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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St Mark's Medical Center

% Jared Brown

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
One St Marks Place

City or town, state or province, country, and ZIP or foreign postal code
La Grange, TX 78945

D Employer identification number
74-3019849

E Telephone number
(979) 242-2112

G Gross receipts $ 27,195,966

F Name and address of principal officer:
MARK KIMBALL
One St Marks Place
La Grange, TX 78945

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.smmctx.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
WE PROVIDE EXCELLENT CARE WITH A SPIRIT OF HOMETOWN TRUST.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	229
6	Total number of volunteers (estimate if necessary)	6	67
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	34,678	2,159,318
	9	Program service revenue (Part VIII, line 2g)	28,796,777	24,690,944
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,780	15,955
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	476,333	329,749
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,315,568	27,195,966
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,927,870	12,531,664
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,416,205	14,490,137
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	30,344,075	27,021,801
	19	Revenue less expenses. Subtract line 18 from line 12	-1,028,507	174,165
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,207,800	33,151,500
	21	Total liabilities (Part X, line 26)	23,214,583	29,984,118
	22	Net assets or fund balances. Subtract line 21 from line 20	2,993,217	3,167,382

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2021-05-10

▶ Mark Kimball CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-05-10		P01255710

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 425 HOUSTON STREET STE 600
FORT WORTH, TX 76102 — Phone no. (817) 335-1900

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

WE PROVIDE EXCELLENT CARE WITH A SPIRIT OF HOMETOWN TRUST.

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 $ 19,896,372 including grants of $) (Revenue $ 24,690,944)

See Additional Data

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

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

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

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

4e **Total program service expenses** ▶ 19,896,372

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	59			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 229			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No
b	If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O* . .	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain 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:
▶Jared Brown One St Marks Place La Grange, TX 78945 (979) 242-2114

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ 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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DAVID BUTLER ASST. SECRETARY (UNTIL 10/19)	1.0 39.0			X				0	675,048	31,121
(2) RUSSEL CLARK MD DIRECTOR	40.0 0.0	X						646,716	0	0
(3) RICHARD EDEEN PHYSICIAN	40.0 0.0					X		538,695	0	0
(4) CRAIG SIMS DIRECTOR (START 4/20)	1.0 39.0	X						0	446,829	40,856
(5) LINDA MOORE ASST. SECRETARY (START 10/19)	1.0 39.0			X				0	234,851	35,126
(6) BARRY HARDING INTERIM CEO	40.0 0.0			X				0	234,900	0
(7) WILSON WEBER DIRECTOR (UNTIL 4/20)	1.0 4.0	X						0	148,726	12,141
(8) BROOKE JENNINGS NURSE PRACTITIONER	40.0 0.0					X		156,553	0	0
(9) TAMMY HARTFIELD CNO	40.0 0.0					X		0	130,774	21,742
(10) STEVEN BISHOP INTERIM CFO	40.0 0.0					X		0	142,546	0
(11) ARUSH ANGIRASA PHYSICIAN	40.0 0.0					X		133,269	0	0
(12) DUDLEY PILAND PRESIDENT/CHAIRMAN	1.0 0.0	X		X				0	23,000	0
(13) RUSS JUNO MD DIRECTOR	1.0 0.0	X						0	0	0
(14) TIM KNSEK DIRECTOR	1.0 0.0	X						0	0	0
(15) RAY WALTHER DIRECTOR	1.0 0.0	X						0	0	0
(16) MICHAEL CORKER DIRECTOR/VICE CHAIRMAN	1.0 0.0	X		X				0	0	0
(17) ALAN CASEY DIRECTOR	1.0 0.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) WES BLACKWELL MD DIRECTOR	1.0 0.0	X						0	0	0
(19) RODNEY MERSIOVSKY DIRECTOR	1.0 0.0	X						0	0	0
(20) LORI BERGER DIRECTOR	1.0 0.0	X						0	0	0
(21) MARK CLAYTON DIRECTOR	1.0 0.0	X						0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,475,233	2,036,674	140,986

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 8

			Yes	No
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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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
VICTORIA EMERGENCY PARTNERS LLC, 1900 BARTON SPRINGS RD 5030 AUSTIN, TX 78704	HEALTH SERVICES	950,596
YOUNG PROFESSIONAL SERVICES LLC, 200 Greenleaves BLVD STE 5 MADEVILLE, LA 70448	HEALTH SERVICES	425,383
MCBROOM CLINIC PA, 1253 N VON MINDEN LA GRANGE, TX 78945	HEALTH SERVICES	240,000
PREMIER SLEEP LLC, 111 NORTH PARK DR VICTORIA, TX 77901	HEALTH SERVICES	196,900
HUNTER PHARMACY, PO Box 30573 AUSTIN, TX 78755	HEALTH SERVICES	186,297

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

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	0				
d Related organizations	1d					
e Government grants (contributions)	1e	2,142,217				
f All other contributions, gifts, grants, and similar amounts not included above	1f	17,101				
g Noncash contributions included in lines 1a - 1f: $	1g	0				
h **Total.** Add lines 1a-1f ▶			2,159,318			
Program Service Revenue	Business Code					
2a Patient Service Revenue	621110		24,690,944	24,690,944	0	0
b						
c						
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f. ▶	24,690,944					
3 Investment income (including dividends, interest, and other similar amounts) ▶			15,955			15,955
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties ▶			0			
	(i) Real	(ii) Personal				
6a Gross rents	6a 262,133					
b Less: rental expenses	6b					
c Rental income or (loss)	6c 262,133	0				
d Net rental income or (loss) ▶			262,133			262,133
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a					
b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c					
d Net gain or (loss) ▶			0			
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0				
b Less: direct expenses	8b	0				
c Net income or (loss) from fundraising events ▶			0			
9a Gross income from gaming activities. See Part IV, line 19	9a	0				
b Less: direct expenses	9b	0				
c Net income or (loss) from gaming activities ▶			0			
10a Gross sales of inventory, less returns and allowances	10a	0				
b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory ▶			0			
Other Revenue Miscellaneous Revenue	Business Code					
11a CAFETERIA SALES	900099		61,381	0	0	61,381
b MEDICAL RECORDS	900099		6,235	0	0	6,235
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			67,616			
12 **Total revenue.** See instructions ▶			27,195,966	24,690,944	0	345,704

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	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	686,846	566,454	120,392	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	9,892,863	8,158,813	1,734,050	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	134,323	118,012	16,311	0
9 Other employee benefits	1,183,925	-915	1,184,840	0
10 Payroll taxes	633,707	503,238	130,469	0
11 Fees for services (non-employees):				
a Management	3,739,836	2,489,673	1,250,163	0
b Legal	20,159		20,159	0
c Accounting	744,164		744,164	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	191,583	77,169	114,414	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	715,723	637,300	78,423	0
17 Travel	26,339	4,597	21,742	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	525,988		525,988	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,625,844	1,625,844	0	0
23 Insurance	302,812	302,812	0	0
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	4,101,101	4,098,605	2,496	0
b REPAIRS AND MAINTENANCE	1,265,725	594,573	671,152	0
c UTILITIES	518,957	518,957	0	0
d INSURANCE	374,986	16,303	358,683	0
e All other expenses	336,920	184,937	151,983	
25 **Total functional expenses.** Add lines 1 through 24e	27,021,801	19,896,372	7,125,429	0
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 ▶ ☐ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		874,127	1	225,192
	2	Savings and temporary cash investments		0	2	9,453,403
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		2,716,458	4	2,332,277
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		666,345	8	594,367
	9	Prepaid expenses and deferred charges		191,323	9	355,270
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,227,965			
	b	Less: accumulated depreciation	10b 21,758,474	18,817,677	10c	17,469,491
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		1,916,769	12	2,094,838
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		496,000	14	496,000
	15	Other assets. See Part IV, line 11		529,101	15	130,662
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		26,207,800	16	33,151,500
Liabilities	17	Accounts payable and accrued expenses		5,823,545	17	5,587,004
	18	Grants payable		0	18	5,855,091
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		15,216,543	23	14,098,791
	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		2,174,495	25	4,443,232
	26	**Total liabilities.** Add lines 17 through 25		23,214,583	26	29,984,118
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,993,217	27	3,167,382
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,993,217	32	3,167,382
	33	Total liabilities and net assets/fund balances		26,207,800	33	33,151,500

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,195,966
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,021,801
3	Revenue less expenses. Subtract line 2 from line 1	3	174,165
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,993,217
5	Net unrealized gains (losses) on investments	5	0
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,167,382

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	Yes	
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.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 74-3019849

Name: St Mark's Medical Center

Form 990 (2019)

Form 990, Part III, Line 4a:

ST. MARK'S MEDICAL CENTER (SMMC) IS A COMMUNITY HEALTH PROVIDER THAT SERVES THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S RACE, CREED, NATIONALITY, OR ABILITY TO PAY FOR SERVICES INCLUDING INPATIENT, OUTPATIENT, AND EMERGENCY CARE IN SUPPORT OF THE HOSPITAL'S HEALTHCARE MISSION. DURING THE YEAR ENDED JUNE 30, 2020, WE HAD 922 ADMISSIONS, 3,475 PATIENT DAYS, 7,884 ER VISITS, 281 INPATIENT SURGERIES AND 854 OUTPATIENT SURGERIES. THE AVERAGE DAILY CENSUS WAS 9.52 PATIENTS AND THE AVERAGE LENGTH OF STAY WAS 3.77 DAYS. SMMC UTILIZES THE MOST ADVANCED TECHNOLOGIES RIVALING THOSE OF MAJOR CITIES IN A COMFORTABLE ENVIRONMENT CLOSE TO HOME. WE OFFER INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES WITH COMPASSIONATE CARE, FOCUSING ON RESPECT AND CARE FOR THE WHOLE PERSON. AT SMMC, WE ARE DETERMINED TO BUILD AN UNRIVALED REPUTATION FOR OUR OUTSTANDING SERVICE AND DELIVERY OF CARE. WE OFFER ADVANCED SERVICES AND PROGRAMS INCLUDING A SERENE BIRTHING CENTER, SPECIALTY CLINICS, COMPREHENSIVE PUBLIC HEALTH SERVICES AND SPECIALIZED NUTRITION PROGRAMS FOR WOMEN, INFANTS AND CHILDREN. WORKING TOGETHER, OUR GOAL IS TO PROVIDE MEMBERS OF THE COMMUNITY WITH "ADVANCED HOMETOWN HEALTHCARE."

