

Return of Organization Exempt From Income Tax

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

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

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

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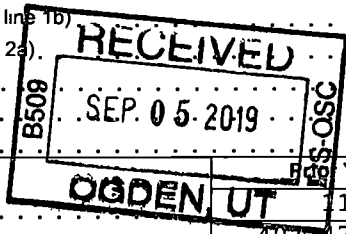
Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 2018

Form 990 header section including B (Check if applicable), C (Name of organization: ST. MARY'S MEDICAL CENTER, INC.), D (Employer identification number: 55-0357050), E (Telephone number: (304) 526-8931), F (Name and address of principal officer: TODD CAMPBELL), G (Gross receipts \$: 458,684,752), H(a) (Is this a group return for subordinates?), H(b) (Are all subordinates included?), I (Tax-exempt status: 501(c)(3)), J (Website: WWW.ST-MARYS.ORG), K (Form of organization: Corporation), L (Year of formation: 1924), M (State of legal domicile: WV)

Part I Summary

Table with 22 rows detailing organization activities and financials. Row 1: TO MEET LIFETIME HEALTHCARE NEEDS OF THOSE SERVED. Row 2: Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Rows 3-7: Activities & Governance (voting members, employees, volunteers, revenue). Rows 8-12: Revenue (contributions, program service, investment, other). Rows 13-19: Expenses (grants, benefits, salaries, fundraising, other). Rows 20-22: Net Assets or Fund Balances (total assets, total liabilities, net assets).



SCANNED OCT 08 2019

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.

Signature of officer: ANGELA SWEARINGEN, VICE PRESIDENT/CFO, dated 08/14/2019.

Preparer information: WADE S C NEWELL, CPA, SOMERVILLE & COMPANY, P.L.L.C., dated AUG 21 2019.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

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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
WE ARE INSPIRED BY THE LOVE OF CHRIST TO PROVIDE QUALITY HEALTH CARE
IN WAYS WHICH RESPECT THE GOD-GIVEN DIGNITY OF EACH PERSON AND THE
SACREDNESS OF HUMAN LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 324,799,646. including grants of \$ 0.) (Revenue \$ 417,623,304.)
ATTACHMENT 1

4b (Code _____) (Expenses \$ 1,604,780. including grants of \$ 400,000.) (Revenue \$ 1,638,889.)
ATTACHMENT 2

4c (Code _____) (Expenses \$ 24,967. including grants of \$ 0.) (Revenue \$ 0.)
ATTACHMENT 3

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 326,429,393.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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 (see instructions).</i>		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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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?	X	
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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'X' in Yes/No columns for lines 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'X' in Yes/No columns for lines 10a, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ANGELA SWEARINGEN 2900 FIRST AVENUE HUNTINGTON, WV 25702 304-526-8931

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID PORTER CHAIR	2.00 0.			X				0.	0.	0.
(2) DAVID FOX VICE CHAIR	2.00 0.			X				0.	0.	0.
(3) SISTER MARY GRACE BARILE SECRETARY	40.00 0.			X				0.	0.	0.
(4) FLOYD HARLOW TREASURER	2.00 0.			X				0.	0.	0.
(5) CAROLYN BAGBY BOARD MEMBER	1.00 0.			X				0.	0.	0.
(6) TIM MILNE BOARD MEMBER	1.00 0.			X				0.	0.	0.
(7) JEFF LEABERRY BOARD MEMBER	1.00 0.			X				0.	0.	0.
(8) VICKIE SMITH BOARD MEMBER	1.00 0.			X				0.	0.	0.
(9) MATT MILLER BOARD MEMBER	1.00 0.			X				0.	0.	0.
(10) MICHAEL G SELLARDS PRESIDENT/CEO	36.00 4.00			X				0.	1,106,316.	24,416.
(11) ANGELA D SWEARINGEN VICE PRESIDENT/CFO	37.00 3.00					X		0.	535,098.	30,737.
(12) TODD CAMPBELL SR. VICE PRESIDENT/COO	37.00 3.00					X		0.	674,266.	30,737.
(13) VERA ROSE M.D. VICE-PRESIDENT	40.00 0.					X		293,281.	0.	31,610.
(14) SUSAN BETH ROBINSON VICE-PRESIDENT	40.00 0.					X		277,164.	0.	31,575.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) TIMOTHY PARNELL VICE-PRESIDENT	40.00 0.				X		264,879.	0.	24,830.	
16) ERNEST TAYLOR M.D. VICE-PRESIDENT	40.00 0.				X		438,303.	0.	17,235.	
17) ELIZABETH BOSLEY, DNP, RN VICE-PRESIDENT	40.00 0.				X		269,522.	0.	31,374.	
18) NEPAL CHOWDHURY, M.D. PHYSICIAN	40.00 0.					X	2,361,068.	0.	32,486.	
19) MATTHEW WERTHAMMER, M.D. PHYSICIAN	40.00 0.					X	1,428,379.	0.	30,434.	
20) DWIGHT SAULLE, M.D. PHYSICIAN	40.00 0.					X	1,312,881.	0.	30,180.	
21) GEOFFREY COUSINS, M.D. PHYSICIAN	40.00 0.					X	1,342,924.	0.	30,246.	
22) PANOS IGNATIADIS, M.D. PHYSICIAN	40.00 0.					X	1,094,556.	0.	29,700.	
1b Sub-total							570,445.	2,315,680.	149,075.	
c Total from continuation sheets to Part VII, Section A							8,512,512.	0.	226,485.	
d Total (add lines 1b and 1c)							9,082,957.	2,315,680.	375,560.	

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 **188**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **66**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	23,494,002.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	407,364.				
	g Noncash contributions included in lines 1a-1f \$		407,364.				
	h Total. Add lines 1a-1f			23,901,366.			
Program Service Revenue		Business Code					
	2a PATIENT SERVICE REVENUE	621400	411,607,780.	411,607,780.			
	b SCHOOL OF NURSING	611600	1,884,552.	1,884,552.			
	c PURCHASE REBATES	900099	2,454,554.	2,454,554.			
	d PHARMACY REVENUE	446110	1,336,608.	1,336,608.			
	e OTHER PROGRAM SERVICE REVENUE	900099	339,810.	339,810.			
	f All other program service revenue						
g Total. Add lines 2a-2f			417,623,304.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,923,590.		9,983.	3,913,607.	
	4 Income from investment of tax-exempt bond proceeds		0.				
	5 Royalties		0.				
	6a Gross rents	(i) Real	1,499,854.				
		(ii) Personal					
		b Less rental expenses	238,358.				
	c Rental income or (loss)	1,261,496.					
	d Net rental income or (loss)		1,261,496.	1,261,496.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	16,718,502.				
		(ii) Other	362,805.				
		b Less cost or other basis and sales expenses	13,258,415.	277,865.			
		c Gain or (loss)	3,460,087.	84,940.			
	d Net gain or (loss)		3,545,029.			3,545,029.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses					
c Net income or (loss) from fundraising events			0.				
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities		0.				
10a Gross sales of inventory, less returns and allowances	a	1,638,889.					
	b Less cost of goods sold	1,204,779.					
	c Net income or (loss) from sales of inventory		434,110.				
Miscellaneous Revenue		Business Code					
11a CAFETERIA SALES	722100	3,131,022.	3,131,022.				
b EHR INCENTIVE	900099	-177,914.	-177,914.				
c OTHER AFFILIATED ENTITIES	900099	-10,113,298.	-10,113,298.				
d All other revenue	900099	176,630.	176,630.				
e Total. Add lines 11a-11d			-6,983,560.				
12 Total revenue. See instructions			443,705,335.	411,901,240.	9,983.	7,458,636.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	504,895.	504,895.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,818,487.	1,236,571.	581,916.	
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.			
7 Other salaries and wages	133,226,794.	90,594,220.	42,632,574.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,954,834.	3,369,287.	1,585,547.	
9 Other employee benefits	44,087,515.	29,979,510.	14,108,005.	
10 Payroll taxes	11,124,480.	7,564,646.	3,559,834.	
11 Fees for services (non-employees)				
a Management	1,516,034.		1,516,034.	
b Legal	1,428,971.		1,428,971.	
c Accounting	360,000.		360,000.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ATCH 6.	45,381,003.	37,603,167.	7,777,836.	
12 Advertising and promotion	2,692,693.	1,831,031.	861,662.	
13 Office expenses	19,165,664.	13,032,652.	6,133,012.	
14 Information technology	3,648,253.	2,480,812.	1,167,441.	
15 Royalties	0.			
16 Occupancy	6,309,741.	4,290,624.	2,019,117.	
17 Travel	154,579.	105,114.	49,465.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	2,686,628.	1,826,907.	859,721.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	14,364,057.	9,767,559.	4,596,498.	
23 Insurance	1,730,354.	1,176,641.	553,713.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	78,576,007.	78,576,007.		
b BAD DEBTS	23,002,546.	23,002,546.		
c REPAIRS & MAINTENANCE	10,537,290.	7,165,357.	3,371,933.	
d PROVIDER TAX	10,831,766.	10,831,766.		
e All other expenses	2,191,295.	1,490,081.	701,214.	
25 Total functional expenses. Add lines 1 through 24e	420,293,886.	326,429,393.	93,864,493.	
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,031,119.	1	1,023,025.
	2 Savings and temporary cash investments	16,975,608.	2	13,017,363.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	84,816,950.	4	74,574,476.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	9,597,401.	8	10,827,279.
	9 Prepaid expenses and deferred charges	3,328,582.	9	3,874,218.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 203,901,462.		
	b Less accumulated depreciation.	10b 6,850,410.		
	11 Investments - publicly traded securities	144,146,352.	10c	197,051,052.
	12 Investments - other securities See Part IV, line 11	90,474,384.	11	87,859,331.
	13 Investments - program-related. See Part IV, line 11	0.	12	0.
	14 Intangible assets	16,024,245.	13	4,325,236.
	15 Other assets See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,164,221.	15	5,177,595.	
	369,558,862.	16	397,729,575.	
Liabilities	17 Accounts payable and accrued expenses	44,343,388.	17	52,483,234.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	910,907.	19	968,806.
	20 Tax-exempt bond liabilities	75,522,589.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	139,340,063.	25	196,204,718.
	26 Total liabilities. Add lines 17 through 25.	260,116,947.	26	249,656,758.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		105,469,820.	27	144,100,747.
28 Temporarily restricted net assets		3,972,095.	28	3,972,070.
29 Permanently restricted net assets		0.	29	0.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		109,441,915.	33	148,072,817.
34 Total liabilities and net assets/fund balances		369,558,862.	34	397,729,575.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	443,705,335.
2	Total expenses (must equal Part IX, column (A), line 25)	2	420,293,886.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,411,449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,441,915.
5	Net unrealized gains (losses) on investments	5	699,701.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,519,752.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	148,072,817.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization ST. MARY'S MEDICAL CENTER, INC.	Employer identification number 55-0357050
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Percentage, and %. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization ST. MARY'S MEDICAL CENTER, INC.	Employer identification number 55-0357050
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2017**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total Add lines 1c through 1i...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912...; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?...

