwest Virginia facing some of the worst health outcomes and most pronounced poverty rates in the nation, while Northern Virginia enjoys an abundance of healthcare resources. This vast economic divide reflects and reinforces a similarly stark divide in health outcomes. Chronic conditions such as diabetes, heart disease, obesity, and respiratory illness are rampant in Southwest Virginia, where the prevalence of diabetes (14%) and hypertension (35%) surpasses both state and national averages.

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 equality 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 Health Wagon is often forced to maintain waiting lists for essential healthcare services and diagnostics—an unacceptable reality that stands in stark contrast to any compassionate standard of care. No one should have to wait for the timely medical attention they need, yet this is the harsh reality for many in our underserved communities.

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.

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.

2. Socioeconomic Struggles and Disparities Similar to Developing Countries

The economic landscape in these underserved counties is equally concerning, with an average of 30% of residents living below the poverty line and an unemployment rate that stands at 4.6%. Conversely, in the rest of the state, the poverty rate is much lower at 10.2%, unemployment hovers at 2.9%. Southwest Virginia faces significant

challenges in educational attainment and socioeconomic status, with many counties reporting lower high school and college graduation rates than the state average, paired with persistently low median household incomes. This educational gap contributes to limited employment opportunities, further entrenching economic hardship and affecting the region's overall health and well-being. 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.

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.

In taking a global perspective to compare the healthcare and socioeconomic challenges of the counties the Health Wagon serves 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.

3. Healthcare Infrastructure

In comparing Virginia's rural areas with its urban counterparts, the disparity is stark: while Northern Virginia enjoys an extensive network of hospitals, clinics, and specialists, Southwest Virginia has just 3 cardiologists, 2 pulmonologists, and fewer than 3 dentists per 100,000 people. Access to mental health services is also critically lacking, with fewer than 2 psychiatrists per 100,000 people, leaving mental health needs largely unmet. 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.

4. Severe Healthcare Disparities in Virginia: An Urgent Call for Action

Southwest Virginia faces a dire healthcare crisis, with some of the worst health outcomes in the state and an overall burden of chronic diseases that far exceeds national averages. A significant portion of the population is uninsured, and health indicators such as diabetes, hypertension, heart disease, and obesity are at epidemic levels. Rural counties in Southwest Virginia face poverty rates up to three times higher than more affluent parts of the state, creating an economic disparity mirrored in the health outcomes. With a 14% diabetes prevalence rate, 35% hypertension prevalence, and 22% smoking rate, the region's residents suffer from compounded health risks that are preventable but largely unaddressed in the current healthcare system.

5. Response to Public Health Crisis: Undergirding Public Health

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 to 10,857 individuals, highlighting the significant impact we have on our community's healthcare needs. The Health Wagon leveraged resources and ensured that the vulnerable populations from being decimated by the Covid 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, treatment, and promoted mitigation strategies ensuring that our vulnerable region 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 (MAB) Infusion Program. To our knowledge, the Health Wagon had the first and only mobile infusion center. This

initiative was designed to provide critical effective 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 thousands of needy 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.

6. Health Wagon Impact and Services

In 2023, the Health Wagon recorded 23,136 patient visits as we continue to reach thirteen different sites using four mobile units and maintain two stationary clinics. The Health Wagon has had collaborative relationships with over 50 colleges and universities over the years to offer clinical opportunities, support for various projects and volunteerism. We feel that our rich programmatic service lines remain one of the most extensive healthcare outreaches of its kind in the nation with Five Divisions (1. Primary & Preventive Care 2. Specialty Care & Diagnostics 3. Dental, Vision, & Auditory 4. Social Supports 5. Population Health & Outreach) and 76 Programs. The Owens and Hill Dental Clinic had its first formal year of operations as well. The dental clinic recorded a total of 4,276 dental patients visits and provided an estimated value of \$1,197,280 of dental care for surrounding counties for 2023.

