

# Return of Organization Exempt From Income Tax

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

## 2021

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** , **2021**, and ending , **20**

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b><br>ST. MARY'S HEALTH WAGON, INC.<br>P.O. BOX 7070<br>WISE, VA 24293 | <b>D</b> Employer identification number<br>04-3739083  | <b>E</b> Telephone number<br>(276) 328-8850 |
| <b>F</b> Name and address of principal officer:<br>Same As C Above   |  | <b>G</b> Gross receipts \$ 10,015,564.<br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions. |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>H(c)</b> Group exemption number ▶   |   |
| <b>J</b> Website: ▶ THEHEALTHWAGON.ORG   |  | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |
| <b>L</b> Year of formation: 2004   |  | <b>M</b> State of legal domicile: VA   |   |

**Part I Summary**

|   |  |  |                     |
|---|--|--|---------------------|
|   | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>See Schedule 0</u>                                       |  |                     |
| <b>Activities &amp; Governance</b>  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....   | <b>3</b>   | 8                   |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b>   | 8                   |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....  | <b>5</b>   | 71                  |
|   | <b>6</b> Total number of volunteers (estimate if necessary) .....  | <b>6</b>   | 10                  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....   | <b>7a</b>  | 0.                  |
|   | <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....  | <b>7b</b>  | 0.                  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) .....   | <b>Prior Year</b>  | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) .....  | 5,305,902.   | 9,074,464.          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 101,225.   | 53,486.             |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....   | 635,307.   | 887,614.            |
|   | <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....   | 6,042,434.   | 10,015,564.         |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... |                     |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                     |  |  |                     |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... |  | 2,589,094.   | 3,929,463.          |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                    |  | 33,600.  | 22,800.             |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 346,727.                     |  |  |                     |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                      |  | 1,668,766.   | 1,737,445.          |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....         | 4,291,460.   | 5,689,708.   |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                              | 1,750,974.   | 4,325,856.   |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) .....   | <b>Beginning of Current Year</b>   | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26) .....  | 11,715,123.  | 15,771,521.         |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....   | 497,042.   | 227,584.            |
|   |  | 11,218,081.  | 15,543,937.         |

**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.

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

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 \$ 5,013,749. including grants of \$ ) (Revenue \$ )

\*\* See Schedule O \*\*

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

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

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

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

4e Total program service expenses ▶ 5,013,749.

**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 <b>Section 501(c)(3) organizations.</b> 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 |
|--|-----|----|
| <b>22</b> 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  |
| <b>23</b> 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   |    |
| <b>24a</b> 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25b</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  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> 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):   |     |    |
| <b>28a</b> 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>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>   |     | X  |
| <b>28c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>   | X   |    |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>   |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> 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   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| <b>35b</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>   |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> 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   |    |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> 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 |
|---|-----|----|
| <b>1 a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.  |     |    |
| <b>1 b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.   |     |    |
| <b>1 c</b> 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 |
|--|--|-----|----|
| <b>2a</b>  | 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. . . . . <b>2a</b> 71  |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>   | X   |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. |  |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>  |     | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>   |     |    |
| <b>4a</b>  | 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)? . . . . . <b>4a</b> |     | X  |
| <b>b</b>   | If 'Yes,' enter the name of the foreign country ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>   |     | X  |
| <b>c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>   |     |    |
| <b>6a</b>  | 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? . . . . . <b>6a</b>                                    |     | X  |
| <b>b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | 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? . . . . . <b>7a</b>  |     | X  |
| <b>b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>   |     | X  |
| <b>d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>   |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>  |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders. . . . . <b>11a</b>  |     |    |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>   |     |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>   |     |    |
| <b>b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>  |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <b>b</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. . . . . <b>13b</b>  |     |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . . <b>13c</b>  |     |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>  |     | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>  |     |    |
| <b>15</b>  | 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? . . . . . <b>15</b>   |     | X  |
| If 'Yes,' see the instructions and file Form 4720, Schedule N.   |  |     |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>  |     | X  |
| If 'Yes,' complete Form 4720, Schedule O.  |  |     |    |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . <b>17</b>                         |     |    |
| 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 |
|------------|--|-----|----|
| <b>1 a</b> | Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 8<br>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. |     |    |
| <b>1 b</b> | Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1 b</b> 8   |     |    |
| <b>2</b>   | 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  |
| <b>3</b>   | 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  |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | X  |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| <b>6</b>   | Did the organization have members or stockholders? . . . . .   |     | X  |
| <b>7 a</b> | 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  |
| <b>7 b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | X  |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8 a</b> | The governing body? . . . . .  | X   |    |
| <b>8 b</b> | Each committee with authority to act on behalf of the governing body? . . . . .  | X   |    |
| <b>9</b>   | 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 |
|-------------|--|-----|----|
| <b>10 a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| <b>10 b</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? . . . . .   |     |    |
| <b>11 a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| <b>11 b</b> | Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O   |     |    |
| <b>12 a</b> | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .   | X   |    |
| <b>12 b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | X   |    |
| <b>12 c</b> | 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   |    |
| <b>13</b>   | Did the organization have a written whistleblower policy? . . . . .  | X   |    |
| <b>14</b>   | Did the organization have a written document retention and destruction policy? . . . . .   | X   |    |
| <b>15</b>   | 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?   |     |    |
| <b>15 a</b> | The organization's CEO, Executive Director, or top management official. See Schedule O. . . . .  | X   |    |
| <b>15 b</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.   |     |    |
| <b>16 a</b> | 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  |
| <b>16 b</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**

