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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions

C
Mary Washington Healthcare Group Return
2300 Fall Hill Avenue #509
Fredericksburg, VA 22401

D Employer Identification Number
20-1106426

E Telephone number
540-741-1821

G Gross receipts $ 665,929,164.

F Name and address of principal officer
Same As C Above

H(a) Is this a group return for affiliates? [X] Yes [ ] No
H(b) Are all affiliates included? [X] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► http://www.marywashingtonhealthcare.com/

H(c) Group exemption number ► 4243

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ► **L** Year of Formation 1983 **M** State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Our mission is to improve the health status of all people in our community. Through our subsidiaries we provide inpatient and outpatient hospital services and other medical services.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	65
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	46
5	Total number of employees (Part V, line 2a)	5	4,963
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,548,208.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-105,458.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,161,889.	1,923,578.
9	Program service revenue (Part VIII, line 2g)	509,229,150.	605,452,646.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,614,949.	9,706,106.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,960,471.	48,711,575.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	550,966,459.	665,793,905.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,778,452.	1,532,771.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	201,348,292.	254,841,879.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 144,492.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	321,644,594.	400,937,759.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	525,771,338.	657,312,409.
19	Revenue less expenses Subtract line 18 from line 12	25,195,121.	8,481,496.

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	461,172,177.	505,736,319.
21	Total liabilities (Part X, line 26)	369,156,060.	335,971,829.
22	Net assets or fund balances Subtract line 21 from line 20	91,497,520.	169,764,490.

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

► Winifred J Haikey — Signature of officer — Date 11/10/10

► Winifred J. Haikey — Type or print name and title — Sr Vice President

Paid Preparer's Use Only

Preparer's signature ► Self-Prepared	Date	Check if self-employed ► [ ]	Preparer's identifying number (see instructions) [redacted]
Firm's name (or yours if self-employed), address, and ZIP + 4 ► [redacted]		EIN ► [redacted]	
		Phone no ► [redacted]	

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

GT 23

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Our mission is to improve the health status of all people in our community. Through our subsidiaries we provide inpatient and outpatient hospital services and other medical services.

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 [redacted]) (Expenses $ 639,605,307. including grants of $) (Revenue $ 601,516,390.)

Provision of inpatient and outpatient general acute care hospital, psychiatric hospital services, home health and hospice services, imaging and ambulatory surgery services and physician services.

4b (Code [redacted]) (Expenses $ including grants of $) (Revenue $)

4c (Code [redacted]) (Expenses $ including grants of $) (Revenue $)

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

4e Total program service expenses ► 639,605,307.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12 A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If *'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18	X	
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		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 451		
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		X
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 4,963		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b	X	
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		X
b	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 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	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any 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 other 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			

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 65		
b	Enter the number of voting members that are independent	1b 46		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? See Sch O	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		X

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

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Winifred J. Haikey 2300 Fall Hill Avenue Suite 509 Fredericksburg VA 22401 540-741-18

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

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 organizations's tax year Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of 'key employees '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Fred M. Rankin, III President	40	X		X				0.	732,327.	222,955.
John F. Fick, III Chairman	12	X		X				0.	0.	0.
Michael P. McDermott, M.D. Vice Chair	8	X		X				0.	0.	0.
Donald H. Newlin Secretary/Treas	8	X		X				0.	0.	0.
John D. Burrow Trustee	2	X						0.	0.	0.
Richard C. Earnhardt, M.D. Trustee	2	X						15,000.	0.	0.
Jan C. Erkert Trustee	2	X						0.	0.	0.
Rev. Allen H. Fisher, Jr. Trustee	2	X						0.	0.	0.
Jane R. Ingalls, RN, PhD Trustee	2	X						0.	0.	0.
James A. Lewis Trustee	2	X						0.	0.	0.
Cindy S. Marrow, M.D. Med Staff Pres	2	X						28,167.	0.	0.
Raymond C. McAfoose Trustee	2	X						0.	0.	0.
Patrick J. McManus, M.D. Trustee	2	X						0.	0.	0.
Raymond L. Slaughter Trustee	2	X						0.	0.	0.
Jonathan D. Wallace Trustee	2	X						0.	0.	0.
Alda L. White Trustee	2	X						0.	0.	0.
Douglas G. Stewart Chair MWHF	2	X		X				0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Katherine Greenlaw Vice Chair MWHF	4	X		X				0.	0.	0.
William B. Young S/T MWHF	2	X		X				0.	0.	0.
Edward V. Allison, Jr. Trustee	2	X						0.	0.	0.
Sean T. Barden Trustee	40	X		X				0.	407,880.	28,818.
William Boldon Trustee	2	X						0.	0.	0.
Mark A. Butterworth Trustee	2	X						0.	0.	0.
Karen Chichester Trustee	2	X						0.	0.	0.
R. Leigh Frackelton, Jr Trustee	2	X						0.	0.	0.
Jeffrey A. Frazier Trustee	2	X						0.	0.	0.
Rochelle Grey Trustee	2	X						0.	0.	0.
Daniel M. Hoffman Trustee	2	X						0.	0.	0.
Donald J. Kenneweg Trustee	2	X						0.	0.	0.
Walter J. Kiwall Trustee	40	X		X				0.	480,217.	21,626.
1b Total ►								5,482,255.	3,130,161.	781,050.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 12

		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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
Radiologic Assoc of F'burg 10401 Spotsylvania Ave Ste 200 Spotsylvan	Physician Services	10,591,705.
Old Dominion Security 2205 Tomlynn St Richmond, VA 23230-3334	Security Services	3,060,694.
Shiftwise 1800 SW 1st Ave Suite 510 Portland, OH 97201	Staffing Services	2,456,224.
Per-Se Technologies 4718 Carr Dr Fredericksburg, VA 22408	IS Support	2,072,684.
Siemens Medical Solutions 51 Valley Stream Parkway Malvern, PA 1935	I.S.	2,189,759.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 321