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mark's Medical Center

Employer identification number
74-3019849

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 **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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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.*	1		
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).*	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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	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.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**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? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

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 ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ 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.**

			Yes	No
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? *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.*	**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? *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.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

			Yes	No
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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**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):	1		
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 ☐ 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 74-3019849

Name: St Mark's Medical Center

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).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mark's Medical Center

Employer identification number
74-3019849

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

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

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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?. . . ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c 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:

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,060,000		1,060,000
b Buildings		22,439,163	7,510,398	14,928,765
c Leasehold improvements		340,144	328,011	12,133
d Equipment		7,476,147	6,242,062	1,234,085
e Other		7,912,511	7,678,003	234,508
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				17,469,491

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) MORTGAGE RESERVE FUND	2,094,838	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	2,094,838	

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	0
(2) HHS STIMULUS FUNDS	2,206,099
(3) DUE TO CHC	1,422,133
(4) DUE TO SMMC FOUNDATION	515,000
(5) DUE TO CHC - IT NOTE	300,000
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	4,443,232

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	27,195,966
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	27,195,966
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	27,195,966

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	27,021,801
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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	27,021,801
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	27,021,801

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.

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mark's Medical Center

Employer identification number
74-3019849

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
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. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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)			1,103,858	737,472	366,386	1.360 %
b Medicaid (from Worksheet 3, column a)			1,134,132	822,362	311,770	1.150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			2,237,990	1,559,834	678,156	2.510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			0	0		
f Health professions education (from Worksheet 5)			0	0	0	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			0	0	0	0 %
k **Total.** Add lines 7d and 7j			2,237,990	1,559,834	678,156	2.510 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
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.	2	1,563,095		
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.	3			
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)	5	822,362
6	Enter Medicare allowable costs of care relating to payments on line 5	6	949,921
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-127,559

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:

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	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	9b	Yes	

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					
2					
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)	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
	See Additional Data Table										

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 Mark'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

			Yes	No
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?	1		No
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.	2		No
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.	3	Yes	
	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 18			
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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	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.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
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.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group St Mark'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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. % and FPG family income limit for eligibility for discounted care of 400. %			
b ☐	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☐	Insurance status			
f ☐	Underinsurance discount			
g ☐	Residency			
h ☑	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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):			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑	The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b ☑	The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c ☑	A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	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 ☑	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 ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group St Mark's Medical Center

		Yes	No
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?	**17**	Yes	
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 ☑ None of these actions or other similar actions were permitted			
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?	**19**		No
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)			
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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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?	**21**	Yes	
If "No," indicate why:			
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 Mark'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 ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ 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 ☐ 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 ☐ 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?	**23**		No
If "Yes," explain in Section C.			
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?	**24**		No
If "Yes," explain in Section C.			

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, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **3**

	Name and address	Type of Facility (describe)
1	ST MARK'S CLINIC ONE ST MARKS PLACE LA GRANGE, TX 78945	Orthopedic Clinic
2	GIDDINGS CLINIC 598 Cactus Street Giddings, TX 78942	Orthopedic Clinic
3	BASTROP CLINIC 3101 Hwy 71 East Suite 202 Bastrop, TX 78602	Orthopedic Clinic
4		
5		
6		
7		
8		
9		
10		