**1 a** 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, 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)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) TERESA TYSON<br>PRESIDENT & CEO         | 40<br>20   |   |                       |         | X            |                              |        | 269,292.  | 70,655.  | 0.  |
| (2) RACHEL HELTON<br>Grant Manager          | 40<br>0  |   |                       |         | X            |                              |        | 244,812.  | 0.   | 0.  |
| (3) PAULA HILL-COLLINS<br>Clinical Director | 40<br>0  |   |                       |         | X            |                              |        | 221,590.  | 0.   | 0.  |
| (4) ETHAN T COLLINS<br>NURSE PRACTITIONER   | 40<br>0  |   |                       |         |              | X                            |        | 190,614.  | 0.   | 0.  |
| (5) OLIVIA STALLARD<br>DENTIST              | 40<br>0  |   |                       |         |              | X                            |        | 160,872.  | 0.   | 0.  |
| (6) ROSS B ISAACS<br>PHYSICIAN              | 40<br>0  |   |                       |         |              | X                            |        | 160,400.  | 0.   | 0.  |
| (7) BENJAMIN A CAREY<br>PSYCHIATRIST        | 40<br>0  |   |                       |         |              | X                            |        | 157,655.  | 0.   | 0.  |
| (8) CARA N ROBINSON<br>NURSE PRACTITIONER   | 40<br>0  |   |                       |         |              | X                            |        | 132,418.  | 0.   | 0.  |
| (9) DR ROSS ISAACS, MD<br>Director          | 40<br>0  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) TONY GREENE<br>Director                | 0<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) CHARLES KISER<br>Director              | 0<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) PATRICIA SONNER<br>Secretary           | 0<br>0   | X   | X                     |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) STEVE SMITH<br>Director                | 0<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) SHEILA COLLINS<br>Director             | 0<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) MARY WHITE<br>Director          | 0  | X   |                       |         |              |                              | 0.     | 0.  | 0.   |   |
| (16) DR JOSEPH F SMIDDY<br>Chairman  | 8  |   |                       | X       |              |                              | 0.     | 0.  | 0.   |   |
| (17) TERESA TYSON<br>President & CEO | 0  |   |                       | X       |              |                              | 0.     | 0.  | 0.   |   |
| (18)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (19)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (20)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (21)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (22)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (23)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (24)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (25)                                 |  |   |                       |         |              |                              |        |   |  |   |

|  |            |         |    |
|--|------------|---------|----|
| <b>1 b Subtotal</b> .....  | 1,537,653. | 70,655. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | 0.         | 0.      | 0. |
| <b>d Total (add lines 1b and 1c)</b> .....                           | 1,537,653. | 70,655. | 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 ▶ 8