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	420,383.			
	d Related organizations	1d	515,541.			
	e Government grants (contributions)	1e	285,611.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	702,043.			
	g Noncash contribns included in lns 1a-1f	$				
	h **Total.** Add lines 1a-1f	►	1,923,578.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Net Patient Services Rev		599976535.	599976535.		
	b Other Operating Income		2,927,903.	2,927,903.		
	c Lab		2,548,208.		2,548,208.	
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	►	605452646.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	►	1,389,242.	1,389,242.		
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
		(i) Real / (ii) Personal				
	6a Gross Rents	10658520.				
	b Less rental expenses					
	c Rental income or (loss)	10658520.				
	d Net rental income or (loss)	►	10,658,520.			10,658,520.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	5,712,250.	2,604,614.			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	5,712,250.	2,604,614.			
	d Net gain or (loss)	►	8,316,864.			8,316,864.
	8a Gross income from fundraising events (not including $ 420,383. of contributions reported on line 1c) See Part IV, line 18	a 97,697.				
	b Less direct expenses	b 135,259.				
	c Net income or (loss) from fundraising events	►	-37,562.	-37,562.		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	►				
	Miscellaneous Revenue	Business Code				
	11a Personnel Services		17,831,323.	17,831,323.		
	b Management Service		14,664,046.	14,664,046.		
	c Cafeteria		3,989,158.	3,989,158.		
	d All other revenue		1,606,090.	1,606,090.		
	e **Total.** Add lines 11a-11d	►	38,090,617.			
	12 **Total revenue.** See instructions	►	665793905.	642346735.	2,548,208.	18,975,384.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,515,771.	1,515,771.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	17,000.	17,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,253,732.	2,192,877.	60,358.	497.
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	203,272,581.	197,783,898.	5,443,893.	44,790.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,850,782.	12,503,790.	344,160.	2,832.
9 Other employee benefits	20,271,736.	19,724,367.	542,902.	4,467.
10 Payroll taxes	16,193,048.	15,755,810.	433,670.	3,568.
11 Fees for services (non-employees)				
a Management	64,006,328.	62,278,055.	1,714,170.	14,103.
b Legal	14,720.	14,323.	394.	3.
c Accounting	47,900.	46,607.	1,282.	11.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	321,415.	312,736.	8,608.	71.
12 Advertising and promotion	489,075.	475,869.	13,098.	108.
13 Office expenses	108,484,418.	105,555,166.	2,905,348.	23,904.
14 Information technology	4,849,180.	4,718,244.	129,868.	1,068.
15 Royalties	13,949.	13,572.	374.	3.
16 Occupancy	15,325,932.	14,912,107.	410,448.	3,377.
17 Travel	1,124,773.	1,094,402.	30,123.	248.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	234,321.	227,994.	6,275.	52.
20 Interest	13,183,053.	12,827,090.	353,058.	2,905.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,438,719.	25,724,831.	708,062.	5,826.
23 Insurance	6,261,263.	6,092,199.	167,684.	1,380.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Bad Debt Expense	91,516,495.	89,045,404.	2,450,926.	20,165.
b Contract Personnel	18,855,472.	18,346,344.	504,973.	4,155.
c CRNA Services - CRNA,LLC	9,237,604.	8,988,174.	247,395.	2,035.
d Physician Patient Services	6,499,082.	6,323,596.	174,054.	1,432.
e Physician Services	4,151,691.	4,039,589.	111,187.	915.
f All other expenses	29,882,369.	29,075,492.	800,300.	6,577.
25 **Total functional expenses.** Add lines 1 through 24f	657,312,409.	639,605,307.	17,562,610.	144,492.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	871,277.	1	1,836,073.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	11,764,321.	3	14,339,110.
	4	Accounts receivable, net	58,119,814.	4	76,252,634.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,709,047.	7	4,116,641.
	8	Inventories for sale or use	6,008,496.	8	8,475,357.
	9	Prepaid expenses and deferred charges	2,709,047.	9	4,018,839.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 630,400,386.			
	b	Less accumulated depreciation — 10b: 302,596,213.	305,884,096.	10c	327,804,173.
	11	Investments – publicly-traded securities	64,306,192.	11	50,835,473.
	12	Investments – other securities See Part IV, line 11		12	18,027,257.
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	30,761.
	15	Other assets See Part IV, line 11	8,799,887.	15	1.
	16	**Total assets** Add lines 1 through 15 (must equal line 34)	461,172,177.	16	505,736,319.
LIABILITIES	17	Accounts payable and accrued expenses	37,230,685.	17	38,694,793.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	299,154,870.	20	293,455,568.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	32,770,505.	25	3,821,468.
	26	**Total liabilities.** Add lines 17 through 25	369,156,060.	26	335,971,829.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	79,784,715.	27	155,455,585.
	28	Temporarily restricted net assets	10,362,939.	28	12,959,039.
	29	Permanently restricted net assets	1,349,866.	29	1,349,866.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	91,497,520.	33	169,764,490.
	34	Total liabilities and net assets/fund balances	460,653,580.	34	505,736,319.

Part XI Financial Statements and Reporting

		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		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

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.** ► **See separate instructions.**

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Mary Washington Healthcare Group Return	20-1106426

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 11, 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)

3 ☒ A hospital or 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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g (i)**		
(ii) a family member of a person described in (i) above? **11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g (iii)**		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of Support
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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 IV)						
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 2009 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 – 2008.** 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 – 2009** 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 IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** 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 IV 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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV)						
13 **Total support.** (add lns 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

Mary Washington Healthcare Group Return

Employer Identification number

20-1106426

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may 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' to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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 8/17/06	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 easement it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 XIV

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 organization answered 'Yes' to 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 XIV 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? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to 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	21,610,171.	32,070,931.			
b Contributions	814,062.	1,540,350.			
c Net investment earnings, gains, and losses	4,245,722.	-7,184,497.			
d Grants or scholarships	-14,500.	20,000.			
e Other expenditures for facilities and programs	1,218,011.	4,796,613.			
f Administrative expenses					
g End of year balance	25,437,444.	21,610,171.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 67.39 %
b Permanent endowment ► 27.66 %
c Term endowment ► 4.95 %

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		X
(ii) related organizations		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		17,887,367.		17,887,367.
b Buildings		247,125,203.	56,166,371.	190,958,832.
c Leasehold improvements		13,574,669.	1,724,249.	11,850,420.
d Equipment		303,940,579.	239,973,413.	63,967,166.
e Other		47,872,568.	4,732,180.	43,140,388.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	327,804,173.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total *(Column (b) must equal Form 990 Part X, col (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, Col (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
	3,821,468.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ►	3,821,468.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	665,793,905.
2	Total expenses (Form 990, Part IX, column (A), line 25)	657,312,409.
3	Excess or (deficit) for the year Subtract line 2 from line 1	8,481,496.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	8,481,496.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	665,793,905.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	665,793,905.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	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	665,793,905.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	657,312,409.
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 XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	657,312,409.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses Add lines **3** and **4c** (This must equal Form 990, Part I, line 18)		5	657,312,409.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

The interest earned from the endowment funds is used to fund scholarships and grants in furtherance of our mission.

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

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

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

- [X] Mail solicitations
- [X] Internet and email solicitations
- [X] Phone solicitations
- [X] In-person solicitations
- [X] Solicitation of non-government grants
- [X] Solicitation of government grants
- [X] Special fundraising events

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						0.