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?...

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)...

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES: THE HOSPITAL IS A MEMBER OF THE WEST VIRGINIA HOSPITAL ASSOCIATION (WVHA), THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES (CHA), AND THE AMERICAN HOSPITAL ASSOCIATION (AHA), WHICH ENGAGE IN LOBBYING ON BEHALF OF ITS MEMBERS. A PORTION OF THE DUES PAID TO WVHA, CHA, AND AHA HAVE BEEN ALLOCATED TO LOBBYING ACTIVITIES WHICH TOTALED \$94,492. SPECIFIC INFORMATION REGARDING THE ADVOCACY AGENDAS OF THE ASSOCIATIONS CAN BE VIEWED ON THEIR WEBSITES, WVHA.ORG, CHAUSA.ORG, AND AHA.ORG

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-2b regarding collections of art and historical treasures.

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, 3b. Sub-columns: Yes, No.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related.

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) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (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 PENSION COSTS	116,429,812.
(3) DEFERRED SALARIES AND WAGES	4,167,341.
(4) GENERAL RESERVES	7,485,000.
(5) DUE TO AFFILIATE HOSPITAL	67,747,633.
(6) THIRD PARTY PAYOR SETTLEMENT	374,932.
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	196,204,718.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT ANNUALLY REVIEWS ITS TAX PROVISIONS AND HAS DETERMINED THAT

THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN

THE CONSOLIDATED FINANCIAL STATEMENTS AT SEPTEMBER 30, 2018 AND 2017.

Part XIII Supplemental Information (continued)

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

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

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		5096	759,906.		759,906.	.19
b Medicaid (from Worksheet 3, column a)		30675	78,805,022.	66,154,388.	12,650,634.	3.18
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		35771	79,564,928.	66,154,388.	13,410,540.	3.37
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	2	796	5,255.		5,255.	
f Health professions education (from Worksheet 5)	4	60	9,722,174.	4,828,667.	4,893,507.	1.23
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	645	375,207.		375,207.	.09
j Total. Other Benefits	9	1501	10,102,636.	4,828,667.	5,273,969.	1.32
k Total. Add lines 7d and 7j.	9	37272	89,667,564.	70,983,055.	18,684,509.	4.69

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	11	916	4,545.		4,545.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	10	1846	15,167.		15,167.	
8 Workforce development						
9 Other						
10 Total	21	2762	19,712.		19,712.	

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	X	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount		6,945,892.
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		1,389,178.
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME)		105,726,738.
6	Enter Medicare allowable costs of care relating to payments on line 5		105,643,784.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)		82,954.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	X	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HUNTINGTON AREA MRI	PROVIDE MRI SCANS	49.00000		51.00000
2 THREE GABLES SURGERY	OUTPATIENT HEALTH CARE	52.34000		47.56000
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)
 How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ST. MARY'S MEDICAL CENTER, INC.
 2900 FIRST AVENUE
 HUNTINGTON WV 25702

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X		X	X	X	URGENT CARE	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST. MARY'S MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
If "Yes," indicate what the CHNA report describes (check all that apply)
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 15
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- 6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply):
 - a Hospital facility's website (list url). SEE PART VI SUPPLEMENTAL INFORMATION
 - b Other website (list url) _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy. 2015
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
 - a If "Yes," (list url) SEE PART VI SUPPLEMENTAL INFORMATION
 - b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- 12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a		X
6b		X
7	X	
8	X	
9		
10	X	
10b		
11		
12a		X
12b		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST. MARY'S MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.0000</u> % and FPG family income limit for eligibility for discounted care of <u>200.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group ST. MARY'S MEDICAL CENTER

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

Table with 3 columns: Question ID, Yes, No. Row 17: 17, X,

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

- a Reporting to credit agency(ies)
b Selling an individual's debt to another party
c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
d Actions that require a legal or judicial process
e Other similar actions (describe in Section C)
f [X] None of these actions or other similar actions were permitted

Table with 3 columns: Question ID, Yes, No. Row 18: 18, ,

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged

- a Reporting to credit agency(ies)
b Selling an individual's debt to another party
c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
d Actions that require a legal or judicial process
e Other similar actions (describe in Section C)

Table with 3 columns: Question ID, Yes, No. Row 19: 19, , X

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
b Made a reasonable effort to orally notify individuals about the FAP and FAP application process
c Processed incomplete and complete FAP applications
d [X] Made presumptive eligibility determinations
e Other (describe in Section C)
f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why

Table with 3 columns: Question ID, Yes, No. Row 21: 21, X,

- a The hospital facility did not provide care for any emergency medical conditions
b The hospital facility's policy was not in writing
c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
d Other (describe in Section C)

Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group ST. MARY'S MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

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

PART V

PART V, SECTION A:

THIS FACILITY INCLUDES A SCHOOL OF NURSING, SCHOOL OF RESPIRATORY THERAPY, A SCHOOL OF MEDICAL IMAGING AND A CLINICAL PASTORAL EDUCATION PROGRAM. INTERNS AND RESIDENTS FROM MARSHALL UNIVERSITY SCHOOL OF MEDICINE ARE ALSO ASSIGNED AT THE HOSPITAL FOR THEIR CLINICAL ROTATIONS AS ARE STUDENTS IN COMMUNITY BASED PRACTICAL NURSING PROGRAMS.

ST. MARY'S MEDICAL CENTER:

PART V, SECTION B, LINE 5: IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR ST. MARY'S MEDICAL CTR., THE MEDICAL CENTER TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE MEDICAL CENTER, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. THE CHNA WAS DONE IN COLLABORATION WITH CABELL HUNTINGTON HOSPITAL AND THE LOCAL HEALTH DEPARTMENT OF THE SERVICE AREAS IDENTIFIED. A THIRD PARTY SPECIALIST, THE CENTER FOR ENTREPRENEURIAL STUDIES AND DEVELOPMENT, INC. LOCATED IN MORGANTOWN, WV WAS ENGAGED TO ASSIST IN THE PLANNING AND DEVELOPMENT PROCESS. SMMC ESTABLISHED A CORE PLANNING TEAM CONSISTING OF REPRESENTATIVE MEMBERS OF THE MEDICAL CENTER MANAGEMENT: DIRECTOR OF PROVIDER RELATIONS, VP OF MISSION INTEGRATION, SR. VP & COO, VP OF SUPPORT SERVICES, PLANNING & DEVELOPMENT, AND THE VP OF FINANCE & CFO.

ST. MARY'S MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE SMMC ACTION PLAN FOCUSED UPON THREE

Part V Facility Information (continued)

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

OVERARCHING GOALS: BUILDING A NETWORK OF COLLABORATION, ENHANCING EDUCATION AND AWARENESS ACTIVITIES, AND TAILORING INTERVENTIONS FOR SPECIFIC DEMOGRAPHIC GROUPS WITH AN EMPHASIS ON SENIOR AWARENESS. EACH PRIORITY WAS EVALUATED TO DETERMINE IF SMMC CURRENTLY WAS ADDRESSING THAT NEED, ABLE TO ADAPT CURRENT PROGRAMS OR DEVELOP NEW PROGRAMS TO MEET THE NEED, PROVIDE AN AGENCY THAT IS CURRENTLY ADDRESSING THE NEEDED FINANCIAL SUPPORT, OR IF THERE WERE INSUFFICIENT RESOURCES (FINANCIAL OR PERSONAL) TO ADDRESS THE NEED WITHOUT COLLABORATION WITH OTHER AGENCIES. PRIORITIES THAT WERE DEEMED TO BE OUTSIDE THE SCOPE OF SMMC AND ADDRESSED BY OTHER RESOURCES IN THE COMMUNITY WERE NOT INCLUDED IN THE ACTION PLAN.

ST. MARY'S MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.ST-MARYSCDN.NET/PDFS/FAP_POLICY_FY2018.PDF](https://www.st-maryscdn.net/pdfs/fap_policy_fy2018.pdf)

ST. MARY'S MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.ST-MARYSCDN.NET/PDFS/FINANCIAL_ASSISTANCE_APPLICATION.PDF](https://www.st-maryscdn.net/pdfs/financial_assistance_application.pdf)

ST. MARY'S MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://WWW.ST-MARYS.ORG/PATIENTS-AND-VISITORS/BILLING/](http://www.st-marys.org/patients-and-visitors/billing/)

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 ST. MARY'S FAMILY CARE 1 CHATEAU LANE BARBOURSVILLE WV 25504	OUTPATIENT CLINIC
2 ST. MARY'S FAMILY CARE 147 WILLOW TREE WAY HURRICANE WV 25526	OUTPATIENT CLINIC
3 ST. MARY'S FAMILY CARE 6475 FARMDALE ROAD BARBOURSVILLE WV 25504	OUTPATIENT CLINIC
4 ST. MARY'S WOMEN'S & FAMILY CARE 143 PEYTON STREET BARBOURSVILLE WV 25504	OUTPATIENT CLINIC
5 ST. MARY'S URGENT CARE 2815 5TH AVENUE HUNTINGTON WV 25702	OUTPATIENT CLINIC
6 ST. MARY'S PAIN RELIEF SPECIALISTS 2900 1ST AVENUE, SUITE 210 HUNTINGTON WV 25702	OUTPATIENT CLINIC
7 OCCUPATIONAL MEDICINE 2833 FIFTH AVENUE HUNTINGTON WV 25702	OUTPATIENT CLINIC
8	
9	
10	

Schedule H (Form 990) 2017

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H PART VI

PART I, LINE 3C:

ELIGIBILITY IS DETERMINED BY COMPARING HOUSEHOLD FAMILY INCOME AGAINST THE INCOME POVERTY GUIDELINES FOR FINANCIAL INDIGENCE; A RATIO OF TOTAL MEDICAL EXPENSES TO ANNUAL DISPOSABLE INCOME FOR MEDICAL INDIGENCE. INCOME IS DEFINED AS THE TOTAL ANNUAL CASH RECEIPTS BEFORE TAXES FROM ALL SOURCES.