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|--|--|--|---|--|--|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....   | <b>1 a</b>   |  |   |  |  |
|  | <b>b</b> Membership dues .....   | <b>1 b</b>   |  |   |  |  |
|  | <b>c</b> Fundraising events .....  | <b>1 c</b>   |  |   |  |  |
|  | <b>d</b> Related organizations .....   | <b>1 d</b>   |  |   |  |  |
|  | <b>e</b> Government grants (contributions) .....   | <b>1 e</b> 2,173,225.  |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ..... | <b>1 f</b> 6,901,239.  |  |   |  |  |
|  | <b>g</b> Noncash contributions included in<br>lines 1a-1f .....                                  | <b>1 g</b> 179,413.  |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  | <b>▶</b> 9,074,464.  |  |   |  |  |
| <b>Program Service Revenue</b>   | <b>Business Code</b>   |  |  |   |  |  |
|  | <b>2 a</b> <u>MEDICAL FEE'S</u> .....  |  | 53,486.  | 53,486.                                 |  |  |
|  | <b>b</b> .....   |  |  |   |  |  |
|  | <b>c</b> .....   |  |  |   |  |  |
|  | <b>d</b> .....   |  |  |   |  |  |
|  | <b>e</b> .....   |  |  |   |  |  |
|  | <b>f</b> All other program service revenue .....   |  |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....  | <b>▶</b>   | 53,486.  |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 887,614.   |   | 887,614.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....                                |  |  |   |  |  |
|  | <b>5</b> Royalties .....   |  |  |   |  |  |
|  | <b>6 a</b> Gross rents .....   | (i) Real   |  |   |  |  |
|  |  | (ii) Personal  |  |   |  |  |
|  |  | <b>6 a</b>   |  |   |  |  |
|  |  | <b>b</b> Less: rental expenses .....                           | <b>6 b</b>   |   |  |  |
|  | <b>c</b> Rental income or (loss) .....   | <b>6 c</b>   |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) .....   | <b>▶</b>   |  |   |  |  |
|  | <b>7 a</b> Gross amount from<br>sales of assets<br>other than inventory .....                    | (i) Securities   |  |   |  |  |
|  |  | (ii) Other   |  |   |  |  |
|  |  | <b>7 a</b>   |  |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... | <b>7 b</b>   |   |  |  |
|  | <b>c</b> Gain or (loss) .....  | <b>7 c</b>   |  |   |  |  |
| <b>d</b> Net gain or (loss) .....  | <b>▶</b>   |  |  |   |  |  |
| <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>8 a</b>   |  |  |   |  |  |
|  | <b>b</b> Less: direct expenses .....   | <b>8 b</b>   |  |   |  |  |
|  | <b>c</b> Net income or (loss) from fundraising events .....                                      | <b>▶</b>   |  |   |  |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 .....  | <b>9 a</b>   |  |  |   |  |  |
|  | <b>b</b> Less: direct expenses .....   | <b>9 b</b>   |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities .....                                       | <b>▶</b>   |  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less .....   | <b>10 a</b>  |  |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold. ....  | <b>10 b</b>  |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....                                      | <b>▶</b>   |  |   |  |  |
| <b>Miscellaneous<br/>Revenue</b>   | <b>Business Code</b>   |  |  |   |  |  |
|  | <b>11 a</b> .....  |  |  |   |  |  |
|  | <b>b</b> .....   |  |  |   |  |  |
|  | <b>c</b> .....   |  |  |   |  |  |
|  | <b>d</b> All other revenue .....   |  |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d .....  | <b>▶</b>   |  |  |   |  |  |
| <b>12 Total revenue.</b> See instructions .....  | <b>▶</b>   | 10,015,564.  | 53,486.  | 0.                                      | 887,614.   |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>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.....  | 1,405,235.                   | 1,405,235.                             | 0.  | 0.                                 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....  | 0.                           | 0.                                     | 0.  | 0.                                 |
| 7 Other salaries and wages.....  | 1,874,788.                   | 1,505,508.                             | 164,001.                                      | 205,279.                           |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....  |                              |  |   |                                    |
| 9 Other employee benefits.....   | 411,526.                     | 353,911.                               | 20,577.                                       | 37,038.                            |
| 10 Payroll taxes.....  | 237,914.                     | 204,605.                               | 11,897.                                       | 21,412.                            |
| 11 Fees for services (nonemployees):   |                              |  |   |                                    |
| a Management.....  |                              |  |   |                                    |
| b Legal.....   |                              |  |   |                                    |
| c Accounting.....  | 69,485.                      | 66,010.                                | 3,475.  |                                    |
| d Lobbying.....  |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17.....   | 22,800.                      |  |   | 22,800.                            |
| f Investment management fees.....  | 88,305.                      |  | 88,305.                                       |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....   | 20,150.                      | 19,144.                                | 1,006.  |                                    |
| 12 Advertising and promotion.....  | 4,201.                       |  |   | 4,201.                             |
| 13 Office expenses.....  | 62,777.                      | 59,639.                                | 3,138.  |                                    |
| 14 Information technology.....   | 229,747.                     | 218,260.                               | 11,487.                                       |                                    |
| 15 Royalties.....  |                              |  |   |                                    |
| 16 Occupancy.....  |                              |  |   |                                    |
| 17 Travel.....   | 45,293.                      | 43,029.                                | 2,264.  |                                    |
| 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.....  | 175,964.                     | 167,166.                               | 8,798.  |                                    |
| 23 Insurance.....  | 78,128.                      | 74,222.                                | 3,906.  |                                    |
| 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>PATIENT SERVICE EXPENSE</u> .....   | 333,369.                     | 333,369.                               |   |                                    |
| b <u>CONSULTING SERVICES</u> .....   | 289,844.                     | 289,844.                               |   |                                    |
| c <u>UTILITIES</u> .....   | 72,554.                      | 68,927.                                | 3,627.  |                                    |
| d <u>LICENSE</u> .....   | 56,439.                      | 53,618.                                | 2,821.  |                                    |
| e All other expenses.....  | 211,189.                     | 151,262.                               | 3,930.  | 55,997.                            |
| 25 Total functional expenses. Add lines 1 through 24e.....   | 5,689,708.                   | 5,013,749.                             | 329,232.                                      | 346,727.                           |
| 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)<br>Beginning of year  |                | (B)<br>End of year |                |
|------------------------------------|--|---|----------------|--------------------|----------------|
| <b>Assets</b>                      | 1  | Cash – non-interest-bearing   | 2,599,792.     | 1                  | 3,077,590.     |
|                                    | 2  | Savings and temporary cash investments  |                | 2                  |                |
|                                    | 3  | Pledges and grants receivable, net  |                | 3                  |                |
|                                    | 4  | Accounts receivable, net  | 225,173.       | 4                  | 277,484.       |
|                                    | 5  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                | 5                  |                |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                | 6                  |                |
|                                    | 7  | Notes and loans receivable, net   |                | 7                  |                |
|                                    | 8  | Inventories for sale or use   |                | 8                  |                |
|                                    | 9  | Prepaid expenses and deferred charges   |                | 9                  |                |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 4,189,441. |                    |                |
|                                    | b  | Less: accumulated depreciation  | 10b 689,495.   | 2,420,066.         | 10c 3,499,946. |
|                                    | 11   | Investments – publicly traded securities  | 6,125,508.     | 11                 | 8,525,313.     |
|                                    | 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  | 344,584.       | 15                 | 391,188.       |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 11,715,123.   | 16             | 15,771,521.        |                |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 20,803.        | 17                 | 60,586.        |
|                                    | 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   | 476,239.       | 25                 | 166,998.       |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 497,042.       | 26                 | 227,584.       |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |                |                    |                |
|                                    | 27   | Net assets without donor restrictions   | 10,537,189.    | 27                 | 13,728,669.    |
|                                    | 28   | Net assets with donor restrictions  | 680,892.       | 28                 | 1,815,268.     |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |                |                    |                |
|                                    | 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                                 | <b>Total net assets or fund balances.</b>  | 11,218,081.   | 32             | 15,543,937.        |                |
| 33                                 | <b>Total liabilities and net assets/fund balances.</b>   | 11,715,123.   | 33             | 15,771,521.        |                |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 10,015,564. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,689,708.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 4,325,856.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 11,218,081. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 15,543,937. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| <b>1</b>  | 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.   |  |     |    |
| <b>2a</b>   | Were the organization's financial statements compiled or reviewed by an independent accountant?  | X   |    |
| 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      |  |     |    |
| <b>2b</b>   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| 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      |  |     |    |
| <b>2c</b>   | 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| <b>3a</b>   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | X   |    |
| <b>3b</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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>ST. MARY'S HEALTH WAGON, INC.</b> | Employer identification number<br><b>04-3739083</b> |
|--|---|

**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)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4. . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 <b>Total support.</b> Add lines 7 through 10. . . . .   |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | 12       |           |
| 13 <b>First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .   | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14. . . . .   | 15 | % |
| 16a <b>33-1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>   |    |   |
| b <b>33-1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>  |    |   |
| 17a <b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .  |          |          |          |          |          |           |
| <b>2</b> 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. . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .  |          |          |          |          |          |           |
| <b>b</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. . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b. . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17. . . . .                         | <b>18</b> | % |