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

B. 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

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- 45.Skin Cancer Screenings
- 46.Telemedicine Clinics (Cardiology, Colposcopy, Gastroenterology, Nephrology, Pain Management, and Primary Care)
- 47.Dermatology Services
- 48.Diagnostic Services

C. Dental, Vision, and 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

D. Social Support:

- 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

E. Population Health and 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)

7. National Recognition

Our transformative work has gained national and international recognition, with features on platforms like 60 Minutes, Nightline, CBS Nightly News, Inside Edition, The New York Times, and The Washington Post. Our leadership in the healthcare sector has attracted notable recognition from the media, both nationally and internationally. These media spotlights amplify awareness of the extreme health disparities in Appalachia while showcasing our commitment to high-quality healthcare delivery for vulnerable populations.

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 guest speakers and lecturers 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.

8. 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 have extended to over fifty institutions over the years, 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. These partnerships with leading academic institutions enrich the hands-on training experience for future healthcare providers in rural medicine, thereby investing in the future of healthcare equity in Appalachia and beyond.

9. 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 DNP, FNP-BC, FAANP the Health Wagon has expanded from a one-person staff to nearly 50 employees that include professional and para professionals, including family nurse practitioners, registered nurses, licensed practical nurses, dentists, dental hygienists, and ancillary staff. A dedicated team of volunteers including many physicians 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 the nation, connecting patients with nationally renowned specialists.
- Managing various specialty clinics (endocrinology, cardiology, nephrology, dermatology, and many more specialties).
- Conducting impactful outreaches such as community health fairs, outreaches and large immunization programs.
- Implementing innovative strategies to reach the vulnerable population on a larger scale.

Additionally, the Health Wagon achieved several significant milestones:

- Participated in 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

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- 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. The annual event continues.
- Launching the first free diagnostic ultrasound program in partnership with the Phillips Foundation, providing free abdominal, transvaginal, echo, and vascular scans to patients.
- Implementing one of the first diversion free medication assistance programs in the region, addressing the opioid epidemic through an innovative evidence-based integrated care model.
- On pace to open the region's first free and charitable pharmacy, St. Mary's Faith Pharmacy, in early 2024.

The Health Wagon's visionary leadership, staff and stakeholders are dedicated to expanding its impact on individuals in need in the Appalachian region thru inaugural events and programs:

- Active participation in Medicaid enrollment, making us a leader in enrollment numbers.
- Expanding our healthcare outreach and services to offer emergency crisis support in neighboring counties and states.
- The unveiling of a brand-new state of the art dental facility, spanning 4,489 square feet, equipped with 10 dental chairs, a 3D denture lab, and dedicated teaching classrooms for dental training. Establishing a hybrid 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 with increased communication capabilities on mobile healthcare units.

10. Formation of the New Model of Health Care Delivery: Health Wagon's Integrated Comprehensive Care Collective (ICCC)

Founded on the principles of compassion, innovation, and community engagement, the Health Wagon addresses the unique healthcare challenges faced by residents in rural regions. With a team of skilled nurse practitioners and other healthcare professionals an extraordinarily successful and a new innovative health care delivery model has been developed. The Integrated Comprehensive Care Collective (ICCC) model developed by the Health Wagon addresses critical healthcare gaps in this medically underserved region. The ICCC model was designed to meet the unique challenges of the Appalachian population by offering comprehensive, patient-centered care that integrated mobile clinics, stationary clinics, preventive care, outreach, telehealth services, mental health, substance use disorder treatment, specialty services, innovative programs, social determinants of health activities, emergency preparedness and response, public health supports, advocacy and partners with academic institutions to advance healthcare. This approach has continually addressed the complex healthcare needs of a population with high rates of chronic diseases, limited access to care, and significant socioeconomic barriers. By embedding these services within our healthcare delivery model, we can improve overall patient wellness and mitigate the effects of poverty, socioeconomic barriers, food insecurity, and geographic isolation that are prevalent in the region.