FINANCIALLY INDIGENT. UNCOMPENSATED CARE SHALL INCLUDE UNREIMBURSED SERVICES TO THE FINANCIALLY INDIGENT. FINANCIALLY INDIGENT SHALL MEAN UNINSURED OR UNDERINSURED PATIENTS ACCEPTED FOR CARE WITH NO OBLIGATION OR A DISCOUNTED OBLIGATION TO PAY FOR SERVICES RENDERED BASED ON THE MEDICAL CENTER'S ELIGIBILITY SYSTEM WHICH MAY INCLUDE:

(A) INCOME LEVELS AND MEANS TESTING OR OTHER CRITERIA FOR DETERMINING A PATIENT'S INABILITY TO PAY; OR B) OTHER CRITERIA FOR DETERMINING A PATIENT'S INABILITY TO PAY THAT ARE CONSISTENT WITH THE MEDICAL CENTER'S MISSION AND ESTABLISHED POLICY.

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

THE FEDERAL POVERTY LEVEL SHALL SERVE AS AN INDEX FOR THE THRESHOLD BELOW WHICH PATIENTS RECEIVING CARE AT ST. MARY'S MEDICAL CENTER ARE DEEMED FINANCIALLY INDIGENT. FINANCIALLY INDIGENT SERVICES INCLUDE NONCOVERED SERVICES FOR PATIENTS ELIGIBLE FOR THE MEDICAID PROGRAM, SERVICES PROVIDED UNDER COUNTY INDIGENT CARE CONTRACTS, AND OTHER STATE OR FEDERAL ASSISTANCE PROGRAMS FOR LOW INCOME GROUPS.

MEDICALLY INDIGENT. UNCOMPENSATED CARE SHALL INCLUDE UNREIMBURSED SERVICES TO THE MEDICALLY INDIGENT. MEDICALLY INDIGENT SHALL MEAN PATIENTS WHO ARE RESPONSIBLE FOR THEIR LIVING EXPENSES, BUT WHOSE MEDICAL AND HOSPITAL BILLS, AFTER PAYMENT BY THIRD PARTY PAYERS, WHERE APPLICABLE, EXCEED:

- (A) A SPECIFIED PERCENTAGE OF THE PATIENT'S ANNUAL GROSS INCOME (I.E., CATASTROPHIC MEDICAL EXPENSES) IN ACCORDANCE WITH THE MEDICAL CENTER'S FORMAL ELIGIBILITY SYSTEM IN SUCH INSTANCES WHERE PAYMENT WOULD REQUIRE LIQUIDATION OF ASSETS CRITICAL TO LIVING OR EARNING A LIVING; OR
- (B) THE CRITERIA FOR DETERMINING A PATIENT'S INABILITY TO PAY. WHILE FINANCIAL INDIGENCE IS BASED STRICTLY ON AN INCOME LEVEL, MEDICAL

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

INDIGENCE CONSIDERS BOTH INCOME AND THE FINANCIAL OBLIGATION FOR HEALTHCARE SERVICES TO CALCULATE THE PATIENT'S ABILITY TO PAY WITHOUT LIQUIDATING ASSETS CRITICAL TO LIVING OR EARNING A LIVING, SUCH AS A HOME, CAR, PERSONAL BELONGINGS, ETC. THEREFORE, PATIENTS ARE CONSIDERED FOR MEDICALLY INDIGENT STATUS ON A CASE BY CASE BASIS. THE PATIENT WOULD BE REQUIRED TO PROVIDE DOCUMENTATION OF INCOME TO DETERMINE IF HE/SHE IS TO BE CONSIDERED MEDICALLY INDIGENT. ALL PATIENTS ARE ELIGIBLE TO BE CONSIDERED FOR MEDICALLY INDIGENT STATUS WITH THE EXCEPTION OF PATIENTS WITH INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL AS THESE PATIENTS ARE CONSIDERED FOR SOME LEVEL OF UNCOMPENSATED CARE UNDER THE FINANCIALLY INDIGENT CATEGORY.

PART I, LINE 6A:

SMMC PREPARES AN ANNUAL WRITTEN REPORT THAT DESCRIBES PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF OUR COMMUNITY. THE COMMUNITY BENEFIT REPORT PROVIDES VALUABLE INFORMATION ON PROGRAMS AND SERVICES PROVIDED BY THE MEDICAL CENTER. THE REPORT IS DISTRIBUTED TO HOSPITAL BOARD MEMBERS BUT IT HAS NOT BEEN DISTRIBUTED TO THE GENERAL PUBLIC. THE REPORT IS

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

COMPILED USING THE PROGRAM "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT."

PART I, LINE 7:

THE COST TO CHARGE RATIO AS CALCULATED FROM WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS WAS USED TO DETERMINE COMMUNITY BENEFIT EXPENSES FOR FINANCIAL ASSISTANCE AT COST AND MEDICAID.

THE AMOUNT OF CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY GROUPS WAS OBTAINED FROM THE HOSPITAL'S ACCOUNTING RECORDS.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$23,002,546.

PART II, COMMUNITY BUILDING ACTIVITIES:

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

ST. MARY'S HAS SPONSORED A NUMBER OF COMMUNITY BUILDING ACTIVITIES DURING THE PAST YEAR THAT PROMOTE WELLNESS AND HELP ENRICH THE LIVES OF PEOPLE IN THE TRI-STATE. SOME OF THESE ARE AS FOLLOWS:

AARP HUNTINGTON CHAPTER

ST MARY'S IS THE FOUNDING SPONSOR OF THIS CHAPTER THAT MEETS MONTHLY AT ST. MARY'S MEDICAL CENTER. ST. MARY'S PROVIDES LEADERSHIP SUPPORT AND FUNDING TO HELP PROVIDE SENIORS WITH USEFUL LIFESTYLE AND HEALTH INFORMATION.

AMERICAN HEART ASSOCIATION HEART WALK AND GO RED FOR WOMEN LUNCHEON
ST. MARY'S HAS BEEN THE MAIN SPONSOR FOR THE HEART WALK EACH YEAR IN APRIL. AS ONE OF ST. MARY'S MAJOR SERVICE LINES, THE REGIONAL HEART INSTITUTE PROMOTES HEALTHY HEART ACTIVITIES FOR THE PUBLIC THROUGHOUT THE YEAR, BUT THE HEART WALK AND THE GO RED LUNCHEON FOR WOMEN ARE TWO OF OUR MAIN EVENTS. THE HEART WALK GENERATES TEAM BUILDING BY RAISING FUNDS FOR THE AMERICAN HEART ASSOCIATION, ENDING WITH THE ACTUAL WALK AT RITTER PARK. ST. MARY'S EMPLOYEE TEAMS ARE JOINED BY TEAMS ALL ACROSS CABELL AND

Part VI Supplemental Information

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WAYNE COUNTIES BOTH RAISING FUNDS FOR HEART RESEARCH AND SUPPORTING WALKING AS A FAMILY HEART-HEALTHY ACTIVITY. EXCESS OF 800+ PEOPLE PARTICIPATE EACH YEAR FOR THE WALK. THE CAUSE RECEIVES WIDER EXPOSURE THROUGH ADVERTISING HEART HEALTHY EDUCATION TIPS AND INFORMATION (WWW.HEART.ORG).

COMMUNITY HEALTH SCREENINGS

ADDITIONALLY ST. MARY'S PARTICIPATES IN NUMEROUS HEALTH FAIRS THROUGHOUT THE YEAR. THE EVENTS HELP PROVIDE SCREENINGS FOR HEALTH ISSUES SUCH AS CHOLESTEROL, BLOOD SUGAR, HDL, OSTEOPOROSIS, ETC. AT NO CHARGE. ALSO, EDUCATION ABOUT VARIOUS HEALTH ISSUES SUCH AS STROKE RISK, JOINT REPLACEMENT SURGERY, AND OTHER HEALTH RISK FACTORS ARE PROVIDED. THERE ARE 1000+ PEOPLE SCREENED EACH YEAR THROUGH FREE SCREENINGS (WWW.ST-MARYS.ORG).

CONCERT FOR A CURE

ST. MARY'S FOUNDATION AND ST. MARY'S REGIONAL CANCER CENTER ARE SPONSORS OF THIS EVENT TO RAISE MONEY FOR CANCER AWARENESS. A MAJORITY OF THE

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PROCEEDS PAY FOR MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN IN THE TRI-STATE AS WELL AS OTHER CANCER TREATMENT PROGRAMS AT ST. MARY'S REGIONAL CANCER CENTER. ST. MARY'S ALSO SUPPORTS THE AMERICAN CANCER SOCIETY AT THE ANNUAL RELAY OF LIFE EVENT AT RITTER PARK IN HUNTINGTON.

FITNESS EVENTS

ST. MARY'S PARTNERS WITH HEALTHYTRISTATE.ORG TO OFFER THE MARSHALL/ST. MARY'S MARATHON/HALF-MARATHON AND 5K EACH YEAR WITH MORE THAN 2000 PARTICIPANTS. THE EVENT IS HELD EACH NOVEMBER AT THE JOAN C. EDWARDS STADIUM AT MARSHALL UNIVERSITY AND ENCOURAGES THE COMMUNITY TO SET FITNESS GOALS TO PREPARE FOR THIS EVENT. ST. MARY'S ALSO PARTNERS WITH COMMUNITY LEADERS IN IRONTON, OHIO TO OFFER THE ST. MARY'S VETERAN'S MEMORIAL DAY 5-K, WITH 500+ PARTICIPANTS EACH YEAR. ST. MARY'S IS ALSO NOW PART OF THE GREATER HUNTINGTON WALKS INITIATIVE, ENCOURAGING PEOPLE TO WALK DAILY AND TRACK THEIR STEPS. THE FIRST GOAL WAS TO COLLECTIVELY WALK TO THE MOON AND BACK AND THAT GOAL WAS ACHIEVED WELL BEFORE THE DEADLINE.