**19a 33-1/3% support tests—2021.** 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—2020.** 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 in line 12 on 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 |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> 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>                              |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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>   |     |    |
| <b>3</b> 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>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

1  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.

| <b>Section A – Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| <b>Section D – Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )   | <b>5</b>            |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2021 from Section C, line 6   | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount   | <b>10</b>           |

| <b>Section E – Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess<br/>Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2021</b> | <b>(iii)<br/>Distributable<br/>Amount for 2021</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2021   |   |   |  |
| <b>a</b> From 2016 . . . . .   |   |   |  |
| <b>b</b> From 2017 . . . . .   |   |   |  |
| <b>c</b> From 2018 . . . . .   |   |   |  |
| <b>d</b> From 2019 . . . . .   |   |   |  |
| <b>e</b> From 2020 . . . . .   |   |   |  |
| <b>f Total</b> of lines 3a through 3e  |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2021 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |   |  |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2021 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2017 . . . . .  |   |   |  |
| <b>b</b> Excess from 2018 . . . . .  |   |   |  |
| <b>c</b> Excess from 2019 . . . . .  |   |   |  |
| <b>d</b> Excess from 2020 . . . . .  |   |   |  |
| <b>e</b> Excess from 2021 . . . . .  |   |   |  |

BAA

Schedule A (Form 990) 2021

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

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

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

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

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

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

**Part II Conservation Easements.**

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Yes  No

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land                 | 93,000.                              |                                 |                              | 93,000.        |
| b Buildings              | 2,519,160.                           |                                 | 151,073.                     | 2,368,087.     |
| c Leasehold improvements | 205,772.                             |                                 | 21,065.                      | 184,707.       |
| d Equipment              | 1,186,430.                           |                                 | 491,423.                     | 695,007.       |
| e Other                  | 185,079.                             |                                 | 25,934.                      | 159,145.       |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  3,499,946.

**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) -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) |                |   |

**Part VIII Investments – Program Related.**

N/A

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

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

**Part IX Other Assets.**

N/A

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) ACCRUED COMPENSATED ABSENCES  | 54,367.        |
| (3) CREDIT CARD PAYABLE   | 5,755.         |
| (4) PAYROLL WITHHOLDINGS  | 4,674.         |
| (5) Rounding  | 3.             |
| (6) SALARIES PAYABLE  | 102,199.       |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) | 166,998.       |

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.

|          |  |            |             |
|----------|--|------------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>   | 10,015,564. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |            |             |
|          | <b>a</b> Net unrealized gains (losses) on investments .....  | <b>2 a</b> |             |
|          | <b>b</b> Donated services and use of facilities .....  | <b>2 b</b> |             |
|          | <b>c</b> Recoveries of prior year grants .....   | <b>2 c</b> |             |
|          | <b>d</b> Other (Describe in Part XIII.) .....  | <b>2 d</b> |             |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....   | <b>2 e</b> |             |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....   | <b>3</b>   | 10,015,564. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |            |             |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                      | <b>4 a</b> |             |
|          | <b>b</b> Other (Describe in Part XIII.) .....  | <b>4 b</b> |             |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....   | <b>4 c</b> |             |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>   | 10,015,564. |

**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.

|          |   |            |            |
|----------|---|------------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      | <b>1</b>   | 5,689,708. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |            |            |
|          | <b>a</b> Donated services and use of facilities .....   | <b>2 a</b> |            |
|          | <b>b</b> Prior year adjustments .....   | <b>2 b</b> |            |
|          | <b>c</b> Other losses .....   | <b>2 c</b> |            |
|          | <b>d</b> Other (Describe in Part XIII.) .....   | <b>2 d</b> |            |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....  | <b>2 e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....  | <b>3</b>   | 5,689,708. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |            |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                       | <b>4 a</b> |            |
|          | <b>b</b> Other (Describe in Part XIII.) .....   | <b>4 b</b> |            |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....  | <b>4 c</b> |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>   | 5,689,708. |

**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 G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

**Part I**

**Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)       | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1 DEVELOPMENT SYSTEMS INT.<br>PO BOX 1840<br>LEXINGTON SC 29071 | FUND RAISING  |  | X  | 2,065,854.                        | 22,800.   | 2,043,054.  |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | 2,065,854.                        | 22,800.   | 2,043,054.  |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-----  
 -----  
 -----  
 -----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events       | (d) Total events                    |  |
|-----------------|----|--|--------------|------------------------|-------------------------------------|--|
|                 |    | (event type)   | (event type) | None<br>(total number) | (add column (a) through column (c)) |  |
| Revenue         | 1  | Gross receipts   |              |                        |                                     |  |
|                 | 2  | Less: Contributions  |              |                        |                                     |  |
|                 | 3  | Gross income (line 1 minus line 2)                           |              |                        |                                     |  |
| Direct Expenses | 4  | Cash prizes  |              |                        |                                     |  |
|                 | 5  | Noncash prizes   |              |                        |                                     |  |
|                 | 6  | Rent/facility costs  |              |                        |                                     |  |
|                 | 7  | Food and beverages   |              |                        |                                     |  |
|                 | 8  | Entertainment  |              |                        |                                     |  |
|                 | 9  | Other direct expenses  |              |                        |                                     |  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                        |                                     |  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                        |                                     |  |

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming  |  |
|-----------------|---|--|---|---|---|--|
|                 |   |  |   |   | (add column (a) through column (c))                                 |  |
| Revenue         | 1 | Gross revenue  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes  |   |   |   |  |
|                 | 3 | Noncash prizes   |   |   |   |  |
|                 | 4 | Rent/facility costs  |   |   |   |  |
|                 | 5 | Other direct expenses  |   |   |   |  |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
\_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
\_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|                               |      |   |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility         | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? ..... **4 a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4 b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4 c**
- 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? ..... **5 a**
- b** Any related organization? ..... **5 b**
- 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? ..... **6 a**
- b** Any related organization? ..... **6 b**
- 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. .... **7**