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SHF Golf Tourn (event type)	(b) Event #2 MWH Golf Tourn (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	258,555.	143,131.	116,394.	518,080.
	2 Less Charitable contributions	204,357.	112,112.	103,914.	420,383.
	3 Gross income (line 1 minus line 2)	54,198.	31,019.	12,480.	97,697.
DIRECT EXPENSES	4 Cash prizes		940.	700.	1,640.
	5 Noncash prizes	17,133.	13,410.		30,543.
	6 Rent/facility costs	5,000.	17,834.	12,200.	35,034.
	7 Food and beverages	7,247.	1,059.	18,070.	26,376.
	8 Entertainment	16,250.		2,500.	18,750.
	9 Other direct expenses	11,895.	1,664.	9,357.	22,916.
	10 Direct expense summary Add lines 4- through 9 in column (d)			►	135,259.
	11 Net income summary Combine lines 3, column (d) and line 10			►	-37,562.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1, column (d) and line 7			►	

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name ►				
Address ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____				
c If 'Yes,' enter name and address of the third party				
Name ►				
Address ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $_____				
Description of services provided ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered 'Yes' to Form 990, Part IV, question 20.
► Attach to Form 990
► See separate instructions

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If 'No,' skip to question 6a	1a	X	
b If 'Yes,' is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals [X] Applied uniformly to all hospitals [ ] Applied uniformly to most hospitals [ ] Generally tailored to individual hospital			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If 'Yes,' indicate which of the following is the family income limit for eligibility for free care [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If 'Yes,' indicate which of the following is the family income limit for eligibility for discounted care [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	3b	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4 Does the organization's policy provide free or discounted care to the 'medically indigent'?	4	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b If 'Yes,' did the organization's charity care expenses exceed the budgeted amount?	5b		X
c If 'Yes' to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Does the organization prepare an annual community benefit report?	6a	X	
b If 'Yes,' does the organization make it available to the public?	6b	X	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from *Worksheets 1 and 2*)			20,272,953.		20,272,953.	3.52
b Unreimbursed Medicaid (from *Worksheet 3, column a*)			47,346,211.	33,533,049.	13,813,162.	2.40
c Unreimbursed costs – other means-tested government programs (from *Worksheet 3, column b*)						
d Total Charity Care and Means-Tested Government Programs	0	0	67,619,164.	33,533,049.	34,086,115.	5.19
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,586,007.	496,780.	3,089,227.	0.54
f Health professions education (from Worksheet 5)			846,779.	73,420.	773,359.	0.13
g Subsidized health services (from Worksheet 6)			62,770,293.	41,411,354.	13,527,446.	2.35
h Research (from Worksheet 7)			322,163.	109,607.	212,556.	0.04
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,472,425.		1,472,425.	0.26
j Total Other Benefits	0	0	68,997,667.	42,091,161.	19,075,013.	2.90
k Total (line 7d and 7j)	0	0	136,616,831.	75,624,210.	53,161,128.	8.09

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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
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			987,676.		987,676.	0.17
9 Other						
10 Total	0	0	987,676.	0.	987,676.	0.15

Part III Bad Debt, Medicare, & Collection Practices

Section A Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		X
2	Enter the amount of the organization's bad debt expense (at cost)	2 31,762,668.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3 6,034,907.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit See Part VI			

Section B Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	153,031,631.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	181,271,815.
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-28,240,184.
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 See Part VI		

[X] Cost accounting system [ ] Cost to charge ratio [ ] Other

Section C Collection Practices

9a	Does the organization have a written debt collection policy?	9a	X	
b	If 'Yes,' does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

	(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	Medical Imaging of Fredburg	Outpatient Imaging	51.0000		49.0000
2	Fred. Ambulatory Surgery Cn	Ambulatory Surgical Serv.	77.5000		22.5000
3	Virginia Urgent Care	Urgent Care Services	80.0000		
4	Tompkins Martin Med Plaza	Medical Office Building	80.5000		19.5000
5	Bunker Hill Partners	Medical Office Building	20.0000		20.0000
6	Cowan Investment Partners	Medical Office Building	12.5000		37.5000
7	Med Plaza at Cosner Corner	Medical Office Building	39.5000		47.4000
8	MediCorp Properties Mngmt C	Property Management	100.0000		
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed Hospital	General medical and surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER 24 hours	ER other	Other (describe)
Mary Washington Hospital, Inc 1101 Sam Perry Blvd Fredericksburg, VA 22401	X	X					X		397 Bed Acute Care Hospital Lvl 2 Trauma
Stafford Hospital, LLC 101 Hospital Center Blvd Stafford, VA 22554	X	X					X		100 Bed Hospital
Snowden at Fredericksburg 1200 Sam Perrry Blvd Fredericksburg, VA 22401	X								40 Bed Psychiatric Hospital
Next Care - Urgent Care Cntr 330 White Oak Road Fredericksburg, VA 22405									Urgent Care Center
Next Care - Urgent Care Cntr 5325 Plank Rd. Ste 105 Fredericksburg, VA 22407									Urgent Care Center
Next Care - Urgent Care Cntr 15 South Gateway Drive Fredericksburg, VA 22406									Urgent Care Center
Emerg. & Outpatient Serv Lee's 10401 Spotsylvania Ave., Suite Fredericksburg, VA 22408	X	X					X		Free Standing Emerg. Dept.

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Part III, Line 4 - Bad Debt Expense

Bad Debt Expense attributable to patients eligible under charity care policy

Part III, Line 3

Per the US Census Bureau for the Commonwealth of Virginia in 2000, the average persons per household was 2.54, and 10.2% of people fell below the poverty level in 2008. Since that time the economy has changed and per the 2009 community needs assessment Thompsons Reuters data and utilizing the 2.54 persons per household figure and Federal Poverty Guidelines, there are 26,947 households living under the 200% federal poverty level for a grand total of about 68,446 people in our primary service area (PSA). Compared to the total PSA population of 358,178 this would come out to about 19% of people in our PSA that live under the 200% federal poverty level, thus estimating 19% of our bad debt attributable to patients eligible for charity care.

Although it would be ideal to state that all eligible charity care recipients are categorized under the charity care numbers it is unreasonable to say so as we are aware of applicants who forget or refuse to complete the proper documentation in order to be considered for the program. We have taken significant steps to make the charity care application process simpler for applicants and will continue to strive

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V. See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Part III, Line 4 - Bad Debt Expense (continued)

towards the inclusion of all charity care eligible patients into the charity care expense numbers.