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GIRLS ON THE RUN OF CABELL AND WAYNE COUNTIES

GIRLS ON THE RUN OF CABELL AND WAYNE COUNTY IS A NONPROFIT ORGANIZATION DEDICATED TO CREATING A WORLD WHERE EVERY GIRL KNOWS AND ACTIVATES HER LIMITLESS POTENTIAL AND IS FREE TO BOLDLY PURSUE HER DREAMS. GIRLS ON THE RUN INSPIRES GIRLS TO RECOGNIZE THEIR INNER STRENGTH AND CELEBRATE WHAT MAKES THEM ONE OF A KIND. TRAINED COACHES LEAD SMALL TEAMS THROUGH OUR RESEARCH-BASED CURRICULA WHICH INCLUDES DYNAMIC DISCUSSIONS, ACTIVITIES, AND RUNNING GAMES. OVER THE COURSE OF THE TEN-WEEK PROGRAM, GIRLS IN 3RD-8TH GRADE DEVELOP ESSENTIAL SKILLS TO HELP THEM NAVIGATE THEIR WORLDS AND ESTABLISH A LIFETIME APPRECIATION FOR HEALTH AND FITNESS. ST. MARY'S FINANCIAL SUPPORT COVERS THE PROGRAM EXPENSES AS WELL AS A PART-TIME COORDINATOR FOR THE AREA.

GONODLE INTERACTIVE

ST. MARY'S PARTNERS WITH GONODLE TO PROVIDE INTERACTIVE ONLINE TEACHING TOOLS TO THOUSANDS OF SCHOOLCHILDREN IN SEVERAL LOCAL COUNTIES. THE PROGRAM GETS KIDS MOVING WITH PHYSICAL AND MENTAL EXERCISES IN THE CLASSROOM AS THEY LEARN THROUGH FUN AND INTERACTIVE VIDEO SESSIONS. ST.

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MARY'S PARTNERS WITH SEVERAL LOCAL BUSINESSES TO PROVIDE THE ENHANCED
VERSION OF GONODLE THAT ALLOWS TEACHERS TO INCORPORATE THE ACTIVITIES
INTO THEIR CURRICULUM.

PROACT

ST. MARY'S PARTNERS WITH CABELL HUNTINGTON HOSPITAL, VALLEY HEALTH
AND MARSHALL HEALTH TO OPERATE THIS DAY TREATMENT CENTER FOR OPIOID
AND OTHER DRUG ADDICTS. A WIDE RANGE OF TREATMENT OPTIONS ARE OFFERED
AND SUPERVISED BY PHYSICIANS AND NURSES. ST. MARY'S PROVIDES
LEADERSHIP AND FINANCIAL SUPPORT.

REGIONAL HEALTH SUMMIT

ST. MARY'S PARTNERS WITH CABELL HUNTINGTON HOSPITAL EACH YEAR TO STAGE
A REGIONAL HEALTH SUMMIT TO DISCUSS THE REGION'S MOST PRESSING ISSUES.
MORE THAN 100 HEALTH ORGANIZATIONS ARE REPRESENTED EACH YEAR AT THIS
GATHERING. ST. MARY'S PROVIDES LEADERSHIP AND FINANCIAL SUPPORT.

TOTAL WOMAN PROGRAM

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ST. MARY'S WOMEN'S HEALTH PROGRAM HAS 5000+ MEMBERS AND THOUSANDS MORE ARE REACHED WITH WELLNESS ACTIVITIES AND PROGRAMS HELD EVERY MONTH OF THE YEAR. THE TOTAL WOMAN PROVIDES FREE HEALTH INFORMATION AND SCREENINGS AND A CHANCE FOR MEMBERS TO ASK QUESTIONS OF HEALTH PROVIDERS. THE COORDINATOR OF THE PROGRAM HELPS WOMEN SCHEDULE THEIR APPOINTMENTS TO FIT BUSY SCHEDULES.

VOLUNTEER SERVICE ON COMMUNITY BOARDS

ST. MARY'S MANAGERS VOLUNTEER THEIR TIME WITH SERVICE ON A NUMBER OF COMMUNITY NON-PROFIT BOARDS INCLUDING THE FOLLOWING: LAWRENCE COUNTY (OHIO) ECONOMIC DEVELOPMENT CORPORATION, LAWRENCE COUNTY (OHIO) CHAMBER OF COMMERCE, GREATER HUNTINGTON REGIONAL CHAMBER OF COMMERCE, UNITED WAY OF THE RIVER CITIES, BIG BROTHERS/BIG SISTERS, THE HUNTINGTON MUSEUM OF ART, THE FOUNDATION FOR THE TRI-STATE COMMUNITY, AND SOCIETY OF YEAGER SCHOLARS AT MARSHALL UNIVERSITY.

PART III, LINE 2:

BAD DEBT EXPENSE WAS ESTIMATED USING A COST-TO-CHARGE RATIO DERIVED FROM

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WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS.

PART III, LINE 3:

BASED ON HISTORICAL INFORMATION, APPROXIMATELY 20% OF BAD DEBT EXPENSE AT COST IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:

THE TEXT OF THE FOOTNOTE READS AS FOLLOWS: "THE HOSPITALS PROVIDE CARE TO PATIENTS WHO MEET SPECIFIC CRITERIA, DEFINED BY THEIR CHARITY CARE POLICIES, WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES, AS APPROVED BY THE WEST VIRGINIA HEALTH CARE AUTHORITY (HCA). BECAUSE THE HOSPITALS DO NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE."

PART III, LINE 8:

MEDICARE COSTS WERE OBTAINED FROM THE HOSPITAL'S MEDICARE COST REPORT.

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PART III, LINE 9B:

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET SPECIFIC CRITERIA,
 DEFINED BY ITS CHARITY CARE POLICY, WITHOUT CHARGE OR AT AMOUNTS LESS
 THAN THE RATES APPROVED BY THE WEST VIRGINIA HEALTH CARE AUTHORITY.
 BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO
 QUALIFY AS CHARITY CARE, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE.

PART V, LINE 7A:

HOSPITAL FACILITY WEBSITE:

[HTTPS://WWW.ST-MARYSCDN.NET/PDFS/ST._MARYS_CHNA_2016.PDF](https://www.st-maryscdn.net/pdfs/st._marys_chna_2016.pdf)

PART V, LINE 10A:

HOSPITAL FACILITY'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED
 ON WEBSITE:

[HTTPS://WWW.ST-MARYSCDN.NET/PDFS/SMMC-ACTION_PLAN-2017-FINAL.PDF](https://www.st-maryscdn.net/pdfs/smmc-action_plan-2017-final.pdf)

PART VI, LINE 2:

SMMC TAKES STEPS TO DETERMINE WHAT THE MOST PRESSING NEEDS ARE IN ORDER

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TO PROVIDE SERVICES TO ADDRESS THEM. THE HOSPITAL REGULARLY ASSESSES THE NEEDS OF THE COMMUNITY. PERIODIC NEEDS ASSESSMENTS ARE CONDUCTED IN PARTNERSHIP WITH OUR LOCAL HEALTH DEPARTMENT. ADDITIONALLY, WE MONITOR COUNTY, STATE, AND NATIONAL HEALTH INDICATORS AND WORK IN PARTNERSHIP WITH SERVICE AGENCIES IN THE COMMUNITIES WE SERVE TO MEET IDENTIFIED NEEDS.

PART VI, LINE 3:

SMMC EMPLOYS A VARIETY OF METHODS TO REACH PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE, INCLUDING:

* FINANCIAL ASSISTANCE POSTERS ARE DISPLAYED IN ALL EMERGENCY, ADMITTING, OUTPATIENT, AND CLINIC AREAS THAT INCLUDE A PHONE NUMBER TO CALL FOR FINANCIAL ASSISTANCE COUNSELING.

* HOSPITAL DEPARTMENTS THAT HAVE INITIAL CONTACT WITH INCOMING INPATIENTS AND OUTPATIENTS ARE SUPPLIED WITH BROCHURES ABOUT FINANCIAL ASSISTANCE FOR DISTRIBUTION TO PATIENTS AND FAMILY MEMBERS.

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* THE HOSPITAL EMPLOYS TRAINED FINANCIAL ASSISTANCE COUNSELORS WHO WORK INDIVIDUALLY WITH PATIENTS TO ASSESS FINANCIAL NEED AND RECOMMEND APPROPRIATE ASSISTANCE SUCH AS APPLICATION FOR FEDERAL AND/OR STATE PROGRAMS; QUALIFICATION FOR CHARITY CARE; DETERMINATION OF AUTOMATIC DISCOUNTS AND/OR FURTHER REDUCTIONS IN CHARGES; AND SETTING UP LONG-TERM FINANCIAL ARRANGEMENTS. THE HOSPITAL PUBLISHES FINANCIAL ASSISTANCE INFORMATION, INCLUDING THE FAP POLICY, ON THE INTERNET HOME PAGE.

PART VI, LINE 4:

ST. MARY'S MEDICAL CENTER SERVES THE GREATER HUNTINGTON, WEST VIRGINIA COMMUNITY WITH A PRIMARY SERVICE AREA THAT INCLUDES CABELL, WAYNE, MASON, PUTNAM AND LINCOLN COUNTIES IN WEST VIRGINIA AND LAWRENCE COUNTY IN OHIO. ST. MARY'S ALSO SERVES A MUCH WIDER SERVICE AREA BECAUSE OF SPECIALTY MEDICAL SERVICES INCLUDING ADVANCED EMERGENCY TRAUMA CARE, ADVANCED STROKE CARE, ADVANCED SPINE CARE, ADVANCED HEART CARE, ADVANCED CANCER CARE, AND ADVANCED ORTHOPEDIC CARE. THAT SECONDARY SERVICE AREA INCLUDES LOGAN AND MINGO COUNTIES IN WEST VIRGINIA, AS WELL AS BOYD, GREENUP,

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CARTER, LAWRENCE, JOHNSON, FLOYD AND PIKE COUNTIES IN KENTUCKY AND SCIOTO AND GALLIA COUNTIES IN OHIO.