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	ST. MARK'S MEDICAL CENTER (SMMC) USES BOTH FINANCIAL STATUS AS WELL AS AMOUNT OF MEDICAL DEBT TO DETERMINE CHARITY STATUS.
SCHEDULE H, PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT WAS PREPARED BY THE PARENT ORGANIZATION, COMMUNITY HOSPITAL CORPORATION. SCHEDULE H, PART I, LINE 7B THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION ("HHSC") REPLACED THE HISTORICAL MEDICAID UPL PROGRAM WITH THE TEXAS HEALTHCARE TRANSFORMATION AND QUALITY IMPROVEMENT PROGRAM WAIVER ("WAIVER"). THE WAIVER INCLUDES AN UNCOMPENSATED CARE ("UC") POOL WHICH HHSC USES TO MAKE SUPPLEMENTAL MEDICAID PAYMENTS TO HOSPITALS TO HELP DEFRAY UNCOMPENSATED CARE COSTS RELATED TO PROVIDING CARE TO MEDICAID ELIGIBLES OR TO INDIVIDUALS WHO HAVE NO SOURCE OF THIRD-PARTY COVERAGE. TO QUALIFY FOR UC PAYMENTS, HOSPITALS MUST SUBMIT A UC APPLICATION TO HHSC WHICH REPORTS THE HOSPITAL'S COST OF PROVIDING UNCOMPENSATED CARE BASED ON THE UC METHODOLOGY PROSCRIBED BY HHSC. FOR THE PERIOD OF JULY 1, 2019 THROUGH JUNE 30, 2020, ST. MARK'S MEDICAL CENTER RECEIVED $1,098,293 IN UC PAYMENTS AS SUPPLEMENTAL REIMBURSEMENT FOR THE COST OF TREATING MEDICAID ELIGIBLE INDIVIDUALS AND INDIVIDUALS WITHOUT A SOURCE OF THIRD-PARTY COVERAGE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	THE BAD DEBT REPORTED ON LINE 2 IS THE BAD DEBT FROM THE AUDITED FINANCIAL STATEMENTS. THE METHODOLOGY TO ESTIMATE BAD DEBT IS TO RESERVE SELF-PAY ACCOUNTS ACCORDINGLY: UNBILLED - 60% 0-30 DAYS - 65% 31-60 DAYS - 70% 91-120 DAYS - 80% 121-150 DAYS - 90% >151 DAYS - 100% SELF-PAY AFTER INSURANCE CLAIMS ARE RESERVED AT THE FOLLOWING LEVELS: UNBILLED - 0% 31-60 DAYS - 40% 61-90 DAYS - 50% 91-120 DAYS - 60% 121-150 DAYS - 70% 151-180 DAYS - 80% >181 DAYS - 100% SCHEDULE H, PART III, LINE 4 THE MEDICAL CENTER REPORTS PATIENT ACCOUNTS RECEIVABLE AT NET REALIZABLE AMOUNTS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE MEDICAL CENTER ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS APPROXIMATELY 86% AND 84% OF SELF-PAY ACCOUNTS RECEIVABLE AS OF JUNE 30, 2020 AND 2019. PATIENT ACCOUNT WRITE-OFFS WERE APPROXIMATELY $2,149,989 AND $3,770,000 FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, RESPECTIVELY.
SCHEDULE H, PART III, LINE 8	THE COST INFORMATION PROVIDED WAS OBTAINED FROM OUR MEDICARE COST REPORT. ANY SHORTFALL IS A COMMUNITY BENEFIT AS IT IS THE COST OF PROVIDING CARE TO THE COMMUNITY THAT IS NOT REIMBURSED BY THE MEDICARE PROGRAM. BY PROVIDING CARE TO THESE INDIVIDUALS, THE HOSPITAL IS IMPROVING THE HEALTH OF THE COMMUNITY. SCHEDULE H, PART III, LINE 9B IF A PATIENT QUALIFIES FOR 100% CHARITY, THE ENTIRE ACCOUNT IS WRITTEN-OFF. IF THEY QUALIFY FOR PARTIAL CHARITY, THE CHARITY PORTION IS WRITTEN-OFF AND THE PATIENT RECEIVES MONTHLY STATEMENTS WITH REGARD TO THE SELF-PAYMENT BALANCE. FULL PAYMENT IS EXPECTED FROM THE PATIENT. AFTER 180 DAYS FROM DATE OF SERVICE, IF THE SELF-PAYMENT BALANCE REMAINS UNPAID, THIS AMOUNT IS TURNED OVER TO A COLLECTION AGENCY AND THE ACCOUNT IS MOVED TO BAD DEBT ACCOUNTS RECEIVABLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT: AS DISCUSSED ABOVE IN PART V, SECTION B, LINE 5, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ('CHNA') WAS CONDUCTED FOR ST. MARK'S MEDICAL CENTER (SMMC) BY COMMUNITY HOSPITAL CORPORATION (CHC). THIS CHNA UTILIZES RELEVANT HEALTH DATA AND STAKEHOLDER INPUT TO IDENTIFY THE SIGNIFICANT COMMUNITY HEALTH NEEDS IN FAYETTE AND LEE COUNTIES IN TEXAS. THE CHNA TEAM, CONSISTING OF LEADERSHIP FROM SMMC, MET WITH STAFF FROM CHC ON FEBRUARY 25, 2019 TO REVIEW THE RESEARCH FINDINGS AND PRIORITIZE THE COMMUNITY HEALTH NEEDS. FIVE SIGNIFICANT COMMUNITY HEALTH NEEDS WERE IDENTIFIED BY ASSESSING THE PREVALENCE OF THE ISSUES IDENTIFIED FROM THE HEALTH DATA FINDINGS COMBINED WITH THE FREQUENCY AND SEVERITY OF MENTIONS IN COMMUNITY INPUT. THE CHNA TEAM PARTICIPATED IN A PRIORITIZATION PROCESS USING A STRUCTURED MATRIX TO RANK THE COMMUNITY HEALTH NEEDS BASED ON THREE CHARACTERISTICS: SIZE AND PREVALENCE OF THE ISSUE, EFFECTIVENESS OF INTERVENTIONS AND THE HOSPITAL'S CAPACITY TO ADDRESS THE NEED. ONCE THIS PRIORITIZATION PROCESS WAS COMPLETE, THE HOSPITAL LEADERSHIP DISCUSSED THE RESULTS AND DECIDED TO ADDRESS ALL OF THE PRIORITIZED NEEDS IN VARIOUS CAPACITIES THROUGH HOSPITAL SPECIFIC IMPLEMENTATION PLANS. THE FIVE MOST SIGNIFICANT NEEDS, AS DISCUSSED DURING THE FEBRUARY 25, 2019 PRIORITIZATION MEETING, ARE LISTED BELOW IN DESCENDING ORDER: 1. ACCESS TO PRIMARY CARE SERVICES AND PROVIDERS 2. ACCESS TO SPECIALTY CARE SERVICES AND PROVIDERS 3. ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE SERVICES AND PROVIDERS 4. ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS 5. PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES SMMC LEADERSHIP HAS DEVELOPED AN IMPLEMENTATION PLAN TO IDENTIFY SPECIFIC ACTIVITIES AND SERVICES WHICH DIRECTLY ADDRESS THE FIVE IDENTIFIED PRIORITIES. THE OBJECTIVES WERE IDENTIFIED BY STUDYING THE PRIORITIZED HEALTH NEEDS, WITHIN THE CONTEXT OF THE HOSPITAL'S OVERALL STRATEGIC PLAN AND THE AVAILABILITY OF FINITE RESOURCES. THE PLAN INCLUDES A RATIONALE FOR EACH PRIORITY, FOLLOWED BY OBJECTIVES, SPECIFIC IMPLEMENTATION ACTIVITIES, RESPONSIBLE LEADERS, ANNUAL UPDATES AND PROGRESS, AND KEY RESULTS (AS APPROPRIATE). THE SMMC BOARD REVIEWED AND ADOPTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN ON APRIL 25, 2019.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: FINANCIAL ASSISTANCE APPLICATIONS ARE AVAILABLE WHEN REGISTERING, THROUGH DISCHARGE PLANNING ETC. OUR STATEMENTS FOR SELF PAY HAVE A TAG LINE STATING IF THEY THINK THEY QUALIFY FOR FINANCIAL ASSISTANCE TO PLEASE CALL THIS NUMBER. WHENEVER A BILL IS DISCUSSED, AND A PATIENT INDICATES THEY CAN'T PAY UPFRONT, FINANCIAL ASSISTANCE IS EXPLAINED TO THEM SO THAT IN THE EVENT IT APPLIES THEY KNOW ABOUT IT. IT IS ALSO POSTED ON BULLETIN BOARDS THROUGHOUT THE HOSPITAL THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL SELF-PAY WITHOUT ABILITY TO PAY AT TIME OF SERVICE ARE REFERRED TO OUR ELIGIBILITY VENDOR. THIS ALLOWS THEM TO BE ASSESSED FOR ANY PROGRAMS THAT MAY COVER THEIR MEDICAL EXPENSES SUCH AS MEDICAID, COUNTY PROGRAMS OR ANY OTHER STATE PROGRAMS THAT MAY BE AVAILABLE.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION: THE PRIMARY SERVICE AREA IS LEE AND FAYETTE COUNTIES. BOTH LEE AND FAYETTE ARE RURAL COUNTIES LOCATED IN THE CENTRAL TEXAS AREA AND BOTH ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS. AS OF 2020 THE PRIMARY SERVICE AREA (PSA) POPULATION WAS APPROXIMATELY 44,042. THE PSA GROWTH RATE FROM 2018 TO 2023 IS EXPECTED TO INCREASE APPROXIMATELY 3%. THE PSA POPULATION HAS A HIGHER PERCENTAGE OF OLDER RESIDENTS (AGES 65+) THAN THE STATE OF TEXAS. THE OLDER RESIDENTS COMPRISE APPROXIMATELY 22.7% OF THE OVERALL PSA POPULATION IN THE PSA (2020) AND 13.3% IN THE STATE OF TEXAS (2020). THE MAJORITY OF RESIDENTS IN THE PSA IDENTIFY AS WHITE-NON HISPANIC, WITH THE NEXT LARGEST RACE/ETHNICITY AS THE HISPANIC POPULATION. THE PSA POPULATION IS EXPECTED TO EXPERIENCE THE MAJORITY OF THEIR GROWTH IN THE ASIAN POPULATION BY THE YEAR 2025. THE MEDIAN HOUSEHOLD INCOMES IN THE PSA ARE HIGHER THAN THAT OF THE STATE OF TEXAS. THE PSA HAS A LOWER PERCENTAGE OF RESIDENTS WITH A BACHELOR OR ADVANCED DEGREE THAN THE STATE. FAYETTE COUNTY HAS A LOWER PERCENTAGE OF FAMILIES LIVING BELOW THE POVERTY RATE THAN THAT OF LEE COUNTY AND THE STATE OF TEXAS. THE UNEMPLOYMENT RATE IN THE PSA IS LOWER THAN THE STATE.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH: DURING THIS FISCAL YEAR, ST. MARK'S MEDICAL CENTER (SMMC), PARTICIPATED IN MANY COMMUNITY AND WELLNESS ACTIVITIES INCLUDING: HEALTHY HEART CHOICES, CAREER EDUCATION DAYS, DRUG TAKE BACK PROGRAM, REDUCED COST MAMMOGRAPHY SCREENINGS IN CONJUNCTION WITH BREAST CANCER AWARENESS EVENTS, OSTEOPOROSIS SCREENINGS AND CALCIUM SCORING. SMMC ALSO HOSTS A WEEKLY RADIO PROGRAM, "THE DOCTORS CORNER", WHICH FEATURES DIFFERENT MEDICAL TOPICS AND GUEST SPEAKERS. EDUCATIONAL OPPORTUNITIES TO SENIOR CITIZENS, SUCH AS THE FAYETTE COUNTY SENIOR DAY, LEE COUNTY SENIOR DAY, THE FAYETTE & LEE COUNTY SENIOR EXPO, AND LOCAL HEALTH FAIRS. BLOOD PRESSURE, CHOLESTEROL, AND BLOOD GLUCOSE SCREENINGS WITH COUNSELING FOR OUT OF RANGE RESULTS ARE ALSO PROVIDED. EDUCATION TO SENIOR CITIZENS ON MEDICARE RULES AND REGULATIONS, AS WELL AS EDUCATION TO ALL POPULATIONS ON ADVANCED DIRECTIVES AND END OF LIFE PLANNING. SMMC WILL CONTINUE TO PROVIDE NURSING STAFF AT NO CHARGE TO THE LA GRANGE ISD SYSTEM TO ASSIST WITH ATHLETIC PHYSICALS, AS WELL AS PHYSICIAN COVERAGE AT LOCAL SPORTING EVENTS. SMMC COLLABORATES WITH LOCAL SCHOOL DISTRICTS TO PROVIDE EDUCATION ON MENTAL AND BEHAVIORAL HEALTH RELATED TOPICS UPON REQUEST. SMMC ALSO PROVIDES PRESENTATIONS TO GIDDINGS ISD AND LA GRANGE ISD STUDENTS REGARDING ANY HEALTH TOPICS OF INTEREST. SMMC ALLOWS STUDENTS INTERESTED IN PURSUING A CAREER IN HEALTH CARE TO SHADOW PROVIDERS AND ROTATE THROUGH THE FACILITY IN ORDER TO EXPERIENCE THE DIFFERENT DEPARTMENTS WITHIN THE HOSPITAL. SMMC EMPLOYEES PARTICIPATE IN FUNDRAISING EVENTS AND OTHER COMMUNITY EVENTS SUCH AS: DEPUTY SANTA GIFTS AT CHRISTMAS, FOOD DRIVES DURING THANKSGIVING, ANGEL TREE FOR LOCAL FAMILIES IN NEED, SPONSORSHIP OF THE MULTIPLE SCLEROSIS MS-150 BIKE RIDE-INCLUDING HOSTING CAMP ST. MARK'S FOR RIDERS AND PROVIDING ER CARE AS NEEDED, LIONS CLUB GUEST SPEAKERS, AUSTIN HEART GUEST SPEAKERS AND CPR CLASSES. SMMC HAS ALWAYS HAD AN OPEN APPLICATION PROCESS FOR ALL ACTIVE AND CONSULTING MEDICAL STAFF. ALL STAFF MUST BE BOARD CERTIFIED OR ELIGIBLE TO TAKE BOARD EXAM TO QUALIFY FOR STAFF MEMBERSHIP. THE BOARD OF DIRECTORS ARE REPRESENTATIVES FROM THE COMMUNITIES WE SERVE INCLUDING FAYETTE AND LEE COUNTY RESIDENTS. BOARD MEMBERS SERVE 2 AND/OR 3 YEAR TERMS. BOARD MEMBERS ARE ELECTED AND APPROVED BY CHC. SURPLUS FUNDS ARE USED TO PURCHASE NEEDED HOSPITAL EQUIPMENT AND ASSIST WITH RECRUITING OF PHYSICIANS TO OUR COMMUNITIES. SMMC PROVIDES AN INCOME GUARANTEE TO RECRUITED PHYSICIANS THAT JOIN OTHER PRACTICES IN THE COMMUNITIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM: ST. MARK'S MEDICAL CENTER IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT: TEXAS