Key Components of the ICCC Model:

1. **Comprehensive, Integrated Services** the ICCC (Integrated Comprehensive Community Care) model prioritizes delivering a broad spectrum of health services under one umbrella. It focuses on primary and preventive care, while also expanding access to dental, vision, mental health, and specialty care. Preventive services, such as screenings, vaccinations, and health education, are essential to long term health improvements. By offering this diverse range of services in an integrated format, patients can access the care they need without navigating fragmented healthcare systems. The goal is to improve overall health outcomes, reduce hospitalizations, and decrease the burden of chronic diseases like diabetes and hypertension.
2. **Symbiosis and Integration of Existing Healthcare Delivery Models** the Health Wagon's ICCC model uniquely integrates components from three established healthcare models: the Free Clinic, Federally Qualified Health Center (FQHC), and Rural Health Clinic models. This hybrid approach combines the comprehensive services of FQHCs, the accessibility and community focus of free clinics, and the nurse-practitioner-driven strategy of rural health clinics. By synthesizing the best practices from these models, along with other key innovations (e.g., addressing social determinants of health, using large scale outreach), the ICCC ensures sustainable, high-quality care in rural communities. This integrated design enhances care access, reduces barriers, and promotes the overall health and well-being of underserved populations in Central Appalachia.
3. **Mobile Health and Hub-and-Spoke Model** the ICCC employs a hub-and-spoke healthcare model, where mobile health units serve as "spokes" and central health facilities function as "hubs." Mobile units deliver care directly to remote, rural communities, providing primary care, dental, and even some specialty services. Larger stationary clinics serve more complex medical needs. This model overcomes geographic barriers and improves healthcare access for populations with limited transportation options, making it easier for patients in isolated areas to receive essential services.
4. **Healthcare Innovation and Telehealth Expansion** Telemedicine is a vital component of the ICCC, allowing patients to connect with specialists for virtual consultations, tele-diagnostics, and follow-up care. It reduces the need for patients to travel long distances for medical consultations, significantly improving access to healthcare. The ICCC also uses innovative technologies, including remote diagnostics and SpaceX Starlink to reach patients in the most remote areas. These innovations streamline healthcare delivery, ensuring timely treatment, particularly for chronic diseases and other time-sensitive conditions. These telehealth services provide crucial access to specialists, minimizing the need for patients to travel long distances. The Health Wagon's use of advanced tele-diagnostics, such as tele-cystoscopies, tele-coloscopies and tele-diagnostics for chronic conditions, exemplifies the innovation embedded in this model.
5. **Culturally Sensitive, Patient-Centered Care** Culturally competent, patient-centered care is central to the ICCC model, especially in serving the unique needs of Appalachian communities. The model emphasizes understanding local health beliefs, addressing transportation and economic barriers, and providing care directly in communities to build patient trust. By delivering tailored healthcare services that resonate with the cultural and socioeconomic context, the ICCC fosters better patient engagement, treatment adherence, and long-term health improvements.
6. **Community Partnerships and Collaborative Efforts** Collaboration is a cornerstone of the ICCC. The model relies heavily on partnerships with local organizations, government agencies, universities, and healthcare providers. For example, collaborations with institutions like the University of Virginia and the Department of Defense's Innovative Readiness Training (IRT) program provide patients with access to specialized services, diagnostics and care. Various partnerships with others allow the ICCC to address social determinants of health (SDOH), such as education, poverty, and housing, which directly influence health outcomes in the region.

7. Specialty and Preventive Care Specialty care is a critical component of the ICCC, addressing gaps in access to services such as cardiology, urology, mental health, and women's health, particularly in rural Appalachia. Partnerships with regional hospitals and travel specialists help fill these gaps. Preventive care programs, including cancer screenings (e.g., mammograms, colorectal screenings), diabetic education, and nutrition counseling, are offered to reduce chronic disease incidence and improve health outcomes. These services focus on early detection and intervention, which significantly decreases the long-term burden of chronic diseases.