Part III, Line 8 - Explanation Of Shortfall As Community Benefit

As a not-for-profit hospital it is our mission to improve the health status of ALL people within our community and to provide healthcare to all patients regardless of their ability to pay or their insurance status. MWHC accepts Medicare and Medicaid and as the IRS and Congress is aware, it is common for not-for-profit facilities to not completely recoup the cost of caring for those patients utilizing these programs. It is arguable that by assisting these patients and accepting the shortfalls in repayment, the organization is in fact relieving government burden and providing a significant community benefit to our service area.

Part VI - Needs Assessment

2 - Mary Washington Healthcare and its affiliates (Mary Washington Hospital, Mary Washington Hospital Foundation, Stafford Hospital, LLC, Stafford Hospital Center Foundation, MediCorp Properties, Inc., MediCorp Health Services, and Mary Washington Healthcare Clinical Services, Inc.) has as its mission to improve the health status of members of its community, Fredericksburg, VA and the surrounding six (6) counties. The organization assesses the health care needs of the communities it serves in numerous ways including: 1) Soliciting input from the HealthCare Assembly

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Part VI - Needs Assessment (continued)

that encompass individual members representing each of the counties in MediCorp's service area, and 2) performing periodic community needs assessments for each county in collaboration with government agencies and other community organizations.

Part VI - Patient Education of Eligibility for Assistance

#3 - Mary Washington Healthcare affiliates provide information to patients about our charity care/financial assistance programs through signage at intake areas, flyers at admissions, notices on bills and collections statements. Financial counselors are also available to assist patients with their bills.

Part VI - Community Information

#4 - Mary Washington Healthcare provides exceptional medical services to the City of Fredericksburg and the surrounding "community" that consist of the Primary Service Area counties of Stafford, King George, Spotsylvania, Westmoreland, Orange, Prince William, and Secondary Service Area counties of Manassas, Fauquier, Culpeper, Louisa, Essex, and Richmond. Established in 1899, Mary Washington Hospital (MWH), a 437 bed acute care facility, offers comprehensive healthcare and multiple centers of excellence including cardiology and cardiovascular surgery, psychiatry, and women and infant health. Stafford Hospital, LLC, a 110 bed acute care facility, also offers comprehensive healthcare services. Both MWH and SH are accredited by The Joint Commission and licensed by the Commonwealth of Virginia Department of Health

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Part VI - Community Information (continued)

and the Department of Mental Health, Mental Retardation and Substance Abuse Services. MWH also provides advance radiation therapy through the Cancer Center of Virginia and home health services through Mary Washington Home Health.

As of the most recent census within the respective counties the majority of the geographic service areas in which both hospitals serve are made up of about 4,164.5 square miles of suburban and rural land. Community residents in the Primary Service areas earn a median income per household of $57,088/ year, with a collective average of 7.2% of the entire Primary Service Area living below the Federal Poverty Guidelines. The primary service area has an estimated population of 657,718 individuals and 187,202 households.

Part VI - Community Building Activities

#5 - In furtherance of its mission to improve the health status of the community it serves the organization promotes workforce development for the recruitment of physicians and other health professionals in areas identified as shortage areas through its community needs assessments and medical staff development plans. Recruitment of physicians to practice in MWHC's service area improves access to care resulting in greater availability of physician specialists, less travel to obtain care, and shorter wait times for appointments.

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Part VI - Community Building Activities (continued)

The subsidy to the Chamber of Commerce, for the leadership training for young Community Leaders, enhances these Leaders ability to identify, address, and manage community needs; increase community awareness of health needs and improves collaboration among leaders in addressing community health needs.

Part VI - Explanation Of How Organization Furthers Its Exempt Purpose

#6 - Mary Washington Hospital and Stafford Hospital, LLC each operate an emergency room that is open to all persons regardless of ability to pay; have open medical staffs with privileges to all qualified physicians who apply, have a governing body with a majority of independent trustees, and participate in Medicaid, Medicare and other government sponsored health care programs. Mary Washington Healthcare Clinical Services, Inc. through its subsidiaries provides ancillary health services including outpatient and ambulatory surgery, and home health/hospice services.

The organization utilized surplus funds to expand services provided to the community (in response to the community needs assessments), upgrade facilities and equipment to enhance clinical care and physician connectivity to patient electronic health records, and health education programs.

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4; Part III, line 8, Part III, line 9b, and Part V See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals 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)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Part VI - Affilated Health Care System Roles and Promotion

#7 - Mary Washington Healthcare Affiliates include two (2) hospitals, other clinical services that include an ambulatory surgery center, hospice/home health, independent diagnostic testing facilities, and physician practices; two (2) foundations and a property division. All activities of this group are coordinated and overseen by the parent's (Mary Washington Healthcare) Board of Trustees. The Affiliated Groups activities are closely planned/integrated through interlocking Boards to ensure the most effective delivery of care. Each member of the Affiliated Group focuses efforts in its particular area of responsibility and is accountable to the Parent's Board for achieving its mission and goals for the provision of health care. The division of services above allows patients to access care in the most appropriate setting. The governance oversight provided by the parent guarantees optimal coordination of the various segments of care and ensures high quality service as economically as possible.

Part VI - States Where Community Benefit Report Filed

VA

Part V - Explanation of Number of Facility Type

Additional Information

MWHC operates in the Commonwealth of Virginia. Virginia does not provide for the

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals 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)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Information (continued)

filing of either the Form 990 or an Annual Community Benefit Report.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

Mary Washington Healthcare Group Return

Employer identification number

20-1106426

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bragg Hill Family Life Center 400 Bragg Hill Dr. Fredericksburg, VA 22401	20-3900724		42,000.	0			SHINE program
Central Virginia Health Services 1506 Palmyra Ave. Richmond, VA 23227	54-0887287		78,260.	0.			Lay Health Promoter
Fredericksburg Christian Hlth Cn 1129 Heatherstone Dr Fredericksburg, VA 22407	54-2061482		50,000	0			Coronary Heart Disease/ Indig Patient Program
Fredericksburg Counseling Servic 305 Hanson Ave , #140 Fredericksburg, VA 22401	54-0844464		18,500	0.			Counseling Services
Fredericksburg Dept of Soc Serv 608 Jackson St. Suite 100 Fredericksburg, VA 22401	54-6001293		23,142.	0.			Community Based Eligibility Worker
Germanna Community College 2130 Germanna Highway Locust Grove, VA 22508	54-1268292		62,869.	0.			Online LPN-RN Program
Guadalupe Free Clinic of Colonia P.O. Box 275 Colonial Beach, 22443	51-0635977		25,000.	0			Guadalupe Free Clinic
Lloyd Moss Free Clinic 1301 Sam Perry Blvd Fredericksburg, VA 22401	54-1677934		800,000	0			Health Clinic