Additional Data

Software ID:
Software Version:
EIN: 74-3019849
Name: St Mark's Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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**
1	ST MARK'S MEDICAL CENTER One St Marks Place La Grange, TX 78945 WWW.SMMCTX.ORG 008234	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE CHNA OF ST. MARK'S MEDICAL CENTER (SMMC) ARE PRESENTED AS A PRIORITIZED DESCRIPTION.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	ST. MARKS MEDICAL CENTER (SMMC) IS A 65-BED, 100,000-SQUARE FOOT 501(C)(3) NOT-FOR-PROFIT HOSPITAL PROVIDING ADVANCED HEALTH CARE CLOSE TO HOME FOR PATIENTS IN THE CENTRAL TEXAS CO MMUNITIES OF FAYETTE AND LEE COUNTIES, AS WELL AS THE SURROUNDING AREAS. THE COMPREHENSIVE HEALTH SERVICES, ADVANCED TECHNOLOGIES AND MEDICAL SPECIALISTS AT SMMC RIVAL THOSE OF MAJ OR METROPOLITAN INSTITUTIONS. THE HOSPITAL HAS A CLINICAL AFFILIATION WITH ST. DAVID'S HEA LTH CARE IN AUSTIN AND CONTINUES TO BUILD BEST CLINICAL PRACTICES AS IT GROWS TO SERVE PAT IENTS BETTER. SMMC IS THE PROUD RECIPIENT OF THE TMF HEALTH QUALITY INSTITUTE SILVER AWARD , EXEMPLIFYING THE HOSPITAL'S DEDICATION TO CONTINUOUS QUALITY IMPROVEMENT. THE HOSPITAL I S A PART OF THE COMMUNITY HOSPITAL CORPORATION (CHC) FAMILY OF HOSPITALS. CHC IS A NOT-FOR -PROFIT COMPANY WHOSE SOLE MISSION IS TO HELP NOT-FOR-PROFIT HOSPITALS, SUCH AS ST. MARK'S MEDICAL CENTER, REMAIN COMMUNITY-OPERATED AND GOVERNED. THE DEFINED SERVICE AREA OF SMMC IS FAYETTE AND LEE COUNTIES IN TEXAS. THE POPULATION OF FAYETTE COUNTY IS EXPECTED TO GROW FROM 2018 (25,611) TO 2023 (26,713) BY 4.3% AND THE POPULATION OF LEE COUNTY IS EXPECTED TO GROW FROM 2018 (17,308) TO 2023 (18,034) BY 4.2%, WHICH IS BELOW THE 7.1% EXPECTED GROW TH FOR THE STATE OF TEXAS FROM 2018 (28,531,603) TO 2023 (30,558,741). AS OF 2018, THE RAC IAL/ETHNIC BREAKOUT OF FAYETTE COUNTY WAS 70.7% WHITE NON-HISPANIC, 6.2% BLACK, 21.2% HISP ANIC, 0.4% ASIAN, 0.3% AMERICAN INDIAN AND 1.2% ALL OTHERS. IN LEE COUNTY, AS OF 2018, THE RACIAL/ETHNIC BREAKOUT WAS 62.8% WHITE NON-HISPANIC, 10.6% BLACK, 24.3% HISPANIC, 0.5% AS IAN, 0.4% AMERICAN INDIAN AND 1.3% ALL OTHERS. BY 2023, THE POPULATION IN FAYETTE COUNTY A ND LEE COUNTY, RESPECTIVELY, IS EXPECTED TO INCREASE IN THE WHITE NON-HISPANIC POPULATION BY 1.6% AND 1.8%, IN THE BLACK POPULATION BY 1.4% AND 4.0%, IN THE HISPANIC POPULATION BY 12.4% AND 9.4%, IN THE ASIAN POPULATION BY 26.7% AND 18.7%, IN THE AMERICAN INDIAN POPULAT ION BY 9.1% AND 27.8% AND ALL OTHERS BY 26.0% AND 9.5%. AS OF 2018, FAYETTE COUNTY (47.6 Y EARS) HAS AN OLDER MEDIAN AGE THAN BOTH LEE COUNTY (42.3 YEARS) AND THE STATE (39.2 YEARS) . THE MEDIAN AGE IN FAYETTE COUNTY IS EXPECTED TO REMAIN STEADY, WHILE LEE COUNTY AND THE STATE ARE EXPECTED TO SLIGHTLY INCREASE OVER THE NEXT FIVE YEARS. THE MEDIAN HOUSEHOLD INC OMES IN BOTH FAYETTE ($52,839) AND LEE ($55,386) COUNTIES ARE HIGHER THAN THAT OF THE STAT E ($51,492). BETWEEN 2018 AND 2023, THE MEDIAN HOUSEHOLD INCOMES IN FAYETTE COUNTY, LEE CO UNTY AND THE STATE ARE EXPECTED TO INCREASE. AS OF 2018, FAYETTE COUNTY (7.7%) HAS THE LOW EST PERCENTAGE OF FAMILIES LIVING BELOW THE POVERTY LINE AS COMPARED TO LEE COUNTY (9.4%) AND THE STATE (12.8%). THE UNEMPLOYMENT RATES IN BOTH FAYETTE AND LEE COUNTIES AND THE STA TE BETWEEN 2015 AND 2017 SLIGHTLY DECREASED. THE UNEMPLOYMENT RATES IN FAYETTE COUNTY (3.2 %) AND LEE COUNTY (3.3%) ARE LOWER THAN THE STATE (4.3%) (2017). FAYETTE COUNTY (15.9%) AN D LEE COUNTY (17.0%) HAVE A LO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	WER PERCENTAGE OF RESIDENTS WITH A BACHELOR OR ADVANCED DEGREE THAN THE STATE (28.1%) HEAR T DISEASE IS THE LEADING CAUSE OF DEATH IN FAYETTE COUNTY AND THE STATE OF TEXAS, AND THE SECOND LEADING CAUSE OF DEATH IN LEE COUNTY (2013-2017). BETWEEN 2013 AND 2017, HEART DISE ASE MORTALITY RATES INCREASED IN FAYETTE COUNTY, DECREASED IN LEE COUNTY, AND REMAINED REL ATIVELY STABLE IN THE STATE. IN 2015-2017, THE HEART DISEASE MORTALITY RATE IN FAYETTE COU NTY (207.9 PER 100,000) WAS HIGHER THAN THE RATE IN LEE COUNTY (157.4 PER 100,000) AND IN THE STATE (169.5 PER 100,000). CANCER IS THE SECOND LEADING CAUSE OF DEATH IN FAYETTE COUN TY AND THE STATE, AND THE LEADING CAUSE OF DEATH IN LEE COUNTY (2015-2017). BETWEEN 2013 A ND 2017, CANCER MORTALITY RATES DECREASED IN FAYETTE COUNTY AND THE STATE, WHILE RATES IN LEE COUNTY INCREASED. FATAL ACCIDENTS ARE THE THIRD LEADING CAUSE OF DEATH IN FAYETTE COUN TY, THE THIRD LEADING CAUSE OF DEATH IN LEE COUNTY AND THE FIFTH LEADING CAUSE OF DEATH IN THE STATE (2013-2017). BETWEEN 2013-2017, ACCIDENT MORTALITY RATES IN FAYETTE COUNTY REMA INED STEADY, WHILE RATES IN LEE COUNTY DECREASED AND RATES IN THE STATE OVERALL INCREASED. THE LEADING CAUSE OF FATAL ACCIDENTS IN FAYETTE AND LEE COUNTIES IS DUE TO MOTOR VEHICLE ACCIDENTS (2015-2017). CEREBROVASCULAR DISEASE IS THE FOURTH LEADING CAUSE OF DEATH IN FAY ETTE COUNTY AND LEE COUNTIES, AND THE THIRD LEADING CAUSE OF DEATH IN THE STATE (2013-2017). BETWEEN 2013 AND 2017, CEREBROVASCULAR DISEASE MORTALITY RATES DECREASED IN FAYETTE COU NTY, WHILE RATES IN LEE COUNTY INCREASED AND RATES IN THE STATE REMAINED STEADY. ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE IS THE FIFTH LEADING CAUSE OF DEATH IN FAYETT E COUNTY, THE SEVENTH LEADING CAUSE OF DEATH IN LEE COUNTY AND IS NOT ONE OF THE LEADING C AUSES OF DEATH IN THE STATE (2013-2017). DISEASES SUCH AS ALZHEIMER'S AND CHRONIC LOWER RE SPIRATORY DISEASE ARE ALSO LEADING CAUSES OF DEATH IN BOTH FAYETTE AND LEE COUNTIES AS WEL L AS THE STATE OF TEXAS. DIABETES MELLITUS IS A LEADING CAUSE OF DEATH IN FAYETTE COUNTY (EIGHTH) AND THE STATE (SEVENTH) BUT IS NOT ONE OF THE LEADING CAUSES OF DEATH IN LEE COUNT Y. AS OF 2016, BOTH FAYETTE (22.0%) AND LEE (21.4%) COUNTIES HAVE SLIGHTLY LOWER PERCENTAG ES OF UNINSURED ADULTS (AGE 18-64) THAN THE STATE (22.6%). FAYETTE AND LEE COUNTIES EXPERI ENCED SMALLER DECLINES IN THE PERCENTAGE OF UNINSURED ADULTS (AGE 18-64) BETWEEN 2014 AND 2016 (1.8% AND 1.6%, RESPECTIVELY) THAN THE STATE (3.2%). IN 2014, THE RATES OF PRIMARY CA RE PHYSICIANS PER 100,000 IN FAYETTE (52.4 PER 100,000) AND LEE (35.8 PER 100,000) COUNTIE S WERE LOWER THAN THE STATE RATE (68.7 PER 100,000). BETWEEN 2012 AND 2016, 13.0% OF FAYET TE COUNTY AND 16.5% OF LEE COUNTY INSURED POPULATIONS REPORTED RECEIVING MEDICAID, WHICH I S LOWER THAN THE STATE RATE (21.5%). A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSE SSMENT (CHNA) WAS CONDUCTED FOR SMMC BY CHC. THIS CHNA UTILIZES RELEVANT HEALTH DATA AND S TAKEHOLDER INPUT TO IDENTIFY T