8. Mental Health and Substance Use Disorder Services Mental health and substance use disorder services are vital to the ICCC model, especially given the opioid crisis in Southwest Virginia. The Health Wagon offers comprehensive mental health counseling, medication-assisted treatment (MAT) for opioid addiction, and support services to address substance use disorders. Collaborations with organizations allow the ICCC to provide holistic care that integrates physical and mental health treatment. This approach helps patients manage both their medical and psychological needs in a comprehensive, integrated way.

9. Outreach Programs and Large-Scale Health Events Large-scale outreach events, such as Move Mountains Medical Missions (M7) (formally Remote Area Medical (RAM) Wise County clinics) are hallmarks of the ICCC model, bringing free healthcare services to underserved populations. These events offer a range of medical, dental, and vision services, often reaching thousands of patients in just a few days. In addition to M7clinics, the ICCC organizes community health fairs and other outreach initiatives, providing preventive screenings, health education, specialists, immunizations, and other critical services to those with limited access to healthcare.

10. The Health Wagon operates two stationary clinics in Wise and Clintwood, which serve as hubs for comprehensive care. These clinics offer primary care, specialty services, and dental care, serving patients who need ongoing, consistent healthcare management. The stationary clinics address various health issues and play a pivotal role in treating chronic diseases, while also focusing on preventive care. The inclusion of a state-of-the-art dental facility ensures that oral health—a major concern in the region—is addressed alongside other healthcare needs.

11. Dental Services Oral health is a significant focus of the ICCC, addressing the high rates of untreated dental issues in rural communities. The Health Wagon's dental clinics provide essential services such as cleanings, fillings, extractions, and oral cancer screenings, treating over 1,500 patients annually. Recognizing the link between oral health and chronic diseases like cardiovascular conditions, the ICCC integrates dental care as part of its holistic healthcare approach.

12. Pharmacy Connect and Free Pharmacy Services ICCC's pharmacy program is a cornerstone in delivering chronic care interventions—offering critical support to uninsured patients. Through partnerships with organizations like The Pharmacy Connection, Rx Outreach, and the Dispensary of Hope, the Health Wagon helps thousands of prescriptions to be obtained annually. Providing free medications for chronic conditions such as hypertension, diabetes, asthma, and cardiovascular disease. ICCC's Pharmacist are deeply involved in patient care, delivering services like medication therapy management, chronic disease monitoring, and personalized health coaching. By offering diabetes education, lifestyle coaching, and medication adherence support, we can help patients better manage their chronic illnesses. This comprehensive approach not only removes the financial barriers but also empowers patients with the knowledge and tools needed to control their conditions, resulting in long-term health outcomes. These interventions play a critical role in reducing complications and enhancing quality of life for patients facing chronic diseases.

13. The ICCC model is a leader in healthcare innovation. Notable initiatives include the proof of concept for drone delivery services for pharmaceuticals and medical supplies which ensure that patients in remote areas receive timely access to these needs. The program continues to seek support to one day make this a constant in

rural health care delivery. Additionally, diagnostic services such as X-rays, bone density test and ultrasounds are provided free of charge, reducing the need for travel and improving early diagnosis of conditions. The implementation of tele-cystoscopy (detection bladder cancer), tele-colposcopy (abnormal pap smear) and other virtual diagnostics allows for comprehensive care, even in the most remote locations.

14. Social Determinants of Health (SDOH) being addressed is central to the ICCC's mission. By offering services that go beyond medical care—such as nutrition counseling, clothing, food, school supplies and assistance with transportation—the ICCC mitigates barriers that affect patient's ability to achieve good health. Programs focused on food insecurity, economic stability, and education ensure that the broader determinants of health are addressed, helping to improve health outcomes at both individual and community levels.

15. Scalability and Replicability the ICCC model is designed to be scalable and replicable in other rural and underserved regions across the United States. Its focus on integrated services, mobile health units, telemedicine, and community partnerships offers a cost-effective and sustainable approach to healthcare delivery. The model's success in Central Appalachia demonstrates its potential for expansion to other rural areas facing similar healthcare challenges.