2 Enter total number of section 501(c)(3) and government organizations ► 16

3 Enter total number of other organizations ► 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
April Jett Wills Memorial Nursing	1	500			
Barbara Kane Nursing Scholarship	1	500			
Caitlin Morris Nursing Oncology	1	1,000			
Charles M. "Pete" Hearn Fellowship	2	1,500			
Cora Graves Allison Nursing Scholarship	1	500			
Elaine Lewis Nursing Scholarship	1	500			
Elizabeth B Ryan &Catherine Ryan LeGath	1	500			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Grantmaker's Description of How Grants are Used

Grants are awarded on recommendation by a selection committee and then approved by the Board of Trustees of the Foundation(s). The selection committee comprised primarily of community members, reviews the proposals, meets to discuss them, and then recommends whether or not a program is funded and, if so, at what lebel. The Foundation(s) Board of Trustees then receives the recommendation and a vote is taken. All votes are recorded in the Foundations' board minutes.

We require all grant recipients to provide a six-month and final report descibing how they have met the objectives of the funded program. This includes a narrative portion explaining the program activities, any challenges they have had, and evaluation

Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)

process for each objective they agree to complete. The funded agency is also required to submit the number of individuals served. We do not monitor scholarship recipients after they are awarded the scholarship. We do ask for proof of acceptance into the college/university program along with their application and send the monies directly to the program. At this time the organization is devisins a monitoring schedule and protocol to ensure that all scholarship recipients remit grades for review upon semester completion.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Mary Washington Healthcare Group Return

Employer identification number

20-1106426

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lloyd Moss Free Clinic 1301 Sam Perry Blvd. Fredericksburg, VA 22401	54-1677934		100,000.				Community Pharmacy
Northern Neck Alliance, Inc PO Box 40 Colonial Beach, VA 22443	54-1678053		10,000.				Head Start
Rapp Counc Against Sexual Assaul P O Box 1276 Fredericksburg, VA 22402	54-1443112		20,000				Continuum-of-Care Counseling
Rapp. Comm College Edu. Foundat PO Box 923 Warsaw, 22572	51-0252676		35,000.				Assoc. Degree Nursing Program
Spotsylvania County Public Schls 6921 N Roxbury Mill Rd Spotsylvania, VA 22551	54-6001624		40,000.				Healthy Bodies
Stafford County Edu Foundation PO Box 2412 Stafford, VA 22555	74-3216260		21,000.				Scholarship in Nursing
Stafford County Public Schools 31 Stafford Ave. Stafford, VA 22554	54-6001628		10,000.				Technology Biomed Sciences
Stafford County Treasurer PO Box 68 Stafford, VA 22555	54-6001626		150,000				Mobile Med Unit
Stafford Dept of Soc Serv PO Box 7 Stafford, VA 22554	54-6001626		20,000				Health Insurance Enrollment

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Fredericksburg Emergency Medical Alliance Scholarship	2	500			
Hewetson Nursing Scholarship	1	500			
Ida Richardson Jenkins Memorial Scholarship	1	500			
Janice Hunt Scholarship	1	1,000.			
Jean C. Williams Memorial Nursing Scholarship	1	500.			
Jeanne Bullock Nursing Scholarship	1	500.			
John Painter Scholarship	1	500.			
Laura Leigh Lumpkin Memorial Scholarship	1	500.			
Libby Pearson Annual Nursing Scholarship	1	500.			
Linda Witmer Nursing Scholarship	1	500.			
Mary F Willis & James G Willis Memorial Sch.	1	1,000			
Mary Washington Hospital Auxiliary Scholarship	1	500.			
Nancy Hazard Memorial Scholarship	1	500			
Rebecca Bennett Nursing Scholarship	1	500			
Sal Kiwall Memorial Scholarship for Clinical Edu	1	500.			
Seth Groover Memorial Scholarship	1	500			
Sue Hall Nursing Scholarship	1	500			
Teresa Dudenas Nursing Scholarship	1	500			
William F Jacobs, Jr. Scholarship in Healthcare Administrat	1	2,000			

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' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
☐ First-class or charter travel			
☒ Travel for companions			
☐ Tax indemnification and gross-up payments			
☐ Discretionary spending account			
☐ Housing allowance or residence for personal use			
☐ Payments for business use of personal residence			
☐ Health or social club dues or initiation fees			
☐ 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	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
☒ Compensation committee			
☒ Independent compensation consultant			
☒ Form 990 of other organizations			
☒ Written employment contract			
☒ Compensation survey or study			
☒ Approval by the board or compensation committee			
4 During the year, did any person listed in 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		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5 For persons listed in 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		X
b Any related organization?	5b		X
If 'Yes' to line 5a or 5b, describe in Part III			
6 For persons listed in 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		X
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III			
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III Part III	7	X	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
James K. Van Renan	(i)	242,956	36,471	38,440.	47,546.	17,234.	382,647.	0
	(ii)	0	0	0.	0.	0.	0	0.
Cathleen A Yablonski	(i)	178,663	8,626	25,844.	726.	16,430.	230,289	0
	(ii)	0	0	0	0.	0.	0	0
Marianna Bedway	(i)	172,270	28,366.	24,620.	7,598.	15,221.	248,075	0
	(ii)	0	0.	0.	0.	0	0.	0
Eileen L Dohmann	(i)	185,497	27,061.	21,727.	6,031.	1,282.	241,598.	0
	(ii)	0	0	0	0.	0	0.	0
James M. Grebosky	(i)	260,045	35,492.	24,751	11,950.	17,294.	349,532	0
	(ii)	0	0	0.	0.	0	0	0
Fred M. Rankin, III	(i)	0	0	0.	0.	0	0.	0
	(ii)	542,128	151,430.	38,769.	212,580.	10,375.	955,282	0
Sean T. Barden	(i)	0	0.	0.	0.	0.	0	0
	(ii)	297,969	53,119	56,792	11,950.	16,868	436,698	0.
Walter J Kiwall	(i)	0.	0	0.	0.	0	0.	0
	(ii)	326,667	65,386.	88,164	10,664	10,962.	501,843	0
Xavier R Richardson	(i)	0.	0.	0.	0.	0	0.	0
	(ii)	184,895	25,614	56,895	24,771.	6,211	298,386	0.
Ravi Mathur	(i)	0	0.	0.	0.	0.	0	0
	(ii)	156,955	25,652	64,091	6,927.	11,608.	265,233	0
J. Thomas Ryan, M.D.	(i)	0	0	0	0.	0.	0.	0
	(ii)	317,036.	56,671	621,928	10,575.	11,549	1,017,759	528,425
Lawrence Robert, M.D	(i)	424,423.	67,500	25,932.	7,350.	17,459	542,664.	0.
	(ii)	0.	0	0.	0.	0	0.	0
Glen Poffenbarger, M	(i)	791,179	100,000	1,710.	11,950.	19,235	924,074.	0
	(ii)	0	0	0	0.	0	0.	0
J T. Sherwood, M D.	(i)	472,616	246,278.	59,587	11,950	17,276.	807,707.	0
	(ii)	0.	0	0	0	0.	0	0.
John Amitage, M.D	(i)	692,226.	10,500	22,406	161,950.	14,626.	901,708	0.
	(ii)	0.	0.	0	0	0.	0.	0.
Pyongsoo Yoon, M D	(i)	437,588.	2,000	90,943	0	12,376	542,907.	0.
	(ii)	0.	0.	0	0.	0	0	0