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	HE SIGNIFICANT COMMUNITY HEALTH NEEDS IN FAYETTE AND LEE COUNTIES. COMMUNITY INPUT WAS REC EIVED DURING INTERVIEWS CONDUCTED FROM NOVEMBER 28, 2018 - DECEMBER 19, 2018. THE CHNA IS DESIGNED IN ACCORDANCE WITH CHNA REQUIREMENTS IDENTIFIED IN THE PATIENT PROTECTION AND AFF ORDABLE CARE ACT AND FURTHER ADDRESSED IN THE INTERNAL REVENUE SERVICE FINAL REGULATIONS R ELEASED ON DECEMBER 29, 2014. THE SMMC BOARD REVIEWED AND ADOPTED THE 2019 COMMUNITY HEALT H NEEDS ASSESSMENT AND IMPLEMENTATION PLAN ON APRIL 25, 2019. INTERVIEW METHODOLOGY: SMMC WORKED WITH COMMUNITY HOSPITAL CORPORATION (CHC)IN THE DEVELOPMENT OF ITS CHNA. SMMC PROVI DED ESSENTIAL DATA AND RESOURCES NECESSARY TO INITIATE AND COMPLETE THE PROCESS, INCLUDING THE DEFINITION OF THE HOSPITAL'S STUDY AREA AND THE IDENTIFICATION OF KEY COMMUNITY STAKE HOLDERS TO BE INTERVIEWED. HEALTH DATA WAS ALSO COLLECTED FROM A VARIETY OF SOURCES, INCLU DING BUT NOT LIMITED TO, THE ROBERT WOOD JOHNSON FOUNDATION, TEXAS DEPARTMENT OF HEALTH AN D HUMAN SERVICES, COMMUNITY COMMONS, THE UNITED STATES CENSUS BUREAU AND THE CENTERS FOR D ISEASE CONTROL AND PREVENTION. BACKGROUND INFORMATION ABOUT SMMC, INCLUDING THE MISSION, V ISION, VALUES, AND HOSPITAL SERVICES WAS PROVIDED BY THE HOSPITAL OR TAKEN FROM ITS WEBSIT E. POPULATION DEMOGRAPHIC INFORMATION WAS COLLECTED BY CHC USING THE IBM WATSON HEALTH MAR KET EXPERT TOOL AND INCLUDED INFORMATION REGARDING POPULATION CHANGE BY RACE, ETHNICITY, A GE, MEDIAN HOUSEHOLD INCOME, UNEMPLOYMENT AND ECONOMIC STATISTICS IN THE STUDY AREA. SMMC PROVIDED CHC WITH A LIST OF PERSONS WITH SPECIAL KNOWLEDGE OF PUBLIC HEALTH IN FAYETTE AND LEE COUNTIES IN TEXAS, INCLUDING PUBLIC HEALTH REPRESENTATIVES AND OTHER INDIVIDUALS WHO FOCUS SPECIFICALLY ON UNDERREPRESENTED GROUPS. FROM THAT LIST, TWELVE IN DEPTH INTERVIEWS WERE CONDUCTED USING A STRUCTURED INTERVIEW GUIDE WITH THE TWO GROUPS OUTLINED IN INTERNAL REVENUE SERVICE FINAL REGULATIONS ISSUED DECEMBER 29, 2014. DISCUSSED WERE THE HEALTH NEE DS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS AND ISSUES RELATED TO SPECIFIC POPULATIONS. W ITH RESPECT TO INDIVIDUALS PROVIDING INPUT IT WAS NOTED IN THE CHNA THAT 75.0% OF THOSE PR OVIDING INPUT ARE MEMBERS OF A MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATION IN THE COMMUNITY, OR INDIVIDUALS OR ORGANIZATIONS SERVING OR REPRESENTING THE INTERESTS OF S UCH POPULATIONS. 8.3% OF THOSE PROVIDING INPUT WORK FOR A STATE, LOCAL, TRIBAL OR REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENT WITH KNOWLEDGE, INFORMATION OR EXPERTISE RELEVANT T O THE HEALTH NEEDS OF THE COMMUNITY AND 16.7% OF THOSE PROVIDING INPUT ARE COMMUNITY LEADE RS. INTERVIEWEES INCLUDED: - LORI BERGER: SMMC BOARD MEMBER, ST. MARK'S MEDICAL CENTER - D R. THOMAS BORGSTEDTE: PHYSICIAN, LA GRANGE FAMILY HEALTH CLINIC - LADONNA BOYD: DIRECTOR, BLUEBONNET TRAILS MHMR - KELLY FRANKE: EXECUTIVE DIRECTOR, COMBINED COMMUNITY ACTION-FAYET TE, LEE, BASTROP CO. - SALLY GARRETT: COUNTY EXTENSION AGENT, FAYETTE COUNTY COMMUNITY AND HEALTH - QUENTEN GONZALEZ: CH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 7A	THE CHNA OF ST. MARK'S MEDICAL CENTER CAN BE FOUND ON THE FOLLOWING WEBSITE: HTTP://WWW.SMMCTX.ORG/GETPAGE.PHPNAME=HEALTH_NEEDS&SUB=COMMUNITY+HEALTH+NE EDS+ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 10A	THE IMPLEMENTATION STRATEGY OF ST. MARK'S MEDICAL CENTER CAN BE FOUND ON THE FOLLOWING WEBSITE: HTTP://WWW.SMMCTX.ORG/GETPAGE.PHPNAME=HEALTH_NEEDS&SUB=COMMUNITY+HEALTH+N EEDS+ASSESSMENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	THE MOST RECENTLY CONDUCTED CHNA IDENTIFIED FIVE SIGNIFICANT NEEDS IN THE COMMUNITY SERVED BY ST. MARK'S MEDICAL CENTER (SMMC), WHICH WERE DETERMINED BY ASSESSING THE PREVALENCE OF THE ISSUES IDENTIFIED FROM THE HEALTH DATA FINDINGS, COMBINED WITH THE FREQUENCY AND SEVE RITY OF MENTIONS IN COMMUNITY INPUT. THE CHNA TEAM AND HOSPITAL LEADERSHIP PRIORITIZED THO SE NEEDS USING A STRUCTURED MATRIX TO RANK THE COMMUNITY HEALTH NEEDS BASED ON THREE CHARA CTERISTICS: SIZE AND PREVALENCE OF THE ISSUE, EFFECTIVENESS OF INTERVENTIONS AND THE HOSPI TALS CAPACITY TO ADDRESS THE NEED. THE LIST OF PRIORITIZED NEEDS, IN DESCENDING ORDER, IS AS FOLLOWS: 1. ACCESS TO PRIMARY CARE SERVICES AND PROVIDERS 2. ACCESS TO SPECIALTY CARE S ERVICES AND PROVIDERS 3. ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE SERVICES AND PROVIDER S 4. ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS 5. PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, P REVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES ONCE THIS PRIORITIZATION PROCESS WAS COMPLE TE, HOSPITAL LEADERSHIP DISCUSSED THE RESULTS AND DECIDED TO ADDRESS ALL OF THE FIVE PRIOR ITIZED NEEDS IN VARIOUS CAPACITIES THROUGH A HOSPITAL SPECIFIC IMPLEMENTATION PLAN. PRIORI TY #1: ACCESS TO PRIMARY CARE SERVICES AND PROVIDERS OBJECTIVE: INCREASE ACCESS TO PRIMARY CARE PROVIDERS IN THE AREA FOR ALL RESIDENTS 1.A. SMMC WILL CONTINUE TO EXPLORE PRIMARY C ARE PHYSICIAN RECRUITMENT OPPORTUNITIES. 1.B. SMMC WILL CONTINUE ITS JOINT RECRUITMENT PAR TNERSHIP AND IMPLEMENTATION FOR PRIMARY CARE PHYSICIANS WITH THE LOCAL FAMILY PRACTICE GRO UP. 1.C. SMMC OFFERS ITS RECENTLY-EXPANDED GIDDINGS CLINIC WHICH ALLOWS FOR PRIMARY CARE P ROVIDERS TO UTILIZE THE FACILITY AND INCREASE ACCESS TO CARE FOR LOCAL RESIDENTS. PRIORITY #2: ACCESS TO SPECIALTY CARE SERVICES AND PROVIDERS OBJECTIVE: INCREASE ACCESS TO SPECIAL TY CARE PROVIDERS IN THE AREA FOR ALL RESIDENTS 2.A. SMMC WILL CONTINUE TO PROVIDE OPPORTU NITIES FOR BETTER COMMUNITY ACCESS TO SPECIALTY PROVIDER SERVICES DEDICATED FULL TIME TO T HE LOCAL COMMUNITY THROUGH INDEPENDENT AND/OR JOINT RECRUITMENT, AS WELL AS CONTINUAL EVAL UATION OF IDENTIFIED NEEDS. 2.B. SMMC WILL CONTINUE TO PROVIDE REFERENCE LAB SERVICES TO E XTERNAL PROVIDERS AS REQUESTED. 2.C. SMMC PHYSICIANS WILL CONTINUE TO CONSULT REMOTELY WIT H NEUROLOGISTS WHO OFFER CARE DETERMINATIONS AND TREATMENT OPTIONS FOR THOSE PATIENTS PRES ENTING TO SMMC WITH NEUROLOGICAL SYMPTOMS USING VIDEO-CONFERENCING TECHNOLOGY. 2.D. SMMC P HYSICIANS AND NURSING STAFF WILL CONTINUE TO IMPLEMENT TRANSFER PROCESSES TO EFFECTIVELY W ORK IN CONJUNCTION WITH EQUIPMENT, SUPPLIES, AND PROCESSES OF ST. DAVID'S MEDICAL CENTER T O ENSURE SEAMLESS TRANSITION FOR PATIENTS REQUIRING TRANSPORT TO A HIGHER LEVEL OF CARE. 2 .E. SMMC OFFERS A RECENTLY-EXPANDED SLEEP STUDY PROGRAM. 2.F. SMMC WILL CONTINUE TO SERVE AS A CLINICAL SITE FOR STUDENTS FROM LOCAL PROGRAMS IN THE AREAS OF HEALTH INFORMATION MAN AGEMENT, IMAGING, LABORATORY,