COMPETITORS WITHIN OUR PRIMARY SERVICE AREA ARE CAMC TEAYS VALLEY (PUTNAM COUNTY), KING'S DAUGHTERS HEALTH SYSTEM (ASHLAND, KY), AND OUR LADY OF BELLEFONTE HOSPITAL (ASHLAND, KY). THE MOST RECENT STATISTICS FROM THE U.S. CENSUS BUREAU SHOW THAT THE HIGH SCHOOL GRADUATION RATE (AGE 25+) FOR HUNTINGTON IS 87.5%. THE PERCENTAGE OF HUNTINGTON RESIDENTS LIVING BELOW THAT FEDERAL POVERTY LEVEL IS 32.5%. CABELL COUNTY BIRTH RATES FOR 15 TO 19 YEAR-OLDS IS 42.3 PER 1000 FEMALES.

PART VI, LINE 5:

ST. MARY'S OPERATES AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY AND HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA. THE BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, AS WELL AS SISTERS FROM THE PALLOTTINE MISSIONARY SISTERS. ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF OUR HOSPITAL. THEY ARE DEEPLY INVOLVED IN OUR NEEDS

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ASSESSMENT PROCESS, BUILDING PROGRAMS AND SERVICES, AND COMMUNITY

OUTREACH TO ENSURE THAT PEOPLE KNOW ABOUT SERVICES AVAILABLE TO THEM

THROUGH OUR HOSPITAL.

ST. MARY'S ENGAGES IN MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS; ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS: PHYSICIANS, NURSES, MEDICAL IMAGING TECH, RESPIRATORY TECHS, AND CHAPLAINS; AND PARTICIPATES IN MEDICARE, MEDICAID, AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS.

ST. MARY'S ADHERES TO COMMUNITY BENEFIT GUIDELINES OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION'S PUBLICATION, "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT."

COMMUNITY BENEFIT WORK IS DRIVEN BY COMMUNITY HEALTH NEEDS AND DIRECTED IN COLLABORATION WITH OTHER HEALTH CARE ORGANIZATIONS AND THE BROADER COMMUNITY. COMMUNITY BENEFIT STRATEGIES ARE INTEGRATED IN THE ORGANIZATIONAL STRATEGIC PLAN. PROGRAMS ARE LOCATED THROUGHOUT THE

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ORGANIZATION, AND STAFF AND BOARD EDUCATION IS CONDUCTED. DEDICATED STAFF
IS COMMITTED TO COMMUNITY BENEFIT EFFORTS.

THE ST. MARY'S FOUNDATION IS A NON-PROFIT ORGANIZATION THAT PROVIDES
GRANT WRITING AND FUNDRAISING FOR BOTH MEDICAL CENTER PROGRAMS AND FOR
COMMUNITY BENEFIT PROGRAMS THAT REACH BOTH THE POOR AND THE BROADER
COMMUNITY. OPERATIONS OF THE FOUNDATION ARE GOVERNED BY A SEPARATE
FOUNDATION BOARD WITH VOLUNTARY MEMBERSHIPS FROM THE LOCAL COMMUNITY.

WHEN ST. MARY'S HAS EXCESS REVENUE OVER OPERATING EXPENSES, WE USE THOSE
FUNDS TO OBTAIN CURRENT HEALTH CARE TECHNOLOGIES AND EQUIPMENT, IMPROVE
PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO
EXPAND ACCESS TO POINTS OF CARE. THESE INVESTMENTS ENSURE THAT WE WILL BE
HERE TO CARE FOR FUTURE GENERATIONS.

PART VI, LINE 6:

ST. MARY'S MEDICAL CENTER IS A NOT-FOR-PROFIT HEALTH CARE FACILITY WHOLLY
SPONSORED BY CABELL HUNTINGTON HOSPITAL, INC. (CABELL HUNTINGTON

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

HOSPITAL, INC. BECAME SOLE CORPORATE MEMBER AS A RESULT OF OWNERSHIP

CHANGE EFFECTIVE MAY 1, 2018). ST. MARY'S MEDICAL CENTER IS COMMITTED TO

THE CORE VALUES OF COMPASSION, HOSPITALITY, REVERENCE, INTERDEPENDENCE,

STEWARDSHIP, AND TRUST.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

WV

**SCHEDULE I
(Form 990)**

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

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTHY TRISTATE ORGANIZATION, INC. PO BOX 6544 HUNTINGTON, WV 25772	46-1603203	501(C)(3)	13,100.				SPONSOR
(2) HUNTINGTON SYMPHONY ORCHESTRA 763 3RD AVE HUNTINGTON, WV 25725	23-7427617	501(C)(3)	7,500.				SUPPORT ARTS
(3) UNITED WAY OF THE RIVER CITIES 820 MADISON AVE. HUNTINGTON, WV 25704	55-0384704	501(C)(3)	12,750.				AREA DEVELOPMENT
(4) AMERICAN HEART ASSOCIATION 162 COURT ST. CHARLESTON, WV 25301	13-5613797	501(C)(3)	20,000.				HEART HEALTH
(5) ST. MARY'S MEDICAL CENTER FOUNDATION 2900 FIRST AVENUE HUNTINGTON, WV 25702	14-1887211	501(C)(3)	9,295.				SPONSOR
(6) HUNTINGTON AREA DEVELOPMENT COUNCIL 916 FIFTH AVE HUNTINGTON, WV 25701	55-0714570	501(C)(3)	25,000.				PROMOTE JOB CREATION
(7) EBENEZER MEDICAL OUTREACH 1448 TENTH AVE., SUITE 100 HTGN, WV 25701	55-0745033	501(C)(3)	18,750.				COMMUNITY HEALTH
(8) MARSHALL UNIVERSITY FOUNDATION ONE JOHN MARSHALL DRIVE HTGN, WV 25755	55-6011111	501(C)(3)	38,000.				SPONSOR
(9) HUNTINGTON YMCA 935 10TH AVENUE HUNTINGTON, WV 25701	55-0397261	501(C)(3)	10,000.				KIDS IN MOTION
(10) CABELL MIDLAND HIGH SCHOOL 2300 US ROUTE 60E ONA, WV 25545	55-6000306	501(C)(3)	11,000.				SPONSOR
(11) FOUNDATION FOR THE TRI-STATE COMM PO BOX 2096 ASHLAND, KY 41105	61-0729266	501(C)(3)	47,500.				SPONSOR
(12) GREATER LAWRENCE CO AREA CHAMBER OF COMMERCE PO BOX 488 SOUTH POINT, OH 45680	31-1103244	501(C)(3)	5,600.				SPONSOR

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MARSHALL ARTIST SERIES ONE JOHN MARSHALL DRIVE HTGN, WV 25755	55-6011111	501(C)(3)	21,500.				SPONSOR
(2) HUNTINGTON REGIONAL CHAMBER OF COMMERCE PO BOX 1509 HTGN, WV 25716	55-0199470	501(C)(3)	8,100.				SPONSOR
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

TO ENSURE PROPER USE OF FUNDS, THE REQUESTING ORGANIZATION IS REQUIRED TO DOCUMENT THE USE OF THE GRANT MONIES. WHEN A REQUEST FOR FUNDS IS RECEIVED AND HAS BEEN APPROVED, THE FUNDS ARE EITHER AUTHORIZED FOR USE OR DISBURSED TO THE REQUESTING ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" 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) |

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

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

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

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

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

Schedule J (Form 990) 2017

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL G SELLARDS PRESIDENT/CEO	(i) 0. (ii) 663,400.	0. 199,020.	0. 243,896.	8,100.	16,316.	1,130,732.	
2 ANGELA D SWEARINGEN VICE PRESIDENT/CFO	(i) 0. (ii) 400,189.	0. 70,446.	0. 64,463.	8,100.	22,637.	565,835.	
TODD CAMPBELL	(i) 0.	0.	0.				
3 SR. VICE PRESIDENT/COO	(i) 501,778.	88,117.	84,371.	8,100.	22,637.	705,003.	
4 VERA ROSE M.D. VICE-PRESIDENT	(i) 293,281. (ii) 0.	0. 0.	0. 0.	8,100.	23,510.	324,891.	
SUSAN BETH ROBINSON 5 VICE-PRESIDENT	(i) 245,044. (ii) 0.	32,120. 0.	0. 0.	8,100.	23,475.	308,739.	
TIMOTHY PARNELL 6 VICE-PRESIDENT	(i) 229,627. (ii) 0.	35,252. 0.	0. 0.	7,946.	16,884.	289,709.	
ERNEST TAYLOR M.D. 7 VICE-PRESIDENT	(i) 377,301. (ii) 0.	61,002. 0.	0. 0.	8,100.	9,135.	455,538.	
ELIZABETH BOSLEY, DNP, 8 VICE-PRESIDENT	(i) 241,580. (ii) 0.	27,942. 0.	0. 0.	8,086.	23,288.	300,896.	
NEPAL CHOWDHURY, M.D. 9 PHYSICIAN	(i) 1,000,000. (ii) 0.	1,361,068. 0.	0. 0.	8,100.	24,386.	2,393,554.	
MATTHEW WERTHAMMER, M.D 10 PHYSICIAN	(i) 500,000. (ii) 0.	928,379. 0.	0. 0.	8,100.	22,334.	1,458,813.	
DWIGHT SAULLE, M.D. 11 PHYSICIAN	(i) 600,000. (ii) 0.	712,881. 0.	0. 0.	8,100.	22,080.	1,343,061.	
GEOFFREY COUSINS, M.D. 12 PHYSICIAN	(i) 850,000. (ii) 0.	492,924. 0.	0. 0.	8,100.	22,146.	1,373,170.	
PANOS IGNATIADIS, M.D. 13 PHYSICIAN	(i) 500,000. (ii) 0.	594,556. 0.	0. 0.	8,100.	21,600.	1,124,256.	
14							
15							
16							

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.