Part III Supplemental Information

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

Part I, Line 7 - Non-Fixed Payments Not Listed

Schedule J

Part I, Line 7

All executives have as part of their compensation a variable component such that they are eligible to receive a percentage of their base pay as an incentive for the achievement of individual and corporate goals and objectives. Also, physician employees are, as part of their compensation, eligible to receive bonuses based on their productivity.

Part III Supplemental Information

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

Part III - Additional Information

Schedule J - Part I

Trustees who are uncompensated vulunteers traveling for business related reasons on behalf of the organization are reimbursed for the cost of spousal travel. Reimbursements paid for spousal travel are reimbursed and reported as income on a form 1099 in the year paid. Executives who are traveling for business related reasons on behalf of the organization are reimbursed for the cost of spousal meals provided and the amount is reported as income on the executive's W-2.

Part II, Column B (III)

Disclosure: Amounts reported in Column C include the value of group term life insurance, non-qualified retirement plan contributions under IRC Section 457(b), expense accounts and cash-in paid annual leave (PAL) balance.

Part II, Column C

Disclosure:All executives participate in supplemental non-qualified retirement plans. The amount disclosed in Column C represents amounts contributed for the individuals under qualified and nonqualified retirement plans (under IRS Section 403(b), 457(f), 401(a). Amounts contributed to individuals under IRC Section 457(b) are reported under Column B.

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
► See instructions for Schedule J (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Nelson Isada, M D.	(i)	411,018	20,000	36,952.	0.	13,501.	481,471.	0.
	(ii)	0	0.	0	0	0	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
► See instructions for Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the Organization: Mary Washington Healthcare Group Return

Employer Identification number: 20-1106426

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Patti J. Lynch, Jr. Trustee	2	X						0.	0.	0.
Nancy A. Miller Trustee	2	X						0.	0.	0.
Edward O. Minniear Trustee	2	X						0.	0.	0.
Xavier R. Richardson President Found	40	X		X				0.	267,404.	30,982.
Carl D. Silver Trustee	2	X						0.	0.	0.
Judy Smith Trustee	2	X						0.	0.	0.
Keith L. Wampler Trustee	2	X						0.	0.	0.
C.M. Williams Trustee	4	X						0.	0.	0.
Joseph R. Wilson Trustee	2	X						0.	0.	0.
W. Malone Schooler Chairman SHF	2	X		X				0.	0.	0.
Jo D. Knight Vice Chair SHF	2	X		X				0.	0.	0.
Elaine F. Farmer Treasurer SHF	2	X		X				0.	0.	0.
Amelia Jackson-Zaremba Secretary SHF	2	X		X				0.	0.	0.
Margaret Alexander Trustee	2	X						0.	0.	0.
Kevin Breen Trustee	2	X						0.	0.	0.
Clay Huber Trustee	2	X						0.	0.	0.
William R. Johnson Trustee	2	X						0.	0.	0.
Glenn E. Kinard Trustee	2	X						0.	0.	0.
H. Clark Leming Trustee	2	X						0.	0.	0.
Terence A. Mannion Trustee	2	X						0.	0.	0.
Ravi Mathur Trustee	40	X		X				0.	246,698.	18,535.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
► See instructions for Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the Organization

Mary Washington Healthcare Group Return

Employer Identification number

20-1106426

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Charles W. McDaniel Trustee	2	X						0.	0.	0.
Rev. Gregory L. Poss Trustee	2	X						0.	0.	0.
Thomas H. Reger Trustee	2	X						0.	0.	0.
Jack Rowley Trustee	2	X						0.	0.	0.
Paul Edwards, MD SH Med Stf Dir	8	X						6,667.	0.	0.
J. Thomas Ryan, M.D. Chair MWHPhys	40	X		X				0.	995,635.	22,124.
Lawrence Robert, M.D. Vice Chair MWHP	40	X		X				517,855.	0.	24,809.
Cheryl Springhorn S/T MWHPhys	40	X		X				135,834.	0.	7,025.
James K. Van Renan Senior VP	40			X				317,867.	0.	64,780.
Cathleen A. Yablonski Senior VP	40			X				213,133.	0.	17,156.
Marianna Bedway Vice President	40			X				225,256.	0.	22,819.
Eileen L. Dohmann Vice President	40			X				234,285.	0.	7,313.
James M. Grebosky Vice President	40			X				320,288.	0.	29,244.
Glen Poffenbarger, M.D. Physician	40					X		892,889.	0.	31,185.
J.T. Sherwood, M.D. Physician	40					X		778,481.	0.	29,226.
John Amitage, M.D. Physician	40					X		725,132.	0.	176,576.
Pyongsoo Yoon, M.D. Physician	40					X		530,531.	0.	12,376.
Nelson Isada, M.D. Physician	40					X		467,970.	0.	13,501.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

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2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	Economic Development Aut	54-1244413	852431AQ8	12/01/2006	125,000,000.	Build new hospital (SH)		X		X
B	Voluntary Hospitals of A			12/28/2007	14,000,000.	Acquisition of property/equ		X		X
C	Industrial Development A	52-1303430	355849AS9	5/10/2007	81,860,000.	Refunding of 1996 Bonds		X		X
D										
E										

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	132,581,641	14,000,000	86,868,312		
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds	959,500	126,000	583,010		
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds	132,581,641				
8 Year of substantial completion	2009		2007		

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X		X	X					
10 Were the bonds issued as part of an advance refunding issue?		X		X		X				
11 Has the final allocation of proceeds been made?	X		X		X					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X				

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%	0.010	%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%	0.010	%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2 Is the bond issue a variable rate issue?		X		X		X				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X				
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X		X				