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

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

|            | Yes | No |
|------------|-----|----|
|            |     |    |
| <b>1 b</b> |     |    |
| <b>2</b>   |     |    |
| <b>4 a</b> |     | X  |
| <b>4 b</b> |     | X  |
| <b>4 c</b> |     | X  |
| <b>5 a</b> |     | X  |
| <b>5 b</b> |     | X  |
| <b>6 a</b> |     | X  |
| <b>6 b</b> |     | X  |
| <b>7</b>   |     | X  |
| <b>8</b>   |     | X  |
| <b>9</b>   |     |    |

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

**Schedule J (Form 990) 2021**

**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<br>PRESIDENT & CEO         | (i)  | 269,292.   | 0.                                  | 0.                                  | 0.                      | 269,292.                       | 0.  |
|   | (ii) | 0.   | 0.                                  | 70,655.                             | 0.                      | 70,655.                        | 0.  |
| 2 PAULA HILL-COLLINS<br>Clinical Director | (i)  | 221,590.   | 0.                                  | 0.                                  | 0.                      | 221,590.                       | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.                      | 0.                             | 0.  |
| 3 RACHEL HELTON<br>Grant Manager          | (i)  | 244,812.   | 0.                                  | 0.                                  | 0.                      | 244,812.                       | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.                      | 0.                             | 0.  |
| 4 OLIVIA STALLARD<br>DENTIST              | (i)  | 160,872.   | 0.                                  | 0.                                  | 0.                      | 160,872.                       | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.                      | 0.                             | 0.  |
| 5 ROSS B ISAACS<br>PHYSICIAN              | (i)  | 160,400.   | 0.                                  | 0.                                  | 0.                      | 160,400.                       | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.                      | 0.                             | 0.  |
| 6 ETHAN T COLLINS<br>NURSE PRACTITIONER   | (i)  | 190,614.   | 0.                                  | 0.                                  | 0.                      | 190,614.                       | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.                      | 0.                             | 0.  |
| 7 BENJAMIN A CAREY<br>PSYCHIATRIST        | (i)  | 157,655.   | 0.                                  | 0.                                  | 0.                      | 157,655.                       | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.                      | 0.                             | 0.  |
| 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

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

ST. MARY'S HEALTH WAGON, INC.

04-3739083

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>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                               |                               |   |   |  |
| 6 Cars and other vehicles                                    |                               |   |   |  |
| 7 Boats and planes   |                               |   |   |  |
| 8 Intellectual property                                      |                               |   |   |  |
| 9 Securities — Publicly traded                               | X                             | 6   | 63,516.   | CLOSING PRICE  |
| 10 Securities — Closely held stock                           | X                             | 1   | 50,000.   | PAR VALUE  |
| 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                                |                               | 1   | 35,897.   | FMV  |
| 21 Taxidermy   |                               |   |   |  |
| 22 Historical artifacts                                      |                               |   |   |  |
| 23 Scientific specimens                                      |                               |   |   |  |
| 24 Archeological artifacts                                   |                               |   |   |  |
| 25 Other ▶ (IN KIND RENT) . . . . .                          |                               | 1   | 30,000.   | FMV  |
| 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 three 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) 2021**

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**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.

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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

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

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

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

**Form 990, Part III, Line 1 - Organization Mission**

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

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

The 990 goes through an extensive review process. Internally, the 990 return is prepared by Larry Sturgill, CPA, an independent accounting firm, and a draft of Form

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

Employer identification number

04-3739083

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

990 tax return is sent to the President and CEO and senior management for an internal review. The Health Wagon's financial liaison further reviews the 990 tax return after management and makes changes if needed. The final reviewed copy of the 990 tax return is sent to the President and CEO. The President and CEO distributes the final copy to the Finance Committee for final review and thereafter with the Board of Trustees. Larry Sturgill, CPA presents the 990 tax return to the full Board of Trustees and a vote is tendered to accept the final form. The final 990 tax return is given to the President and CEO for signature and a copy is given to all seated Board of Trustees before filing with the IRS.

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

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

The Health Wagon conducts annual board training, including periodic training on The Health Wagons conflict of interest policy, the annual disclosures required, and the process for review and approval of any related party transactions. The Executive committee of the Board of Directors, with the assistance of general counsel, oversees the submission of the annual disclosures by the directors, officers, trustees, and key employees, reviews the disclosures to determine whether there are interests that could give rise to conflicts, and monitors overall compliance with the policy. If any actual or potential conflicts were to arise, the general counsel would work with the Executive Committee, the Board of Trustees, and management, as appropriate, to facilitate the assessment of the fairness of the deliberations or voting regarding the transaction and otherwise monitor compliance with the policy.

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)**

The Health Wagon has a conflict of interest statement and trustees are asked to sign annually. In connection with any actual or possible conflict of interest, any trustees, officer, key employee or member of a committee with the governing board must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Board of Trustees and/or members of the committee considering the proposed transactions, initiatives, or arrangements.

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

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

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

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

- a. Whether compensation arrangement and benefits are reasonable.
- b. If joint partnerships and ventures are consistent with The Health wagons written policies and procedures. That they are properly recorded, include reasonable investment or payment for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess

Name of the organization

ST. MARY'S HEALTH WAGON, INC.

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04-3739083

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

benefit transaction.

c. Whether the Board of directors and all of those committed to The Health Wagon's cause are properly implementing this conflict interest of interest policy.

d. Whether any improvements should be made to this conflict of interest policy.