11. Leadership

Dr. Teresa Owens Tyson, DNP, FNP-BC, FAANP, 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, DNP 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, DNP. With a Doctorate in Nursing Practice, a distinguished history of service, and an unwavering commitment to the underserved, Dr. Tyson, DNP 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, DNP 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.

Dr. Paula Hill-Collins, DNP, FNP-BC, FAANP as the Vice President and Clinical Director of the Health Wagon, has been a transformative force in reshaping healthcare access for underserved populations in Central Appalachia. Under her leadership, the organization has grown from a small mobile clinic to a multi-faceted healthcare system that includes two stationary clinics, four mobile units, a dental clinic, and soon a free pharmacy will be added. Her visionary approach has not only expanded services but also integrated innovative technologies like telehealth through SpaceX Starlink and TytoCare devices, bringing specialty care to the most remote areas. Dr. Hill-Collins, DNP relentless commitment to equity has also led to groundbreaking initiatives, such as the establishment of cervical cancer screening programs in vulnerable Appalachia and expanded this to international missions in Belize. Her advocacy for nurse practitioner autonomy in Virginia led to autonomous practice for NPs in this state. Her work exemplifies a holistic approach to healthcare, addressing physical, mental, and social health needs in a region often overlooked by traditional healthcare systems.

The significance of Dr. Hill-Collins, DNP role lies in her ability to champion systemic change while remaining deeply connected to the community she serves. Her leadership embodies the principles of empowerment and resilience, fostering sustainable solutions to healthcare disparities. By adopting the Integrative Comprehensive Collaborative Collective (ICCC) Model of Healthcare Systems, she has set a new standard for rural healthcare delivery, emphasizing interdisciplinary collaboration and community engagement. Her advocacy on both national and international platforms, including the United Nations and the World Health Organization, has amplified the challenges faced by Appalachia while highlighting scalable solutions for global health equity. Dr. Hill-Collins, DNP work not only ensures the survival of the Health Wagon but also serves as a beacon of hope and innovation for vulnerable populations worldwide.

12. 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, DNP, FNP-BC, FAANP, President & CEO of The Health Wagon, as well as the organization speaks to our dedication to advancing healthcare access. These awards include:

- NANOE's coveted Best Practice Charity Medallion Award, 2023
- 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 Award, 2018
- Patient-Centered Primary Care Collaborative Award, 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

13. Exceptional Low 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 9.1%, 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. 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.

14. Sustainability and Resilience

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.

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. The Health Wagon has faced obstacles and adversities, and only emerged stronger each time. With resilience as the Health Wagon's foundation and faith in God, the Health Wagon is committed to adapting to changing healthcare landscapes, evolving patient needs, and meeting challenges. The Health Wagon will not just endure but continue to thrive as a vital source of healthcare services in Central Appalachia.

The Health Wagon's commitment to sustainability and resilience will empower a brighter, healthier future for the people served. The journey ahead is filled with opportunities to make a lasting impact and elevate the well-being of our communities, as the Health Wagon remains dedicated to this important mission. Together, the Health Wagon is shaping a healthier, more equitable future for Central Appalachia.

15. Changing the Appalachian Healthcare Landscape with Stakeholder and Donor Support

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.

In this pursuit of changing lives and transforming healthcare in Central Appalachia, donor and stakeholder support plays a crucial role. Every dollar contributed 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 valuable support, the Health Wagon can reach even greater heights. The Health Wagon invites all interested to join us on this extraordinary journey to make a lasting impact on the lives of the underserved in Appalachia. Together, we can ensure that everyone, regardless of their circumstances, has access to quality healthcare and we can transform the healthcare landscape in Central Appalachia, one life at a time.

Disclaimer: The narrative presented is accurate to the best of our knowledge and reflects data available at the time of publication. We have made every effort to ensure the reliability and completeness of the information provided. However, the Health Wagon reserves the right to update and revise this information as needed to reflect new developments or corrections.