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
Permatreat Pest Control	Own. Int. by Trste	24,381.	Ind. Contractor Relationsp		X
Johnson Commercial Real Estate	Own. Int. by Trste	212,841.	Ind. Contractor Relationsp		X
Fayetteville Lithotripsy Healthtrncs	Own. Int. by Trste	619,400.	Ind. Contractor Relationsp		X
Health Tech Resources	5% trstee own Prtr	1,605,910.	Rental		X
Spotsylvania Parkway Medical Plaza	Own. Int. by Trste	331,079.	Rental, Medical Office Spc		X
Mid-Atlantic Cyro-Therapy	Own. Int. by Trste	39,580.	Clinical Services		X

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
McManus & Associates	Own. Int. by Trste	117,149.	Ind Contractor Arrangement		X

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
Mary Washington Healthcare Group Return	20-1106426

Independence

Part I, Item 4 and Part VI, Item 1 (B)

Stricter standards than are required have been used for purposes of determining independence of our Board of Trustees. For example, physicians on the medical staff are not considered to be independent board members.

Reserve Powers

Part VI, Item 7(b)

Members of the Mary Washington Healthcare Group all have one sole member, it's parent Mary Washington Healthcare (MWHC). MWHC has reserved certain powers to itself within each of its subsidiaries organizing documents. These restrictions include amending the governing documents, budgeting, expenditures over certain thresholds. In order to ensure fully integrated operations, the parent and each of the subsidiaries are comprised of identical boards.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

Several entities changed their names: Stafford Hospital, LLC (previously known as Stafford Hospital Center, LLC), Mary Washington Healthcare Clinical Services, Inc. (previously known as MediCorp Clinical Services, Inc.), Mary Washington Healthcare Physicians (previously known as Quantum Physicians), Stafford Hospital Foundation, Inc. (previously known as Stafford Hospital Center Foundation, Inc.).The IRS was previously notified of these changes.

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

Management completes a draft of the Internal Revenue Service (IRS) Form 990 Information Return for the Mary Washington Healthcare Group. At that time the review process begins and the return is submitted to the Audit and Compliance Committee of

Name of the organization: Mary Washington Healthcare Group Return

Employer identification number: 20-1106426

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

the Board for Review and Acceptance. The Form 990 is also made accessible to the Board of Trustees through the Board Website for further review.

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

Every trustee and executive all the way down to our managerial level is required to disclose any and all possible conflicts of interests. The disclosures are made annually and submitted to the MWHC Director of Internal Audit. The Director then presents all conflicts to the Audit & Compliance Committee of the Board of Trustees. The Chairman of the Audit & Compliance Commmittee reports all conflicts to the full board.

The conflicts are continually and actively managed. Individuals with conflicts disclose their conflicts again when a topic comes up for discussion for which the individual has a conflict. The individual then recuses him/herself from any decision related to that topic. The conflict of interests policy is reviewed annually by the Board of Trustees.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

Mary Washington Healthcare utilizes an Executive Compensation Committee with the purpose and purview to establish processes to ensure fair and complete compensation for the CEO and Executive leadership. In order to ensure compensation paid is set at fair market value, the Executive Compensation Committee utilizes compensation survey data and Form 990 information from comparable health systems and the services of an independent compensation consultant. Such independent third party data provides assurance that executive compensation is commercially reasonable and at a fair market value.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

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2009

Open to Public Inspection

Name of the organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN 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
CRNA, LLC 2300 Fall Hill Ave Fredericksburg, VA 57-1172752	Medical Services	VA	13,213,074.	646,767.	MWHC Clinical Services, Inc.
Endocrinology and Diabetes Associates 2300 Fall Hill Ave Fredericksburg, VA 22401 92-0194905	Medical Services	VA	0.	0.	MWHC Clinical Services, Inc.
Maternal and Fetal Medicine Central VA 2300 Fall Hill Ave Fredericksburg, VA 22401 14-996609	Medical Services	VA	0.	0.	MWHC Clinical Services, Inc.

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Mary Washington Healthcare 2300 Fall Hill Ave, Ste 509 Fredericksburg, VA 22401 54-1240646	Medical Serv	VA	501(c)(3)	509(A)(3)	N/A
Stafford Hospital Auxiliary 2300 Fall Hill Ave, Ste 509 Fredericksburg, VA 22401 26-2704632	Medical Serv	VA	501(c)(3)	509(A)(3)	MWHC
Mary Washington Hospital Auxiliary 2300 Fall Hill Ave, Ste 509 Fredericksburg, VA 22401 75-2985923	Medical Serv	VA	501(c)(3)	509(A)(3)	MWHC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
Tompkins Martin Medical Plaza 2300 Fall Hill Ave, Ste 509 Fredericksburg, VA 22401 54-1632021	Real Estate	VA	MPI	Related	2,339,556.	7,435,911		X	N/A	X	
Fred'burg Ambulatory Surgery Center 2300 Fall Hill Ave,Ste 509 Fredericksburg, VA 22401 56-2322548	Surgery Ctr	VA	MWHC Clin.	Related	18,767,633.	5,046,871.		X	N/A	X	
Medical Imaging of Fredericksburg 2300 Fall Hill Ave,Ste 509 Fredericksburg, VA 22401 54-1364028	Medical Srv	VA	MWHC Clin.	Related	43,691,955	9,533,452.		X	N/A	X	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to 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
Virginia Cardiovascular Surgery, Inc 2300 Fall Hill Ave, Ste 509 Fredericksburg, VA 22401 54-1725487	Medical Serv	VA	MWHC	C Corp	0.	0.	100.00
Mary Washington Healthcare Services, Inc 2300 Fall Hill Avenue Fredericksburg, VA 22401	Retail Medical	VA	MWHC	C Corp	0.	0.	

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

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

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	Fred'burg Ambulatory Surgery Center	1	880,495
(2)	Medical Imaging of Fredericksburg	1	513,702
(3)	Mary Washington Healthcare Services, Inc	1	467,055.
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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 asset 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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE R-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R

► Attach to Form 990 to list additional information for Schedule R (Form 990) Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.
► See instructions for Schedule R (Form 990).