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	RESPIRATORY THERAPY, RN, LVN AND SURGICAL TECHNOLOGISTS. 2.G. SMMC WILL CONTINUE TO PARTIC IPATE IN ST. DAVID'S HEALTHCARE CLINICAL OUTREACH PROGRAMS TO INCLUDE ADVANCED CARDIAC LIF E SUPPORT (ACLS), PEDIATRIC ADVANCED LIFE SUPPORT (PALS), TRAUMA NURSING CORE CURRICULUM, PREPAREDNESS FOR PRECIPITOUS DELIVERIES IN THE EMERGENCY DEPARTMENT, AND OTHER CRITICAL CA RE TOPICS. CONTINUING MEDICAL EDUCATION FOR PHYSICIANS IS OFFERED AS WELL. 2.H. SMMC WILL CONTINUE TO SPONSOR A CARDIAC REHAB PROGRAM ON CAMPUS. 2.I. SMMC HAS RECENTLY RECRUITED AN ORTHOPEDIC SURGEON, PODIATRIST AND UROLOGIST, AND IS CURRENTLY ASSISTING IN THE RECRUITME NT OF A GENERAL SURGEON. 2.J. SMMC IS CURRENTLY EXPANDING CARDIOVASCULAR DISEASE SERVICES THROUGH THE RECRUITMENT OF AN ADDITIONAL ECHO TECH AND EVALUATION OF A NEED FOR AN ADDITIO NAL NUCLEAR MEDICINE TECH, AS WELL AS ACQUIRING EQUIPMENT TO SUPPORT GROWTH AS NEEDED. 2.K . SMMC WILL CONTINUE TO MARKET NEWLY RECRUITED SPECIALIST PROVIDERS THROUGH COMMUNITY INTR ODUCTIONS, RADIO ADS, AND PRESS RELEASES. PRIORITY #3: ACCESS TO MENTAL AND BEHAVIORAL HEA LTH CARE SERVICES AND PROVIDERS OBJECTIVE: INCREASE ACCESS TO MENTAL HEALTH RESOURCES FOR ALL RESIDENTS 3.A. SMMC WILL CONTINUE TO COLLABORATE FREQUENTLY THROUGHOUT THE YEAR WITH T HE LOCAL MHMR AUTHORITY, AS WELL AS THE LOCAL EMS SERVICES TO ASSURE THAT WE ARE WORKING T OGETHER ON TREATMENT AND PLACEMENT FOR APPLICABLE PATIENTS. 3.B. SMMC WILL CONTINUE TO COL LABORATE WITH LOCAL SCHOOL DISTRICTS TO PROVIDE EDUCATION ON MENTAL AND BEHAVIORAL HEALTH RELATED TOPICS UPON REQUEST. 3.C. SMMC WILL EXPLORE THE PROVISION OF TELEPSYCHIATRY SERVIC ES IN THE EMERGENCY DEPARTMENT THROUGH A COLLABORATION WITH ST. DAVID'S MEDICAL CENTER. PR IORITY #4: ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULA TIONS OBJECTIVE: PROVIDE ACCESS TO HEALTH CARE AND SERVICES TO VULNERABLE POPULATIONS, SUC H AS THE INDIGENT, MINORITY, AND ELDERLY POPULATIONS 4.A. SMMC WILL CONTINUE TO PROVIDE NU RSING STAFF AT NO CHARGE TO THE LA GRANGE ISD SYSTEM TO ASSIST WITH ATHLETIC PHYSICALS, AS WELL AS PHYSICIAN COVERAGE AT LOCAL SPORTING EVENTS. 4.B. SMMC PROVIDES THE MD SAVE PROGR AM FOR SELF-PAY AND THOSE WITH HIGH DEDUCTIBLES IN ORDER TO OFFER CERTAIN SERVICES AT A DI SCOUNTED RATE TO ASSIST THE COMMUNITY WITH THEIR HIGH DEDUCTIBLE PLANS OR INDIVIDUALS WHO ARE UNINSURED. 4.C. SMMC WILL CONTINUE TO MAKE OSTEOPOROSIS SCREENINGS AVAILABLE TO THE EL DERLY POPULATION. 4.D. SMMC WILL CONTINUE TO OFFER A SWINGBED PROGRAM FOR ITS PATIENT POPU LATION. 4.E. SMMC WILL CONTINUE TO PROVIDE INPATIENT AND ER CARE THROUGH ITS CONTRACT WITH BASTROP FEDERAL CORRECTION INSTITUTION. 4.F. SMMC WILL CONTINUE TO OFFER EDUCATION ON MED ICARE RULES AND REGULATIONS TO SENIOR CITIZENS, AS WELL AS EDUCATION TO ALL POPULATIONS ON ADVANCED DIRECTIVES AND END OF LIFE PLANNING UPON REQUEST. 4.G. SMMC WILL CONTINUE TO PRO VIDE INCREASED ACCESS TO MEDICAL SERVICES AND RECORDS THROUGH THE ONLINE PHYSICIAN DIRECTO RY ON THE HOSPITAL WEBSITE. 4.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	H. SMMC WILL CONTINUE TO OFFER REDUCED COST MAMMOGRAPHY SERVICES IN CONJUNCTION WITH BREAS T CANCER AWARENESS EVENTS. 4.I. SMMC PROVIDES A LEASED, ON-SITE VA CLINIC FOR VETERANS TO SEEK CARE AND ACCESS LOCAL SPECIALTY CARE THROUGH THE HOSPITAL. 4.J. IN COMPLIANCE WITH TH E INPATIENT AND LONG-TERM CARE HOSPITAL PROSPECTIVE PAYMENT SYSTEM FINAL RULE, SMMC PUBLIC LY SHARES ITS PRICING INFORMATION ONLINE IN AN EFFORT TO INCREASE PRICE TRANSPARENCY AND E MPOWER CONSUMERS TO MAKE INFORMED CHOICES ABOUT THEIR CARE. INFORMATION IS UPDATED ANNUALL Y. PRIORITY #5: PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONI C DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES OBJECTIVE: PROVIDE OPPORTUNITI ES FOR PREVENTION, EDUCATION AND SERVICES THAT AIM TO REDUCE MORTALITY RATES AND THE PREVA LENCE OF CHRONIC CONDITIONS AND UNHEALTHY LIFESTYLES IN THE COMMUNITY 5.A. SMMC WILL CONTI NUE TO HOST LUNCH & LEARN EVENTS TO EDUCATE REGIONAL EXTERNAL CLINICS ON MEDHOST AND LEADI NG REACH REFERRAL SOFTWARE WITH THE GOAL OF IMPROVING COORDINATION ACROSS THE CONTINUUM OF CARE. 5.B. SMMC WILL CONTINUE TO PROVIDE FLU VACCINES ON AN ANNUAL BASIS TO EMPLOYEES AND THEIR FAMILIES, AS WELL AS THE SMMC AUXILIARY. 5.C. SMMC WILL CONTINUE TO SPONSOR THE MUL TIPLE SCLEROSIS MS-150 BIKE RIDE, INCLUDING HOSTING CAMP ST. MARK'S FOR RIDERS AND PROVIDI NG ER CARE AS NEEDED. 5.D. SMMC WILL CONTINUE TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR SEN IOR CITIZENS, SUCH AS THE FAYETTE COUNTY SENIOR DAY, LEE COUNTY SENIOR DAY, THE FAYETTE & LEE COUNTY SENIOR EXPO, AND LOCAL HEALTH FAIRS AS REQUESTED. BLOOD PRESSURE, CHOLESTEROL, AND BLOOD GLUCOSE SCREENINGS WITH COUNSELING FOR OUT OF RANGE RESULTS ARE ALSO PROVIDED. 5 .E. SMMC WILL CONTINUE TO PROVIDE CALCIUM SCORING TO OUR COMMUNITIES. 5.F. SMMC WILL CONTI NUE TO PROVIDE INTERVIEWEES (PHYSICIANS AND TENURED CLINICAL STAFF) FOR THE LOCAL RADIO SH OW "THE DOCTOR'S CORNER", WHICH FEATURES DIFFERENT MEDICAL TOPICS PERIODICALLY. 5.G. SMMC PERSONNEL ARE AVAILABLE AS SPEAKERS FOR CIVIC GROUPS, INDUSTRIAL PARTNERS, FOR MEDIA APPEA RANCES AND HEALTH FAIRS TO ADDRESS HEALTH CARE TOPICS OF CONCERN TO THE PUBLIC. 5.H. SMMC SUPPORT GROUP PROGRAMS AND EDUCATIONAL SERVICES ARE AVAILABLE UPON REQUEST. 5.I. SMMC WILL CONTINUE TO PROVIDE MEETING SPACE FOR COMMUNITY RESOURCE AND EDUCATIONAL GROUPS (I.E., LI ON'S CLUB, CPR CLASSES, ETC.) AS APPROPRIATE. 5.J. SMMC WILL CONTINUE TO PARTICIPATE IN CO LLEGE/CAREER NIGHT WITH LOCAL SCHOOL DISTRICTS. 5.K. SMMC WILL CONTINUE ITS MEMBERSHIP ON THE CAPITAL AREA REGIONAL TRAUMA ADVISORY COUNCIL. 5.L. SMMC WILL CONTINUE TO PROVIDE SENI OR LEADERSHIP TO BLINN LVN AND RN ADVISORY BOARD. 5.M. SMMC WILL CONTINUE TO OFFER HEART D ISEASE MANAGEMENT EDUCATION AS PART OF THE CARDIAC REHAB PROGRAM. AS A PREREQUISITE FOR TH E PROGRAM, PATIENTS MUST COMPLETE NUTRITIONAL COUNSELING THROUGH THE SMMC DIETITIAN. PATIE NTS WHO DO NOT WISH TO PARTICIPATE FULLY IN THE CARDIAC REHAB PROGRAM ARE INVITED TO SIT I N ON HEART DISEASE MANAGEMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	ALL PATIENTS AND INSURANCES ARE BILLED AT 100% OF CHARGES. ST. MARK'S MEDICAL CENTER (SMMC) CONTRACTUALLY NEGOTIATES WITH PAYORS TO ACCEPT SOMETHING LESS THAN 100% OF CHARGES. MEDICARE PAYS BASED ON FEE SCHEDULES AND DIAGNOSIS RELATED GROUPS, ETC. SELF PAY AND THOSE QUALIFYING FOR FINANCIAL ASSISTANCE ARE ALL BILLED AT 100% OF CHARGES UNTIL SUCH TIME IT IS DETERMINED THAT THEY QUALIFY FOR FINANCIAL ASSISTANCE. BASED UPON THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY A PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE ON A SLIDING SCALE, UP TO A MAXIMUM OF 100%. PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE HAVE THEIR ACCOUNTS REDUCED BASED ON THE LEVEL OF FINANCIAL ASSISTANCE. THE BALANCE OF THE ACCOUNT AFTER APPLICATION OF THE DISCOUNT IS HANDLED CONSISTENT WITH THE HOSPITAL'S COLLECTION POLICY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 16A-16C	THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE FAP CAN BE FOUND ON THE FOLLOWING WEBSITE: HTTP://WWW.SMMCTX.ORG/GETPAGE.PHP?NAME=FINANCIAL_ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	FINANCIAL ASSISTANCE APPLICATIONS ARE AVAILABLE WHEN REGISTERING, THROUGH DISCHARGE PLANNING ETC. STATEMENTS FOR SELF PAY HAVE A TAG LINE STATING IF THEY THINK THEY QUALIFY FOR FINANCIAL ASSISTANCE TO PLEASE CALL THIS NUMBER. WHENEVER A BILL IS DISCUSSED AND A PATIENT INDICATES THEY CAN'T PAY UPFRONT, FINANCIAL ASSISTANCE IS EXPLAINED TO THEM SO THAT IN THE EVENT IT APPLIES THEY KNOW ABOUT IT. IT IS ALSO POSTED ON BULLETIN BOARDS THROUGHOUT THE HOSPITAL THAT FINANCIAL ASSISTANCE IS AVAILABLE.