PART I, LINE 3:

ON A REGULAR BASIS, THE ORGANIZATION PROVIDES DOCUMENTATION TO THE COMPENSATION COMMITTEE OF THE PALLOTTINE HEALTH SERVICES, INC. BOARD WITH RESPECT TO THE COMPENSATION OF THE ORGANIZATION'S CEO FOR REVIEW AND APPROVAL. SUCH INFORMATION INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX-EXEMPT ORGANIZATIONS IN THE HUNTINGTON, WEST VIRGINIA COMMUNITY AS WELL AS COMPENSATION FOR THE CEO POSITION WITH OTHER ORGANIZATIONS IN THE HEALTH CARE INDUSTRY THAT ARE OF SIMILAR SIZE, DEMOGRAPHICS, AND GEOGRAPHY. REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE OFFICERS/EXECUTIVE COMMITTEE IS DOCUMENTED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

**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 for the latest information.**

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods.				
6 Cars and other vehicles				
7 Boats and planes.				
8 Intellectual property				
9 Securities - Publicly traded.				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures.				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles.				
19 Food inventory.				
20 Drugs and medical supplies	X	1.	407,364.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens.				
24 Archeological artifacts.				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, 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		

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

FORM 990, PART VI, SECTION A, LINE 3

IN MAY 2018, CABELL HUNTINGTON HOSPITAL, INC. BECAME THE SOLE MEMBER OF ST. MARY'S MEDICAL CENTER, A FULL SERVICE ACUTE CARE HOSPITAL LOCATED IN HUNTINGTON, WEST VIRGINIA. AT THAT TIME, MOUNTAIN HEALTH NETWORK, INC. (MHN) BEGAN PROVIDING MANAGEMENT SERVICES TO CABELL HUNTINGTON HOSPITAL, INC. AS WELL AS ST. MARY'S MEDICAL CENTER. MHN IS COMPRISED OF EXPERIENCED HEALTH CARE PROFESSIONALS, PERSONS WITH EXTENSIVE FINANCIAL AND BUSINESS EXPERTISE, CLINICIANS WITH EXTENSIVE MEDICAL EXPERIENCE AND EXPERIENCED HOSPITAL BOARD MEMBERS. MHN WILL BE RETAINED TO FORMULATE AND IMPLEMENT APPROPRIATE MEASURES FOR THE INTEGRATION OF CERTAIN PROGRAMS AND SERVICES AT BOTH HOSPITALS AS WELL AS PROVIDED CONTINUED MANAGEMENT, STRATEGIC PLANNING AND OPERATIONAL SUPERVISION.

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION IS A MEMBERSHIP (NOT A STOCK) CORPORATION UNDER WEST VIRGINIA STATE LAW. EFFECTIVE MAY 1, 2018, UNDER AGREEMENT, THE ORGANIZATION'S SOLE CORPORATE MEMBER WAS TRANSFERRED TO CABELL HUNTINGTON HOSPITAL, INC., A RELATED NOT-FOR-PROFIT ORGANIZATION FROM THE PREVIOUS SOLE CORPORATE MEMBER, PALLOTTINE HEALTH SERVICES.

FORM 990, PART VI, SECTION A, LINE 7A

EFFECTIVE MAY 1, 2018, IN ACCORDANCE WITH THE TERMS AND REQUIREMENTS OF ITS GOVERNING DOCUMENTS (I.E. BYLAWS), ON AN ANNUAL BASIS, THE ORGANIZATION'S CURRENT BOARD MEMBERS RECOMMEND THE LIST OF CANDIDATES FOR

Name of the organization ST. MARY'S MEDICAL CENTER, INC.	Employer identification number 55-0357050
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MEMBERSHIP TO THE GOVERNING BODY FOR THE SUBSEQUENT TERM TO THE CABELL HUNTINGTON HOSPITAL, INC. BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B

AS A RESULT OF THE OWNERSHIP CHANGE EFFECTIVE MAY 1, 2018 CABELL HUNTINGTON HOSPITAL, INC., AS THE SOLE CORPORATE MEMBER, ALSO HAS THE RIGHT TO APPROVE OR RATIFY SIGNIFICANT DECISIONS OF THE ORGANIZATION'S GOVERNING BODY INCLUDING THE AMENDMENT OF BYLAWS AND CHARTERS, REMOVAL OF MEMBERS OF THE GOVERNING BODY, AND THE DECISION TO DISSOLVE THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT IN CONSULTATION WITH AN INDEPENDENT ACCOUNTING FIRM. THE FINANCIAL REVIEW IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE RELEVANT TIME PERIOD. THE CFO WILL REVIEW THE 990 WITH THE FINANCE/AUDIT COMMITTEE AND THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED BOARD MEETING IN AUGUST.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON EMPLOYMENT AND ANNUALLY THEREAFTER EACH KEY EMPLOYEE AND OFFICER OF THE ORGANIZATION IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE FORM, PROVIDING SUFFICIENT INFORMATION ABOUT HIS/HER PERSONAL INTERESTS AND RELATIONSHIPS SO THE ORGANIZATION CAN (1) DETERMINE WHETHER ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST MAY EXIST, AND (2) MONITOR WORK OR SERVICE ASSIGNMENTS TO AVOID PLACING THE KEY EMPLOYEE, OFFICER OR DIRECTOR IN A POSITION WHERE THERE MAY BE AN APPEARANCE, POTENTIAL OR

Name of the organization ST. MARY'S MEDICAL CENTER, INC.	Employer identification number 55-0357050
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ACTUAL, OF A CONFLICT OF INTEREST OR A QUESTION OF OBJECTIVITY. THE COMPLETED CONFLICTS OF INTEREST AND DISCLOSURE FORMS FOR DIRECTORS ARE RETURNED TO THE ORGANIZATION. IN THE EVENT THAT ANY BOARD MEMBER IS DEEMED TO LACK INDEPENDENCE OR A CONFLICT OF INTEREST EXISTS, HE/SHE IS REQUIRED TO LEAVE THE ROOM AND CANNOT BE PART OF THE DISCUSSION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

ON AN ANNUAL BASIS, THE ORGANIZATION PROVIDES DOCUMENTATION TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE ST. MARY'S MEDICAL CENTER, INC. BOARD OF DIRECTORS FOR EVALUATION OF COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES FOR REVIEW AND APPROVAL. SUCH INFORMATION INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX-EXEMPT ORGANIZATIONS IN THE HUNTINGTON, WEST VIRGINIA COMMUNITY AS WELL AS COMPENSATION FOR THESE POSITIONS (AS DISCLOSED ON FORM 990) WITH OTHER ORGANIZATIONS IN THE HEALTH CARE INDUSTRY THAT ARE OF SIMILAR SIZE, DEMOGRAPHICS, AND GEOGRAPHY. REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE OFFICERS/EXECUTIVE COMMITTEE IS DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICE AT 2900 FIRST AVENUE, HUNTINGTON, WV 25702. A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED.

FORM 990, PART VI, LINE 16B

THE ORGANIZATION HAS ADOPTED A FORMAL WRITTEN POLICY OR PROCEDURE

Name of the organization ST. MARY'S MEDICAL CENTER, INC.	Employer identification number 55-0357050
---	--

REQUIRING THE ORGANIZATION TO EVALUATE ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS. HOWEVER, THE NORMAL DUE DILIGENCE PROCESS FOR ANALYZING ANY SUCH ARRANGEMENTS UNDERTAKEN IN CONJUNCTION WITH THE ORGANIZATION'S EXTERNAL LEGAL COUNSEL, ACCOUNTANTS AND OTHER BUSINESS ADVISERS DOES INCLUDE A REVIEW TO DETERMINE THE FOLLOWING: 1) THE IMPACT OF THE ARRANGEMENT UNDER APPLICABLE FEDERAL AND STATE LAW 2) WHETHER THE ARRANGEMENT WILL JEOPARDIZE THE ORGANIZATION'S EXEMPT STATUS AS A SECTION 501(C)(3) CHARITABLE ORGANIZATION-HOSPITAL. 3) WHETHER THE ARRANGEMENT WILL RESULT IN ANY UNRELATED BUSINESS TAXABLE INCOME 4) THE IMPACT OF THE ARRANGEMENT ON ANY EXISTING CONTRACTUAL AGREEMENTS OR OTHER BUSINESS RELATIONSHIPS AND 5) WHETHER THE ARRANGEMENT WILL RESULT IN ANY CONFLICTS OF INTEREST. IF THERE ARE ANY CONCERNS WITH RESPECT TO ANY OF THE ABOVE MATTERS, THE ORGANIZATION WILL TAKE APPROPRIATE STEPS TO ENSURE THAT, IF THE JOINT VENTURE IS PURSUED, THE ARRANGEMENT WILL BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAW AND TO SAFEGUARD THE ORGANIZATION'S TAX-EXEMPT STATUS. A FORMAL WRITTEN POLICY AND PROCEDURE HAS BEEN APPROVED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	
TRANSFERS TO/FROM AFFILIATES, NET	\$ 1,474,806
CHANGES IN PENSION FUND STATUS	13,044,946
TOTAL	\$14,519,752

FORM 990, PART XII, LINE 2C

THE FINANCE/AUDIT COMMITTEE SHALL REVIEW THE RESULTS OF THE ANNUAL AUDIT

Name of the organization ST. MARY'S MEDICAL CENTER, INC.	Employer identification number 55-0357050
---	--

AND ALL OTHER REPORTS FROM INDEPENDENT EXTERNAL AUDITORS AND SHALL ARRANGE FOR THOSE REPORTS, TOGETHER WITH ANY RECOMMENDATIONS FROM THE FINANCE/AUDIT COMMITTEE, TO BE PRESENTED TO THE BOARD OF DIRECTORS AT SUCH A TIME AS THE BOARD OF DIRECTORS MAY SCHEDULE FOR THAT PURPOSE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ST. MARY'S MEDICAL CENTER WAS ESTABLISHED IN 1924 AND, BASED ON THE CORE VALUES OF COMPASSION, HOSPITALITY, REVERENCE, TRUST, INTERDEPENDENCE, AND STEWARDSHIP, CONTINUES TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES TO RESIDENTS OF HUNTINGTON, WEST VIRGINIA AND THE SURROUNDING AREA. SERVICES ARE PROVIDED WITHOUT REGARD TO THE PATIENT'S RACE, CREED, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP. FURTHERMORE, WHILE REIMBURSEMENT FOR CARE PROVIDED IS CRUCIAL TO THE CONTINUED OPERATION OF ST. MARY'S MEDICAL CENTER, IT IS RECOGNIZED THAT CIRCUMSTANCES EXIST WHICH RENDER CERTAIN PARTIES UNABLE TO PAY FOR NEEDED SERVICES, AND NO PATIENT IS DENIED SERVICES DUE TO THE LACK OF ABILITY TO PAY. DURING THE FISCAL YEAR WHICH ENDED SEPTEMBER 30, 2018, ST. MARY'S MEDICAL CENTER PROVIDED 97,304 DAYS OF INPATIENT DAYS OF CARE AND TREATED AN ADDITIONAL 277,794 PATIENTS IN THE EMERGENCY AND OUTPATIENT SETTINGS.