OMB No 1545 0047

2009

Open to Public Inspection

Name of filing organization
Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN 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
MediDoctors Pediatric Services, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 20-3431333	Medical Services	VA	0	0	MWHC Clinical Services, Inc
MediDoctors, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 54-1990805	Medical services	VA	0	0	MWHC Clinical Services, Inc
MediDoctors Holding Company, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 20-3111550	Holding Company	VA	1,285,265	57,711.	MWHC Clinical Services, Inc.
MediDoctors Primary Care, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 30-0260840	Medical Services	VA	0	0.	MWHC Clinical Services, Inc
Neurology Associates of Central VA, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 14-1996610	Medical Services	VA	0	0.	MWHC Clinical Services, Inc
Rappahannock Surgical Associates, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 20-5172029	Medical Services	VA	0.	0.	MWHC Clinical Services, Inc.
Rheumatology Associates of Central VA 2300 Fall Hill Ave Fredericksburg, VA 22401 14-1996605	Medical Services	VA	0	0.	MWHC Clinical Services, Inc

SCHEDULE R-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R

► Attach to Form 990 to list additional information for Schedule R (Form 990) Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.
► See instructions for Schedule R (Form 990).

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2009

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Mary Washington Healthcare Group Return

Employer identification number
20-1106426

Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN 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
North Stafford Medical Mall, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 54-1529660	Real Estate	VA	0	0	MPI
Rappahannock Neurosurgery Associate, LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 71-0985435	Medical Services	VA	0	0	MWHC Clinical Services, Inc
MediCorp Properties Management Co , LLC 2300 Fall Hill Ave Fredericksburg, VA 22401 26-3433830	Property Management	VA	0	0.	MPI

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) Disproportionate allocations? No	(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
Virginia Urgent Care, L 2300 Fall Hill Ave, Ste Fredericksburg, VA 2240 36-4615049	Urgent Hlth	VA	MPI	Related	4,606,688	4,652,088.		X	N/A		X

Stmt. of Functional Expenses (990)
Advertising and promotion

G&A - Promotional	$	107,667.
G&A - Advertising/Promotions		234,377.
G&A - Recruitment Moving		16,022.
G&A - Recruitment		120,680.
G&A - Recruiting Travel		10,329.
	Total $	489,075.

Stmt. of Functional Expenses (990)
Office expenses

G&A - Continuum of Care	$ 598.
G&A - Service Recovery	14,456.
G&A - Patient Replacement Item	18,510.
G&A - Bereavement Expense	4,333.
G&A - Rsdnt/Pat Relations-MSI	3.
G&A - Direct Mail	3,413.
G&A - Penalties & Late Fees	150.
G&A - Licenses & Taxes	122,795.
G&A - Telecommunications-WAN	7,665.
G&A - Answering Services-MCHS	47,814.
G&A - Answering Services	6,095.
G&A - Telecom Costs	272,962.
G&A - Telephone-Cellular	113,534.
G&A - Telephone-Pagers	93,124.
G&A - Telephone-Admin-TMMP	46,983.
G&A - Telephone-Admin-MPI	74,756.
G&A - Telephone-Admin-MCHS	42,247.
G&A - Telephone-Admin	177,724.
G&A - Training Materials	19,729.
G&A - Dues & Subs-MWH	600.
G&A - Dues & Subscriptions	443,338.
G&A - Bank Fees	275,435.
Supplies - Misc	4,416.
Freight	2,531.
Uniforms	125,160.
Educ Supplies - Books	192,489.
Educ Supplies - Brochures	39,633.
Educ Supplies - Videos	6,510.
Operating Supplies	6,640.
Supplies - Microfilm/fiche	7,729.
Administrative Forms	382,490.
Office Supplies-MSI	9.
Office Supplies	1,248,692.
Beverages	44,622.
Guest Meals-SHC	39,046.
Guest Meals	1,676.
Catering	109,317.
Food Costs-SHC	67,424.
Food Costs	3,867,992.
IV Supplies	3,126,660.
Pharmaceuticals-MSI	20,999.
Pharmaceuticals	19,646,974.
Supplies-Obsolete/Damaged	7,062.
Durable Med Equip	376,182.
LTC-Nursing Supplies	127.
LTC-Medical Supplies-MSI	556.
LTC-Medical Supplies	19,637.

Stmt. of Functional Expenses (990) (continued)
Office expenses

Supplies - Blood	$	3,411,612.
Supplies - O2 Gasses		385,675.
Supplies - Chemistry		2,418.
Supplies - Reagents		3,637,064.
Supplies - Film		66,871.
Supplies - Contrast Agents		831,922.
Supplies - Sutures		571,391.
Supplies - Implants		21,770,594.
Supplies - Prostheses		6,015,827.
Supplies - Instruments-MSI		110.
Supplies - Instruments		871,434.
Supplies - Med/Surg-MSI		25,686.
Supplies - Med/Surg		30,715,381.
Delivery Charges		51,741.
R&M-Suite Renovations		278,944.
R&M-Vehicles		61,572.
R&M-Equipment		433,088.
R&M-Biomedical-MWH		3,966.
R&M-Biomedical		773,657.
R&M-Ground		863,964.
R&M-General-TMMP		8,242.
R&M-General-MPI		7,475.
R&M-General		1,018,654.
Office Relocation/Moving Svcs.		234,790.
Courier Services		390.
Waste Disposal Services		379,560.
Storage Services		48,493.
Security		2,985,060.
Laundry		1,898,000.
Total	$	108,484,418.

Stmt. of Functional Expenses (990)
Information technology

Hardware Lease	$	44,440.
Software Lease		1,859,356.
Supplies - Hardware		678,230.
Supplies - Software		87,892.
R&M-Computers		13,322.
Maint Contracts-Sftwr Usage Fe		493,200.
Maint Contracts-Hardware		90,147.
Maint Contracts-Software		1,385,708.
Data Collection Services		179,619.
Programming Services		17,266.
Total	$	4,849,180.

Stmt. of Functional Expenses (990)
Occupancy

Leased Equipment	$	2,637,320.
Rent-TMMP		1,151,657.
Rent-MWH		24,576.
Rent-MPI		2,824,203.
Rent		2,338,313.
Utilities - Cable TV		34,316.

Stmt. of Functional Expenses (990) (continued)
Occupancy

Utilities - Water	$	427,026.
Utilities - Gas		1,541,000.
Utilities - Electric		3,719,182.
G&A - Real Estate Tax		504,730.
G&A - Property Tax		37,520.
G&A - Cabling Services		86,089.
Total	$	15,325,932.

Stmt. of Functional Expenses (990)
Travel

G&A - Mileage - Local Travel	$	35,696.
G&A - Travel-Patient Care		361,613.
G&A - Patient Transport		355,678.
G&A - Meetings & Travel-Other		11,442.
G&A - Meetings & Travel-Meals		67,220.
G&A - Meetings & Travel-Trans		111,236.
G&A - Meetings & Travel-Lodge		180,303.
G&A - Meetings & Travel-Reg-MW		1,585.
Total	$	1,124,773.