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

2019

Open to Public Inspection

Name of the organization
St Mark's Medical Center

Employer identification number
74-3019849

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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 LINDA MOORE ASST. SECRETARY (START 10/19)	(i)	0	0	0	0	0	0	0
	(ii)	179,718	26,039	29,094	16,435	18,691	269,977	0
2 BARRY HARDING INTERIM CEO	(i)	0	0	0	0	0	0	0
	(ii)	234,900	0	0	0	0	234,900	0
3 RUSSEL CLARK MD DIRECTOR	(i)	551,716	95,000	0	0	0	646,716	0
	(ii)	0	0	0	0	0	0	0
4 TAMMY HARTFIELD CNO	(i)	0	0	0	0	0	0	0
	(ii)	112,583	6,699	11,492	9,115	12,627	152,516	0
5 RICHARD EDEEN PHYSICIAN	(i)	538,695	0	0	0	0	538,695	0
	(ii)	0	0	0	0	0	0	0
6 BROOKE JENNINGS NURSE PRACTITIONER	(i)	135,053	21,500	0	0	0	156,553	0
	(ii)	0	0	0	0	0	0	0
7 CRAIG SIMS DIRECTOR (START 4/20)	(i)	0	0	0	0	0	0	0
	(ii)	312,795	86,218	47,816	8,400	32,456	487,685	0
8 WILSON WEBER DIRECTOR (UNTIL 4/20)	(i)	0	0	0	0	0	0	0
	(ii)	31,321	116,221	1,184	0	12,141	160,867	0
9 DAVID BUTLER ASST. SECRETARY (UNTIL 10/19)	(i)	0	0	0	0	0	0	0
	(ii)	272,196	354,038	48,814	8,105	23,016	706,169	0

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION'S EXECUTIVES, INCLUDING THE CEO, ARE EMPLOYED BY THE PARENT ORGANIZATION COMMUNITY HOSPITAL CORPORATION (CHC) AND THEREFORE FOLLOW THE COMPENSATION POLICY OF CHC. CHC ENGAGED SULLIVAN COTTER TO CONDUCT A COMPETITIVE MARKET ANALYSIS OF THE COMPENSATION OF CHC'S TOP MANAGEMENT OFFICIALS, OFFICERS, DIRECTORS AND KEY EMPLOYEES. SULLIVAN COTTER GATHERED DATA RELATED TO JOB DESCRIPTIONS, SCOPE OF RESPONSIBILITIES, AND CURRENT INCUMBENTS' COMPENSATION. SULLIVAN COTTER RECOMMENDED APPROPRIATE COMPARISON DATA AND UTILIZED SURVEY DATA FROM FOUR MAJOR EXECUTIVE COMPENSATION SURVEY PROVIDERS TO PROVIDE MARKET DATA AND EXECUTIVE COMPENSATION RECOMMENDATIONS THAT MEET CHC'S COMPENSATION PHILOSOPHY. SULLIVAN COTTER'S RECOMMENDATIONS WERE PRESENTED TO THE CHC COMPENSATION COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. CHC ALSO CONDUCTS PERIODIC REVIEWS OF COMPENSATION TO DETERMINE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING. THE ORGANIZATION FOLLOWED THIS PROCESS FOR THE YEAR ENDED JUNE 30, 2020 FOR ITS OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER MANAGEMENT OFFICIALS.
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN PARTICIPATION WAS PAID TO: - DAVID BUTLER - $15,681 - CRAIG SIMS - $17,680

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mark's Medical Center

Employer identification number
74-3019849

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 3	DESCRIPTION OF MANAGEMENT ARRANGEMENT COMMUNITY HOSPITAL CORPORATION (CHC) PROVIDES CERTAIN FINANCIAL, TECHNICAL AND MANAGERIAL SUPPORT SERVICES TO THE HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS CHC, A TEXAS NON-PROFIT CORPORATION, IS THE SOLE MEMBER OF ST. MARK'S MEDICAL CENTER (SMMC).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS CHC AS THE SOLE MEMBER OF SMMC ELECTS THE MEMBERS OF THE BOARD OF DIRECTORS OF SMMC AND IS EMPOWERED WITH THE ABILITY TO REMOVE DIRECTORS, WITH OR WITHOUT CAUSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS RESERVED POWERS OF TH E MEMBER: WHILE THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY ITS BOARD OF DIRECTORS, THE APPROVAL OF THE MEMBER FOLLOWING APPROVAL BY THE BOARD OF DIRECTORS SHALL BE NECESSAR Y FOR THE FOLLOWING MATTERS: (A) THE ESTABLISHMENT OF OR ANY CHANGE IN THE ACTIVITIES, PHI LOSOPHY, MISSION OR PURPOSE OF THE CORPORATION AS SET BY THE MEMBER; (B) ANY AMENDMENTS OR REVISIONS TO THE CERTIFICATE OF FORMATION OR BYLAWS OF THE CORPORATION; (C) ANY AMENDMENT S OR REVISIONS OF THE CERTIFICATE OF FORMATION OR BYLAWS OF ANY SUBSIDIARY CORPORATION OF THE CORPORATION; (D) THE CREATION OF, OR INVESTMENT IN, ANY SUBSIDIARY ENTITY, PARTNERSHIP OR VENTURE; (E) ANY AMENDMENT, REVISION OR TERMINATION OF THE PARTNERSHIP AGREEMENT OF AN Y PARTNERSHIP OR REGULATIONS OF ANY LIMITED LIABILITY COMPANY TO WHICH THE CORPORATION IS A PARTY; (F) THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION; (G) ALL MATERIAL EXPENDITURE DEVIATIONS ($25,000 IN ANY SINGLE OR SERIES OF TRANSACTIONS) FROM THE ANNUAL OPERATING AND CAPITAL BUDGETS; (H) THE PURCHASE OR ACQUISITION OF ANY REAL PERSONAL, OR MI XED PROPERTY BY THE CORPORATION IN EXCESS OF $25,000 THAT IS NOT PROVIDED FOR IN THE CORPO RATION'S ANNUAL OPERATING OR CAPITAL BUDGETS; (I) THE SALE, MORTGAGE, ENCUMBRANCE, TRANSFE R, LEASE, GIFT, OR OTHER DISPOSITION OF ANY REAL PROPERTY OF THE CORPORATION; (J) ANY SALE , GIFT, EXCHANGE, LEASE, MORTGAGE OR OTHER TRANSFER OR ENCUMBRANCE (COLLECTIVELY, "TRANSFE R") OF THE PERSONAL PROPERTY OF THE CORPORATION (TANGIBLE OR INTANGIBLE) IF THE SUM OF SUC H TRANSFER AND THE SUM OF ALL PRIOR TRANSFERS PER FISCAL YEAR, EXCEED $50,000.00; (K) ANY DEBT OR FINANCING ARRANGEMENT OF THIS CORPORATION, EXCEPT USUAL AND CUSTOMARY TRADE DEBTS WHICH IS INCURRED IN THE ORDINARY COURSE OF BUSINESS OF THE CORPORATION; (L) SETTLEMENT OF ANY CLAIMS OR LITIGATION INVOLVING THE CORPORATION; (M) THE MERGER, DISSOLUTION, OR CONSO LIDATION OF THE CORPORATION OR SUBSIDIARY CORPORATION; (N) THE EXECUTION, REVISION, AMENDM ENT, EXTENSION, NON-RENEWAL OR TERMINATION OF ANY MANAGEMENT, EMPLOYMENT, LEASE, OR SERVIC E CONTRACT, WITH AN ANNUAL COMPENSATION IN EXCESS OF $30,000 OR AN AGGREGATE COMPENSATION IN EXCESS OF $50,000; (O) ANY DEBTS, LOANS, GUARANTIES, OR GRANTS NOT INCLUDED AND APPROVE D AS PART OF THE CORPORATION'S ANNUAL OPERATING AND CAPITAL BUDGETS; (P) THE ELECTION OF T HE MEMBERS OF THE BOARD OF DIRECTORS OR THE REMOVAL OF SAID BOARD MEMBER, WHETHER WITH OR WITHOUT CAUSE; (Q) THE APPROVAL OF THE EMPLOYEE POLICIES AND BENEFITS PROGRAMS OF THE CORP ORATION; (R) THE APPROVAL OF MAJOR DEVELOPMENT CAMPAIGNS AND FUND-RAISING; AND (S) THE APP ROVAL OF THE FINANCE MANAGEMENT SYSTEM FOR THE CORPORATION. FORM 990, PART VI, LINE 11B DE SCRIBE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE ORGANIZATION ENGAG ES AN OUTSIDE ACCOUNTING FIRM TO PREPARE FORM 990. ONCE PREPARED, THE FORM IS REVIEWED BY THE ORGANIZATION'S INTERNAL AC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	COUNTANTS PRIOR TO FILING. ELECTRONIC COPIES ARE PROVIDED TO EACH BOARD MEMBER VIA EMAIL U PON COMPLETION OF THE FORM PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE ORGANIZATION FOLLOWS THE CONFLICT OF INTEREST DISCLOSURE PROCESS ADOPTED BY ITS PARENT, CHC, WHICH REQUIRES ALL OFFICERS, DIRECTORS, KEY EMPLOYEES, HIGHLY COMPENSATED EMPLOYEES AND OTHER MANAGEMENT OFFICIALS ("COVERED PERSONS") TO DISCLOSE POTENTIAL CONFLICTS. THE ORGANIZATION'S BOARD FORMALLY ADOPTED CHC'S CONFLICT OF INTEREST POLICY FOR THE YEAR ENDED 6-30-15. PURSUANT TO THE POLICY, A DISCLOSURE STATEMENT IS CIRCULATED ANNUALLY TO COVERED PERSONS IN WHICH THE INDIVIDUAL MUST DISCLOSE TRANSACTIONS THAT MAY RESULT IN A CONFLICT. COVERED PERSONS ARE ALSO ENCOURAGED TO NOTIFY THE BOARD, APPROPRIATE MANAGEMENT PERSONNEL, CHIEF COMPLIANCE OFFICER, GENERAL COUNSEL OR THE AUDIT AND COMPLIANCE COMMITTEE OF THE GOVERNING BODY AS NECESSARY. WHEN NECESSARY, THE BOARD CHAIR OR APPROPRIATE BOARD COMMITTEE MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE POTENTIAL CONFLICT OF INTEREST AND RECOMMEND ALTERNATIVES TO THE APPLICABLE TRANSACTION OR ARRANGEMENT OR OTHERWISE DETERMINE IF THE CONFLICT CAN BE RESOLVED. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE ORGANIZATION, AND WHETHER IT IS REASONABLE. THE GOVERNING BOARD OR COMMITTEE MAKES THE DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. ANY MEMBER OF THE BOARD OPERATING UNDER A CONFLICT IS NOT PERMITTED TO BE PRESENT OR OTHERWISE PARTICIPATE IN THE VOTE ON ANY MATTER TO WHICH THE CONFLICT RELATES. IF THE GOVERNING BOARD OR COMMITTEE OF THE ORGANIZATION HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST AND AFTER INVESTIGATION THE BOARD OR COMMITTEE DETERMINES THAT THE COVERED PERSON FAILED TO DISCLOSE A CONFLICT OF INTEREST, THE ORGANIZATION TAKES APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION, WHICH MAY INCLUDE, TERMINATION OF THE INDIVIDUAL'S MEMBERSHIP, EMPLOYMENT OR CONTRACT.