APPROXIMATELY 78.1% OF THE INPATIENTS SERVICED WERE COVERED BY GOVERNMENTAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID. A SIMILAR PERCENTAGE IS APPLICABLE TO OUTPATIENT SERVICES. SINCE CARE PROVIDED TO MEDICARE AND MEDICAID BENEFICIARIES IS SUBJECT TO CONTRACTUAL REIMBURSEMENT RESTRICTIONS, PAYMENT RECEIVED FOR

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

ATTACHMENT 1 (CONT'D)

SERVICES PROVIDED IS OFTEN SIGNIFICANTLY BELOW THE ACTUAL COST OF THE SERVICES. ST. MARY'S MEDICAL CENTER HAS ESTABLISHED CHARITY CARE POLICIES AND GUIDELINES, USED TO HELP IDENTIFY THOSE PATIENTS WHO GENUINELY DO HAVE THE RESOURCES TO PAY FOR SERVICES RECEIVED. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018, THE HOSPITAL PROVIDED APPROXIMATELY \$2.5 MILLION DOLLARS IN CHARITY CARE SERVICES, REPRESENTING CARE PROVIDED AT REDUCED PRICES OR COMPLETELY FREE OF CHARGE.

THESE SERVICES INCLUDE INPATIENT SERVICES, AN ADULT OUTPATIENT CLINIC, A HANDICAPPED CHILDREN'S CLINIC, AND A SPECIALTY PREGNANCY CLINIC. ALSO, ST. MARY'S MEDICAL CENTER EXCEEDS THE GUIDELINES ESTABLISHED FOR THE WEST VIRGINIA AD VALOREM STATUTE.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

IN ADDITION TO THOSE PATIENTS WITHOUT THE WHEREWITHAL TO PAY FOR SERVICES RENDERED, WE ASSIST IN THE RELIEF OF BURDEN OF GOVERNMENT FOR SEVERAL PROGRAMS. A STRONG AUXILIARY (OPERATED AS A DEPARTMENT OF THE HOSPITAL) EXISTS, WHICH CONTRIBUTES HEAVILY TO THE ACTIVITIES OF SMMC. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018, THE AUXILIARY CONTRIBUTED APPROXIMATELY \$400,000 TO SMMC AND SMMC AWARDED GRANTS TO VARIOUS ORGANIZATIONS IN THE AMOUNT OF \$253,800. IN ADDITION, VOLUNTEERS PROVIDED OVER 25,399 HOURS OF

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

ATTACHMENT 2 (CONT'D)

SERVICE VALUABLE TO PROMOTING THE MISSION AND ACTIVITIES OF THE HOSPITAL.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ST. MARY'S HAS SPONSORED A NUMBER OF COMMUNITY BUILDING ACTIVITIES DURING THE PAST YEAR THAT PROMOTE WELLNESS AND HELP ENRICH THE LIVES OF PEOPLE IN THE TRI-STATE. SOME OF THESE ARE AS FOLLOWS:

KIDS IN MOTION KIDS

IN MOTION IS A FUN AND INNOVATIVE EXERCISE AND NUTRITION PROGRAM DESIGNED TO IMPROVE THE HEALTH OF TRI-STATE AREA CHILDREN. IT BEGAN AS A NEW PROGRAM IN EARLY 2013 AS A JOINT INITIATIVE WITH THE HUNTINGTON YMCA AND OTHER COMMUNITY HEALTH PARTNERS WITH EVERYONE WORKING TOGETHER TO FIGHT CHILDHOOD OBESITY. IT IS THE ONLY PROGRAM OF ITS KIND IN WEST VIRGINIA. AT THE HEART OF THE PROGRAM IS KID FIT, A 10-WEEK PROGRAM TO GET KIDS AGES 5-14 MOVING AND HAVING FUN, WHILE ALSO LEARNING ABOUT FITNESS AND NUTRITION. WEIGHT, BODY MASS INDEX, BODY FAT PERCENTAGE AND BLOOD PRESSURE ARE TRACKED THROUGHOUT THE PROGRAM TO MEASURE PROGRESS AND TO CUSTOMIZE THE PROGRAM TO FIT EACH CHILD. DURING KID FIT, CHILDREN UTILIZE EXER-GAMING EQUIPMENT, WHICH COMBINES VIDEO GAMES AND

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

ATTACHMENT 3 (CONT'D)

EXERCISE. PARENTS ARE ALSO ENCOURAGED TO PARTICIPATE AND ENTIRE FAMILIES ARE LOSING WEIGHT AND GETTING HEALTHIER BECAUSE OF THE PROGRAM. ST. MARY'S HAS COMMITTED TREMENDOUS FINANCIAL RESOURCES TO PROVIDING EQUIPMENT AND STAFF AND ST. MARY'S PROVIDED THE KEY LEADERSHIP ROLE IN PLANNING AND DEVELOPMENT OF THE PROGRAM.

SEVERAL LOCAL FAMILIES ARE ALREADY PROVIDING TESTIMONY ABOUT HOW KIDS IN MOTION HAS HELPED THEM.

TOTAL WOMAN PROGRAM

ST. MARY'S WOMEN'S HEALTH PROGRAM HAS 5000+ MEMBERS AND THOUSANDS MORE ARE REACHED WITH WELLNESS ACTIVITIES AND PROGRAMS HELD EVERY MONTH OF THE YEAR. THE TOTAL WOMAN PROVIDES FREE HEALTH INFORMATION AND SCREENINGS AND A CHANCE FOR MEMBERS TO ASK QUESTIONS OF HEALTH PROVIDERS. THE COORDINATOR OF THE PROGRAM HELPS WOMEN SCHEDULE THEIR APPOINTMENTS TO FIT BUSY SCHEDULES. A MAGAZINE IS PUBLISHED TWICE A YEAR WITH IMPORTANT HEALTH INFORMATION AND SENT TO ALL MEMBERS.

FITNESS EVENTS

THE ANNUAL ST. MARY'S TRI-STATE TRIATHLON WAS HELD IN AUGUST AND INCLUDES THREE SEPARATE RACES - A TRIATHLON, TRIATHLON RELAY AND DUATHLON. THE TRIATHLON CONSISTS OF A HALF-MILE SWIM, 15-MILE BIKE RIDE AND 2.9-MILE LOOP RUN. IN THE DUATHLON, THE SWIM COURSE IS REPLACED BY A 2.9-MILE LOOP RUN IN THE OPPOSITE DIRECTION OF

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

ATTACHMENT 3 (CONT'D)

THE PREVIOUS LOOP. RACES USE COMPUTER-CHIP TIMING. THE EVENT AVERAGES 200+ PARTICIPANTS EACH YEAR BUT IT HAS A WIDER REACHING IMPACT OF PROMOTING FITNESS IN THE COMMUNITY WITH NEWS COVERAGE OF STORIES ABOUT FIRST TIME PARTICIPANTS AND THEIR ABILITY TO COMPLETE A TRIATHLON. MANY FAMILY AND FRIENDS ALSO GATHER AT THE EVENT AS SPECTATORS AND SOME ARE INSPIRED TO COMPETE IN THE NEXT YEAR'S EVENT (WWW.HEALTHTRISTATE.ORG). ST. MARY'S PARTNERED WITH THE SAME ORGANIZATION FOR THE MARSHALL/ST.MARY'S MARATHON WITH MORE THAN 2000 PARTICIPANTS IN NOVEMBER WITH A MARATHON, HALF MARATHON AND 5-K AT THE JOAN C. EDWARDS STADIUM AT MARSHALL UNIVERSITY.

GIRLS ON THE RUN OF CABELL AND WAYNE COUNTIES

GIRLS ON THE RUN OF CABELL AND WAYNE COUNTY IS A NONPROFIT ORGANIZATION DEDICATED TO CREATING A WORLD WHERE EVERY GIRL KNOWS AND ACTIVATES HER LIMITLESS POTENTIAL AND IS FREE TO BOLDLY PURSUE HER DREAMS. GIRLS ON THE RUN INSPIRES GIRLS TO RECOGNIZE THEIR INNER STRENGTH AND CELEBRATE WHAT MAKES THEM ONE OF A KIND. TRAINED COACHES LEAD SMALL TEAMS THROUGH OUR RESEARCH-BASED CURRICULA WHICH INCLUDES DYNAMIC DISCUSSIONS, ACTIVITIES AND RUNNING GAMES. OVER THE COURSE OF THE TEN-WEEK PROGRAM, GIRLS IN 3RD-8TH GRADE DEVELOP ESSENTIAL SKILLS TO HELP THEM NAVIGATE THEIR WORLDS AND ESTABLISH A LIFETIME APPRECIATION FOR HEALTH AND FITNESS. ST. MARY'S SUPPORT OF \$11,500 COVERS THE PROGRAM EXPENSES AS WELL AS A PART-TIME COORDINATOR FOR THE AREA.

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

ATTACHMENT 3 (CONT'D)

AMERICAN HEART ASSOCIATION HEART WALK AND GO RED FOR WOMEN

LUNCHEON

ST. MARY'S HAS BEEN THE MAIN SPONSOR FOR THE HEART WALK EACH YEAR IN APRIL. AS ONE OF ST. MARY'S MAJOR SERVICE LINES, THE REGIONAL HEART INSTITUTE PROMOTES HEALTHY HEART ACTIVITIES FOR THE PUBLIC THROUGHOUT THE YEAR. THE HEART WALK AND THE GO RED LUNCHEON FOR WOMEN ARE TWO OF OUR MAIN EVENTS. THE HEART WALK GENERATES TEAM BUILDING BY RAISING FUNDS FOR THE AMERICAN HEART ASSOCIATION, ENDING WITH THE ACTUAL WALK AT RITTER PARK. ST. MARY'S EMPLOYEE TEAMS ARE JOINED BY TEAMS ALL ACROSS CABELL AND WAYNE COUNTIES BOTH RAISING FUNDS FOR HEART RESEARCH AND SUPPORTING WALKING AS A FAMILY HEART-HEALTHY ACTIVITY. EXCESS OF 800+ PEOPLE PARTICIPANT EACH YEAR FOR THE WALK. THE CAUSE RECEIVES WIDER EXPOSURE THROUGH ADVERTISING HEART HEALTHY EDUCATION TIPS AND INFORMATION (WWW.HEART.ORG).