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

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

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

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

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

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

The Health Wagon's Board of Trustees and/or personnel committee uses appropriate comparability data gathered largely from Guidestar's Nonprofit Compensation Report along with professional health care professional data sources and contemporaneous

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)**

documentation regarding compensation of the President and CEO. Guidestar's Nonprofit Compensation Report allows for independent compensation reviews and confirms large scale nonprofit compensation analysis based entirely on IRS data. The President and CEO's salary is supported by grants, typically federal, and does not come from individual donations. The President and CEO serves as the project officer on several grants usually involving health metrics and high-level programmatic implementation for advancing health care for the region. Also, she serves as a nurse practitioner serving in a clinician role. The most recent compensation review occurred in 2021.

**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 2021.

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

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

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

ST. MARY'S HEALTH WAGON, INC.

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

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

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

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

**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 |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity                         |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)   | X   |    |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | X  |
| <b>s</b> 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)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) APPALACHIAN CENTER FOR EXECELENCE INC. | e                             | 391,188                | 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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII** Supplemental Information

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

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Client 2004

ST. MARY'S HEALTH WAGON, INC.

04-3739083

7/29/24

06:47PM

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

|                | Program<br>Services<br>Total | Form 990   | Source                     |
|----------------|------------------------------|------------|----------------------------|
| Total Expenses | 5,013,749.                   | 5,013,749. | Part IX, Line 25, Col. B   |
| Grants         | 0.                           | 0.         | Part IX, Lines 1-3, Col. B |
| Revenue        | 0.                           | 53,486.    | Part VIII, Line 2, Col. A  |

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

|            | (A)<br>Total      | (B)<br>Program<br>Services | (C)<br>Management<br>& General | (D)<br>Fund-<br>raising |
|------------|-------------------|----------------------------|--------------------------------|-------------------------|
| AUDIT FEES | 20,150.           | 19,144.                    | 1,006.                         |                         |
| Total      | <u>\$ 20,150.</u> | <u>\$ 19,144.</u>          | <u>\$ 1,006.</u>               | <u>\$ 0.</u>            |

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

|                       | (A)<br>Total       | (B)<br>Program<br>Services | (C)<br>Management<br>& General | (D)<br>Fundraising |
|-----------------------|--------------------|----------------------------|--------------------------------|--------------------|
| BOARD MEETING EXPENSE | 800.               |                            | 800.                           |                    |
| CONTINUING EDUCATION  | 7,156.             | 7,156.                     |                                |                    |
| GIFTS                 | 15,631.            | 15,631.                    |                                |                    |
| MAINTANCE & REPAIRS   | 41,185.            | 39,126.                    | 2,059.                         |                    |
| MOBILE UNIT EXPENSE   | 27,327.            | 27,327.                    |                                |                    |
| PROGRAM EXPENSE       | 21,439.            | 20,368.                    | 1,071.                         |                    |
| PUBLIC RELATIONS      | 55,997.            |                            |                                | 55,997.            |
| RAM EXPENSE           | 8,206.             | 8,206.                     |                                |                    |
| RENT                  | 33,448.            | 33,448.                    |                                |                    |
| Total                 | <u>\$ 211,189.</u> | <u>\$ 151,262.</u>         | <u>\$ 3,930.</u>               | <u>\$ 55,997.</u>  |

Form 990, Part iii Line 4a- program Service Accomplishments

Services and Population Health Impact- Our average patient is 46 years old. The Health Wagon serves uninsured and underinsured patients. The mobility of our health clinic means we are able to fill the gap, whether they are in line at the food bank or their job, we bring lifesaving health care to them. The Health Wagon serves individuals and families with free, integrated health care that is culturally sensitive. We provide primary and specialty health care services (a comprehensive list of services is below). In addition to our routine services, we provide the region with strategically coordinated outreach efforts. The breadth of our mission, accomplishments and unprecedented community collaboration attest to our commitment to the people in the Central Appalachian region. Caring and committed partners, including foundations, corporations, civic groups, churches and businesses, and individuals, support the Health Wagon and our outreaches to make delivery of health care to some of the most disadvantaged in the nation.

In 2021, the Health Wagon documented 35,250 visits/encounters serving 10,857 unduplicated patients. The Health Wagon travels throughout the community to thirteen different sites with four mobile units and operates two stationary clinics. Value of care for 2021 was \$6,098,250. The Health Wagon ordered \$678,795 in medications during 2021. The Health Wagon partners with over 45 colleges and universities for preceptor opportunities and volunteerism. The Health Wagon continues to operate the largest health outreach of its kind in the nation.

Services - Acute Disease Management, Behavioral Health Clinics, Cardiovascular Clinics, Cardiovascular Disease Management, Chronic Disease Management, Colorectal Cancer Screenings, Colposcopy Clinics, Community and Group Lifestyle Coaching Classes, COVID-19 Testing Clinics and Vaccination Clinics, Cystoscopies, Dental, Dentures, Dermatology Clinics, Diabetic Education, Diabetic Retinopathy Screenings, Ear-Nose-Throat Clinics, Echocardiogram Clinics, Eye Exams and Eyeglasses, Hearing Aid Assistance, Hepatitis C Clinics, Influenza Vaccine Clinics, Lab Services, Medical Therapy Management, Medicare and Medicaid Enrollment, Mental Health Screenings, Nephrology Clinics, Ostomy Clinics, Pastoral Care, Pharmacy Connect and Medication Assistance, Physical Assessments, Plastic Surgery Clinics, Pneumococcal Vaccines, Podiatry Clinics, Post-COVID-19 Clinics, Pre-Op and Post-Op Surgery Clinics, Psychiatry Clinics, Psychological Counseling, Pulmonary Clinics, Referrals and Follow-Up Systems, Sports Physicals, Skin Cancer Screenings, Substance Use Disorder Counseling, Telemedicine Clinics, Transportation Assistance, Ultrasound Clinics, Urology Clinics, Vision, Women's Health Clinics, Wound Care Clinics, X-Ray Clinics.