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Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN THE ORGANIZATION'S EXECUTIVES, INCLUDING THE CEO, ARE EMPLOYED BY THE PARENT ORGANIZATION CHC AND THEREFORE FOLLOW THE COMPENSATION POLICY OF CHC. CHC ENGAGED SULLIVAN COTTER TO CONDUCT A COMPETITIVE MARKET ANALYSIS OF THE COMPENSATION OF CHC'S TOP MANAGEMENT OFFICIALS, OFFICERS, DIRECTORS AND KEY EMPLOYEES. SULLIVAN COTTER GATHERED DATA RELATED TO JOB DESCRIPTIONS, SCOPE OF RESPONSIBILITIES, AND CURRENT INCUMBENTS' COMPENSATION. SULLIVAN COTTER RECOMMENDED APPROPRIATE COMPARISON DATA AND UTILIZED SURVEY DATA FROM FOUR MAJOR EXECUTIVE COMPENSATION SURVEY PROVIDERS TO PROVIDE MARKET DATA AND EXECUTIVE COMPENSATION RECOMMENDATIONS THAT MEET CHC'S COMPENSATION PHILOSOPHY. SULLIVAN COTTER'S RECOMMENDATIONS WERE PRESENTED TO THE CHC COMPENSATION COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. CHC ALSO CONDUCTS PERIODIC REVIEWS OF COMPENSATION TO DETERMINE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING. THIS PROCESS IS PERFORMED EACH YEAR PRIOR TO THE ANNUAL EMPLOYEE EVALUATION PROCESS, WHICH ENDS ON JULY 1ST OF EACH YEAR.

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Return Reference	Explanation
FORM 990, PART VI, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE AT ITS BUSINESS OFFICE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mark's Medical Center

Employer identification number
74-3019849

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

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.

See Additional Data Table

(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

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) Disproprtionate 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	

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)COMMUNITY HEALTH ASSURANCE SPC LTD POB 69GY GRAND CAYMAN CJ	CAPTIVE INSURANCE	CJ	CHC	C Corp	0	0	0 %		No
(2)COMMUNITY HOSPITAL CONSULTING INC 7800 N DALLAS PKWY STE 200 PLANO, TX 75024 20-4710183	MGMT CONSULTING	TX	CHC	C Corp	0	0	0 %		No

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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)COMMUNITY HOSPITAL CORPORATION	p	3,352,055	COST

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-3019849
Name: St Mark's Medical Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
PO BOX 1591 BEAUMONT, TX 77704 74-1303720	HOSPITAL	TX	501(c)(3)	3	SWCH INC		No
3080 COLLEGE ST BEAUMONT, TX 77701 76-0453250	PRIMARY CARE	TX	501(c)(3)	3	BHSET		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 75-2725353	SUPPORT ORG	TX	501(c)(3)	12C-III-FI	CHC		No
1200 CARL RAMERT DR YOAKUM, TX 77995 74-2323822	HOSPITAL	TX	501(c)(3)	3	CHC		No
800 E DAWSON ST TYLER, TX 75701 20-0991990	HOSPITAL	DE	501(c)(3)	3	CCC		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 20-1150480	HOSPITAL	TX	501(c)(3)	3	CCC		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 37-1485773	SUPPORT ORG	DE	501(c)(3)	12C-III-FI	CHC		No
4214 ANDREWS HIGHWAY MIDLAND, TX 79703 46-3053684	HOSPITAL	DE	501(c)(3)	3	CCC		No
1900 PINE STREET 5TH FLOOR ABILENE, TX 79601 46-3607347	HOSPITAL	DE	501(c)(3)	3	CCC		No
900 HOSPITAL DRIVE 4TH FLOOR MADISONVILLE, KY 42431 46-5033192	HOSPITAL	DE	501(c)(3)	3	CCC		No
2501 KENTUCKY AVE 5TH FL PADUCAH, KY 42003 46-5032999	HOSPITAL	DE	501(c)(3)	3	CCC		No
1 TRILLIUM WAY CORBIN, KY 40701 20-0925675	HOSPITAL	KY	501(c)(3)	3	CCC		No
706 KING STREET KINGS MOUNTAIN, NC 28086 56-0691100	HOSPITAL	NC	501(c)(3)	3	CAR CC		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 46-5590355	SUPPORT ORG	DE	501(c)(3)	12B-II	CHC		No
188 HOSPITAL LANE JELLICO, TN 37762 62-0924706	HOSPITAL	TN	501(c)(3)	3	CHC		No
500 W 4TH STREET ODESSA, TX 79761 47-3539943	HOSPITAL	DE	501(c)(3)	3	CCC		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 75-2638469	SUPPORT ORG	TX	501(c)(3)	12C-III-FI	Na		No
1200 CARL RAMERT DR YOAKUM, TX 77995 45-3609830	SUPPORT ORG	TX	501(c)(3)	12A-1	YCH		No
810 HOSPITAL DRIVE 235 BEAUMONT, TX 77701 61-1557670	SUPPORT ORG	TX	501(c)(3)	7	BHSET		No
10648 PARK ROAD CHARLOTTE, NC 28210 75-3054855	HOSPITAL	NC	501(c)(3)	3	CAR CC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 81-4337246	SUPPORT ORG	TX	501(c)(3)	7	CHC		No
7800 N DALLAS PKWY STE 200 PLANO, TX 75024 81-3048423	HOSPITAL	TX	501(c)(3)	3	CCC		No
One St Marks Place La Grange, TX 78945 74-2795943	SUPPORT ORG	TX	501(c)(3)	7	Na		No
1900 HOSPITAL BLVD GAINESVILLE, TX 76240 83-1683025	HOSPITAL	TX	501(c)(3)	3	CHC		No
110 MEMORIAL HOSPITAL DRIVE HUNTSVILLE, TX 77340 84-3654542	HOSPITAL	TX	501(C)(3)	3	CHC		No
110 MEMORIAL HOSPITAL DRIVE HUNTSVILLE, TX 77340 76-0500960	PUBLIC CHARI.	TX	501(C)(3)	10	HUNTSVILLE		No