COLORS FOR A CURE 5K

ST. MARY'S IS THE MAJOR SPONSOR FOR THIS 5/K RUN/WALK IN SEPTEMBER THAT RAISES CLOSE TO 60,000 PER YEAR. A MAJORITY OF THE PROCEEDS PAY FOR MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN IN THE TRI-STATE AS WELL AS OTHER CANCER TREATMENT PROGRAMS AT ST. MARY'S REGIONAL CANCER CENTER.

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

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55-0357050

ATTACHMENT 3 (CONT'D)

COMMUNITY HEALTH SCREENINGS

ADDITIONALLY ST. MARY'S PARTICIPATES IN NUMEROUS HEALTH FAIRS THROUGHOUT THE YEAR. THEY PROVIDE SCREENINGS FOR HEALTH ISSUES SUCH AS CHOLESTEROL, BLOOD SUGAR, HDL, OSTEOPOROSIS, ETC. AT NO CHARGE. ALSO, EDUCATION ABOUT VARIOUS HEALTH ISSUES SUCH AS STROKE RISK, JOINT REPLACEMENT SURGERY, AND OTHER HEALTH RISK FACTORS ARE PROVIDED. THERE ARE 1000+ PEOPLE SCREENED EACH YEAR THROUGH FREE SCREENINGS (WWW.ST-MARYS.ORG).

OTHER EVENTS TO ENCOURAGE FITNESS

ST. MARY'S ALSO SPONSORED MANY OTHER RACES AND WALKS THAT PROMOTED WELLNESS AND FITNESS AND THOSE INCLUDE THE RIDGE TO RIVER 10 MILE TRAIL RUN IN JUNE, THE ST. MARY'S VETERAN'S MEMORIAL DAY 5K RUN IN MAY IN IRONTON, OHIO, THE ST. MARY'S/BARBOURSVILLE LION'S CLUB 5K IN MARCH.

SCHOOL PROGRAMS TO ENCOURAGE FITNESS

ST. MARY'S PARTNERS WITH MORE THAN 20 LOCAL SCHOOLS TO ENCOURAGE KIDS TO PARTICIPATE IN THE MILEAGE PLUS FITNESS PROGRAM. ST. MARY'S CERTIFIED FITNESS TRAINER VISITS SCHOOLS AND WORKS WITH A PROGRAM COORDINATOR AT EACH SCHOOL TO SET UP PROGRAMS WHERE STUDENTS TRACK THE NUMBER OF STEPS THEY TAKE EACH DAY AND ST. MARY'S PROVIDES T-SHIRTS AND INCENTIVE PRIZES TO ENCOURAGE KIDS TO

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

ATTACHMENT 3 (CONT'D)

WALK EACH DAY AT SCHOOL AS PART OF AN ORGANIZED PROGRAM.

VOLUNTEER SERVICE ON COMMUNITY BOARDS

ST. MARY'S MANAGERS VOLUNTEER THEIR TIME WITH SERVICE ON A NUMBER OF COMMUNITY NON-PROFIT BOARDS INCLUDING THE FOLLOWING: LAWRENCE COUNTY(OHIO) ECONOMIC DEVELOPMENT CORPORATION, LAWRENCE COUNTY (OHIO) CHAMBER OF COMMERCE, GREATER HUNTINGTON REGIONAL CHAMBER OF COMMERCE, UNITED WAY OF THE RIVER CITIES, THE HUNTINGTON MUSEUM OF ART, AND THE FOUNDATION FOR THE TRI-STATE COMMUNITY AND SOCIETY OF YEAGER SCHOLARS AT MARSHALL UNIVERSITY.

GO-NOODLE INTERACTIVE

ST. MARY'S PARTNERS WITH GO-NOODLE TO PROVIDE INTERACTIVE ONLINE TEACHING TOOLS TO THOUSANDS OF SCHOOL CHILDREN IN SEVERAL LOCAL COUNTIES. THE PROGRAM GETS KIDS MOVING WITH PHYSICAL AND MENTAL EXERCISES IN THE CLASSROOM AS THEY LEARN THROUGH FUN AND INTERACTIVE VIDEO SESSIONS. ST. MARY'S PARTNERS WITH SEVERAL LOCAL BUSINESSES TO PROVIDE THE ENHANCED VERSION OF GO-NOODLE THAT ALLOWS TEACHERS TO INCORPORATE THE ACTIVITIES INTO THEIR CURRICULUM.

ATTACHMENT 4

Name of the organization ST. MARY'S MEDICAL CENTER, INC.	Employer identification number 55-0357050
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ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY PHYSICIANS AND SURGEONS 1600 MEDICAL CENTER DRIVE, SUITE B501 HUNTINGTON, WV 25701	MEDICAL	4,311,758.
CERNER HEALTH SERVICES, INC. PO BOX 959168 ST. LOUIS, MO 63195	INFO TECHNOLOGY	3,425,955.
NORTHSTAR ANESTHESIA 6225 NORTH STATE HIGHWAY 161 IRVING, TX 75038	MEDICAL	3,773,250.
ULTIMATE HEALTH SERVICES 5170 U.S. ROUTE 60 EAST HUNTINGTON, WV 25705	MEDICAL	3,279,319.
AMERICAN RED CROSS 4 CHASE METROTECH CENTER, 7TH FLOOR EAST BROOKLYN, NY 11245	MEDICAL	2,563,004.

ATTACHMENT 5

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	1,638,889.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	1,204,779.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>1,204,779.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u><u>1,204,779.</u></u>

ATTACHMENT 6

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

Employer identification number

55-0357050

ATTACHMENT 6 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
COLLECTION SERVICES	1,285,588.		1,285,588.	
MEDICAL SERVICES	3,681,007.	3,681,007.		
OTHER CONTRACT SERVICES	1,937,719.	1,291,813.	645,906.	
PHYSICIAN SERVICES	20,937,487.	20,937,487.		
OTHER PURCHASED SERVICES	17,539,202.	11,692,860.	5,846,342.	
TOTALS	<u>45,381,003.</u>	<u>37,603,167.</u>	<u>7,777,836.</u>	

ATTACHMENT 7FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENTS PUBLICLY TRADED	87,859,331.	FMV
TOTALS	<u>87,859,331.</u>	

**SCHEDULE R
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S MEDICAL CENTER, INC.

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

Employer identification number
55-0357050

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST. MARY'S MEDICAL MANAGEMENT LLC 2900 FIRST AVENUE HUNTINGTON, WV 25702 20-8017790	MED PRACTICE	WV	-1,855,722.	16,670,975.	SMMC
(2) ST. MARY'S HOSPITALIST SERVICES 2900 FIRST AVENUE HUNTINGTON, WV 25702 27-0662169	MED PRACTICE	WV	-10,282,874.	485,903.	SMMC
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PALLOTINE HEALTH SERVICES 2900 FIRST AVENUE HUNTINGTON, WV 25702 55-0688201	PRIOR PARENT	WV	501(C)(3)	LINE 12A, I	N/A		X
(2) PALLOTINE MISSIONARY SISTERS 2900 FIRST AVENUE HUNTINGTON, WV 25702 43-1783315	CHURCH	WV	501(C)(3)	LINE 1	N/A		X
(3) ST. MARY'S MEDICAL CENTER FOUNDATION 2900 FIRST AVENUE HUNTINGTON, WV 25702 14-1887211	FOUNDATION	WV	501(C)(3)	LINE 12B, II	SMMC	X	
(4) CABELL HUNTINGTON HOSPITAL, INC. 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-0675666	CURR PARENT	WV	501(C)(3)	170(B)	N/A		X
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TRI STATE MRI 55-0669726 2900 FIRST AVE HTGN, WV 25702	MEDICAL SERVI	WV	N/A	RELATED	-57,480.	-18,605.		X			X	50.0000
(2) CLAIRE FRANCES 31-1517507 200 MALL RD ASHLAND, KY 41101	MEDICAL SERVI	KY	N/A	RELATED	114,987.	576,713.		X			X	25.0000
(3) HUNTINGTON AREA MRI 26-1877332 2900 FIRST AVE HTGN, WV 25702	MEDICAL SERVI	WV	N/A	RELATED	248,878.	163,025.		X			X	49.0000
(4) IRONTON MED CAMPUS 47-1141289 1408 CAMPBELL DR IRONTON, OH 4	REAL ESTATE	OH	N/A	RELATED	180,007.	7,931,890.		X			X	65.0000
(5) IRONTON MED CAMPUS 47-1637912 1408 CAMPBELL DR IRONTON, OH 4	REAL ESTATE	OH	N/A	RELATED	205,026.	1,938,223.		X			X	65.0000
(6) THREE GABLES SURGERY 87-064890 5897 ST RTE 7 PROCTORVILLE, OH	OUTPATIENT CA	OH	N/A	RELATED	-53,050.	6,258,178.		X			X	52.3400
(7) TRI-STATE MPS, LLC 82-4513003 2900 FIRST AVE HTGN, WV 25702	BILLINGS/COLLECT	WV	N/A	RELATED	-20,748.	68,867.		X			X	60.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VANGUARD FINANCIAL SERVICES 2900 FIRST AVENUE HUNTINGTON, WV 25702	COLLECTION AG	WV	ST. MARYS MED	C CORP	75,907.	978,891.	100.0000	X	
(2) MOUNTAIN HEALTH NETWORK INC PO BOX 636 HUNTINGTON, WV 25711	MANAGEMENT SVCS	WV	CHH INC.	C CORP	0.	0.	0.		X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUNTINGTON AREA MRI SERVICES	F	220,500.	INTERNAL ACCTG
(2) HUNTINGTON AREA MRI SERVICES	O	177,420.	INTERNAL ACCTG
(3) ST. MARY'S MEDICAL CENTER FOUNDATION	B	4,295.	INTERNAL ACCTG
(4) ST. MARY'S MEDICAL CENTER FOUNDATION	C	407,363.	INTERNAL ACCTG
(5) ST. MARY'S MEDICAL CENTER FOUNDATION	O	241,626.	INTERNAL ACCTG
(6) CLAIRE FRANCES HEALTH CENTER	Q	15,000.	INTERNAL ACCTG

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THREE GABLES SURGERY CENTER	F	347,354.	INTERNAL ACCTG
THREE GABLES SURGERY CENTER	O	173,678.	INTERNAL ACCTG
THREE GABLES SURGERY CENTER	Q	33,496.	INTERNAL ACCTG
THREE GABLES SURGERY CENTER	S	477,932.	INTERNAL ACCTG

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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