Changing the Appalachian Healthcare Landscape - In the short span of four decades, the Health Wagon is changing the landscape of health care in this corner of southwest Virginia. Persistent low health ranking and indicators are starting to turn around. Many believe that this is spurred by the Health Wagon's efforts of bringing lifesaving health care resources to the poor in Appalachia. The Health wagon is instrumental in using a little to create a lot, leveraging resources and facilitating partnerships that are advancing healthcare for the region.

Education - As a Family Nurse Practitioner and President and CEO of St. Mary's Health Wagon, Dr. Teresa Tyson leads a \$5 million-dollar medical nonprofit in Central Appalachia. St. Mary's Health Wagon exists as the region's only safety net health care provider those living in the farthest portion of southwest Virginia. Dr. Tyson leads her clinic in promoting the mission of providing quality, affordable, accessible care to all with an emphasis on serving the underserved. Dr. Tyson is doctorally-prepared. Dr. Tyson received her Doctorate in Nursing Practice from the University of Alabama, Master of Science in Nursing from the University of Kentucky and her Bachelor of Science in Nursing from East Tennessee State University. In addition, she holds certification in critical care from the Society of Critical Care Medicine. She is also distinguished as a Fellow of the American Academy of Nurse Practitioners for her outstanding contribution to advancing the role of health care providers.

Media Impact and Response - The Health Wagon's leadership in the healthcare sector has garnered notable recognition including interviews in media that include 60 Minutes, Nightline, CBS Nightly News, Inside Edition, Washington Post, and New York Times along with extensive international media attention. This attention provides the Health Wagon and its partners a way to highlight the extreme disparities facing the Health Wagon's service area. This exposure also underscores The Health Wagon's efforts and her devotion to increasing access to healthcare. In addition, the Health Wagon's voice has been heard at the United Nations and World Health Organization numerous times. The Health Wagon serves on many health care boards, advisory councils, and coalitions as an Appalachian region ambassador. The Health Wagon's leadership often serves as a guest speaker/lecturer on topics such as rural healthcare access, social justice, health care access, health care disparities, nurse-managed clinics, vulnerable populations, mobile healthcare delivery, outreach, telehealth, M7 (formerly Remote Area Medical (RAM) Wise County health expeditions and other issues). The Health Wagon prides itself that it is a persuasive voice for the Appalachian people whose voice is often not heard.

Advancing Higher Education - In addition, the Health Wagon's healthcare providers serve as a preceptor for various students (medical, nursing and business students typically) from Harvard, University of Virginia, University of Richmond, East Tennessee State University, Frontier Nursing University, Radford University, and many, many others. Extensive collaborative relationships with colleges and universities to provide didactic clinical based experiences for students has been established. This gives students from all disciplines a real hands-on experience in a rural healthcare/clinic. Over forty institutions participate. Education is provided that enriches the student experience in dealing with rural health and Appalachian culture. It allows for addressing significant health care disparities. Accelerated Growth due to Extreme Healthcare Needs. Since its founding in 1980, the Health Wagon has grown phenomenally. Under The Health Wagon's direction, the Health Wagon has grown from a one-person staff to a staff of 52 (medical doctors, psychiatrist, family nurse practitioners, registered nurses, licensed practical nurses, medical technologist, dentist, dental hygienist and ancillary staff). A host of volunteers round out the Health Wagon core team. The Health Wagon's selfless service has also led the organization beyond the delivery of primary care. Appalachian residents now have access to specialty and tertiary healthcare services due to partnerships that The Health Wagon and her team have established with providers, universities, non-profits, and for-profit organizations. Further, the Health Wagon strives to address all of the social determinants of health, the factors that influence health and wellness and access to care, through these collaborative relationships. The underserved patients that the Health Wagon treats face extreme challenges to achieving better health and access to health care, including poverty, unemployment, low educational attainment and literacy, geography, limited public transportation systems, and food insecurity. The area served is an extremely low resource area.

The Health Wagon works diligently to mitigate barriers to health care access by employing innovative approaches:

- Growing and expanding the services through innovative mobile health services,
- Establishment of the one of the most robust telehealth network in the nation that connects the organization's patients to nationally renowned physician specialists (the Health Wagon is the highest utilizer of telehealth in Virginia),
- Managing various specialty clinics (endocrinology, cardiology, nephrology, dermatology and so many more specialties),
- Impactful outreaches (community health fairs, mass immunization programs),
- Planning and initiating the first-ever national FREE clinic model using telehealth technology with volunteer health care providers, and

- Innovative approaches applied to scale to reach the vulnerable population in mass.
- First FAA-Approved Drone Delivery in the United States. In 2015, The Health Wagon was an instrumental partner in the first FAA-approved drone delivery in the United States in partnership with Flirty, NASA Langley, and others. The drone was used to deliver pharmaceuticals to patients. This historic drone is scheduled to be inducted into the Smithsonian's National Air and Space Museum.
- First Army Readiness Training Event in Virginia. In 2016, The Health Wagon submitted an application to the Department of Defense for an Innovative Readiness Training (IRT) in Wise, Virginia that started in 2017 and continues year after year. IRT is a Department of Defense military training opportunity, exclusive to the United States and its territories, that delivers joint training opportunities to increase deployment readiness while serving underserved communities at the same time. The event was held for two weeks in May 2017. Over 100 military service members brought no-cost dental, medical, vision and veterinary services to patients in The Health Wagon's region. This was Virginia's 1st ever IRT event. The second IRT was held on August 16-29, 2019 that served another 1,506 patients (Dental: 576, Optometry: 557, Medical: 373, Veterinary: 519, Eyeglass Fabrication: 550) with 7,700 procedures being performed. In 2019, the Health Wagon participated in the second Innovative Readiness Training Event. The Health Wagon will participate in its 3rd IRT event in 2022.
- First Tele-cystoscopies via Telehealth in the World. The Health Wagon also actively participates in a research project with the University of Virginia whereas cystoscopies (light into the bladder) are being performed via telehealth. This is the first time in the world that this has been accomplished. The advanced diagnostic procedure is used to detect bladder cancer. The first clinic performed had six individuals that were found with tumors, all of which had to go for further bladder tissue resections. The Health Wagon's providers are being trained to provide this valuable procedure.
- Largest Medical Outreach in the USA. The Health Wagon remains at the forefront of healthcare innovation and is most proud of Dr. Tyson's coordination of the Move Mountain Medical Missions (M7) (formerly Remote Area Medical (RAM) Health Expedition Wise County), the largest health outreach of its kind in the nation. This three-day clinic provides free medical, dental and vision services to thousands of patients annually in Wise, VA. In June 2019, The Health Wagon celebrated its 20th anniversary. This event has saved countless lives by providing health services to patients who would not otherwise receive this level of medical care. During the 2019 event, the organization's 100,000th patient was saw. The Health Wagon founded this event in 1999 and it continues with great vigor and enthusiasm and has evolved into a medical mecca for those seeking healthcare that they cannot obtain otherwise.
- First Free Diagnostic Ultrasound Program. The Health Wagon, along with valuable support from Phillips Foundation, provides a free diagnostic ultrasound program, saving lives by the provision of abdominal, transvaginal, echo and vascular scans free of charge to patients that would otherwise have to forego needed test due to cost. A tele radiologist in New York reads these images at no cost for the patient via picture archiving and communication system (PACS) technology.
- First Diversion Free Opioid Addiction Program. An innovative evidence-based integrated care model that combines both physical and behavioral healthcare services (including medications assisted treatment), behavioral health counseling, peer counseling, psychiatry, addiction specialty care via telehealth with the University of Virginia. This is a laser-focused outpatient clinic that is addressing the opioid epidemic that is addressing the number #1 healthcare crisis facing the nation. The program is based on the American Society of Addiction Medication recommendations for an effective treatment program using injectable diversion free medications.

Other Inaugural Events. The Health Wagon's visionary leadership is directing the clinic to achieve an even greater impact on the individuals in need in the

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Appalachia region. Current initiatives or programs scheduled that are occurring:

- Medication-assisted treatment (MAT) clinic for opioid addiction
- Medicaid enrollment with Virginia's new expansion - state leader in enrollment numbers
- Expansion of healthcare outreach and services in Williamsburg, Harlan and Hazard, Ky
- Brand new 5,600 square foot stationary clinic in Clintwood, VA
- New service line of vision
- New full-time service line of dental with a dentist and dental hygienist
- New ten-chair dental facility under construction in Wise for cleanings, restorative, extractions and dentures

Making a Difference. Many people, politicians, and groups express hopes, plans, and dreams to make a difference in the Appalachian region. The Health Wagon under the exemplary leadership is there already, making a difference in daily saving lives. The Health Wagon is poised to do more in the coming months and years that will continue to elevate the health and welfare of an entire region. Health ranking demonstrates that the countless hours of providing patients with individualized care, working tirelessly to remove the barriers of healthcare access and the aggressive community outreaches are making the inroads needed to turn the plight of one of the nation's most disadvantaged populations around. The Health Wagon's vision to address health inequality in Appalachia is making a difference. Awards and Accolades. The Health Wagon's lifelong commitment to improving the lives of others has been recognized by a host of organizations. The Health Wagon's president and CEO, Dr. Teresa Tyson, FNP was also awarded the Virginia Governor's Award for Volunteerism in regards to her coordination of the nation's largest free health care outreach, and in 2015 was appointed by Governor McAuliffe to the Virginia Foundation for Healthy Youth Board of Directors. A curated list of these awards for Dr. Teresa Tyson and the Health Wagon and recognitions include:

- Grant Management Workshop Grantee Award for Appalachian Regional Commission Project, Expansion of Primary Care in the Appalachian Region, 2021
- Red Letter Award, 2020
- Top 100 People in Virginia to Meet in 2020, 2019
- Governor's Volunteerism and Services Award, 2019
- PBS Be More Award, 2019
- Mid-Atlantic Telehealth Resource Center (MATRC) Summit Breaking Barriers Through Telehealth, 2018
- Patient-Centered Primary Care Collaborative award on behalf of the Health Wagon, 2017
- Connections for Cardiovascular Health Grant Awardee, 2017
- Leadership Excellence Award, Virginia Nursing Foundation, 2017
- Primary Care Community Leadership/Research Award, 2017
- United Nation's Inspiring Global Nurse Award, 2017
- AstraZeneca HealthCare Foundation Connections for Cardiovascular Health

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Grant Award, 2017

- ETSU College of Nursing Distinguished Alumni Award, 2015
- ETSU National Alumni Association Alumni Award of Honor, 2015
- Daily Point of Light Award, 2014
- Cabot Community Celebrity Award, 2014
- AANP Domestic Humanitarian Award, 2012
- AANP Nurse Practitioner State Award for Excellence, 2009
- Kid's Central, Inc. Community Service Award, 2008
- Virginia Governor's Volunteerism and Community Service Award for Outstanding Nonprofit Group Award, 2007
- Governor's Nonprofit Volunteer Award, 2007
- Virginia Governor's Community Service and Volunteerism Administrator Award, 2004
- Virginia Rural Health Association's Best Practice Award, 2004
- Award for Outstanding Devotion to Community, American Breast Cancer Foundation, 2001

Accomplishments and Impact: The Health Wagon is saving lives daily. Lives of poor patients in Central Appalachia who are uninsured or who have insurance but cannot afford patient pay responsibilities (deductibles, out-of-pocket costs) are the ones who are saved. The Health Wagon continually looks for ways to use innovative technology to help those in need as well. The Appalachian region is historically a low resource area with limited capabilities; therefore, the Health Wagon has to be creative and leverage unique avenues to bring resources to the patient base. One of the Health Wagon's biggest strengths is networking and finding new resources for the medically underserved patients that are served daily by the Health Wagon.