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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2300 FALL HILL AVENUE NO 418

City or town, state or province, country, and ZIP or foreign postal code
FREDERICKSBURG, VA 22401

D Employer identification number
20-1106426

E Telephone number
(540) 741-2513

G Gross receipts $ 659,037,918

F Name and address of principal officer
MICHAEL P MCDERMOTT MD
2300 FALL HILL AVENUE NO 418
FREDERICKSBURG, VA 22401

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

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

H(c) Group exemption number ▶ 4243

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

J Website: ▶ WWW MARYWASHINGTONHEALTHCARE COM

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

L Year of formation 1983

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH OUR SUBSIDIARIES WE PROVIDE INPATIENT AND OUTPATIENT HOSPITAL SERVICES AND OTHER MEDICAL SERVICES

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	58
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3,777
6	Total number of volunteers (estimate if necessary)	6	560
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,687,150
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,726,475	6,228,872
9	Program service revenue (Part VIII, line 2g)	623,475,101	649,732,088
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,281,303	2,800,781
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-874,711	173,876
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	634,608,168	658,935,617

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,509,902	4,157,519
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	202,308,849	207,898,156
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶384,913		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	405,810,735	433,623,448
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	614,629,486	645,679,123
19	Revenue less expenses Subtract line 18 from line 12	19,978,682	13,256,494

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	418,378,312	427,497,037
21	Total liabilities (Part X, line 26)	285,473,197	278,529,966
22	Net assets or fund balances Subtract line 21 from line 20	132,905,115	148,967,071

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

****** 2018-11-02
Signature of officer Date

SEAN T BARDEN EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
JENNIFER N FRENCH	JENNIFER N FRENCH	2018-11-01		P00659678

Firm's name ▶ PBMARES LLP — Firm's EIN ▶ 54-0737372

Firm's address ▶ 725 JACKSON STREET SUITE 210
FREDERICKSBURG, VA 22401 — Phone no (540) 371-3566

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION IS TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES WE SERVE 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 628,101,431 including grants of $ 4,157,519) (Revenue $ 647,228,094)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 628,101,431

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	267		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	3,777		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	58		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	53		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JENNINGS D DAWSON III 2300 FALL HILL AVENUE NO 418 FREDERICKSBURG, VA 22401 (540) 741-2513

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,816,111	7,460,021	865,603

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 258

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	FOOD SERVICES	9,302,333
AMN HEALTHCARE INC 2735 COLLECTION CENTER DRIVE CHICAGO, IL 606932735	CONTRACT LABOR	7,182,975
CROTHALL SERVICES GROUP 955 CHESTERBROOK BLVD SUITE 300 WAYNE, PA 19087	ENVIRONMENTAL AND ENGINEERING	7,018,349
ECHO LOCUM TENENS INC 1498 PACIFIC AVENUE STE 400 TACOMA, WA 98402	PHYSICIAN SERVICES	4,686,353
CHILDREN'S NATIONAL HOSPITAL SUITE 3W-100 111 MICHIGAN AVE NW WASHINGTON, DC 20010	PHYSICIAN SERVICES	3,106,155

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 54

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 413,592				
	d Related organizations **1d** 828,153				
	e Government grants (contributions) **1e** 482,781				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 4,504,346				
	g Noncash contributions included in lines 1a-1f $ 18,704				
	h Total. Add lines 1a-1f . . . . . ▶	6,228,872			
Program Service Revenue		Business Code			
	2a NET PATIENT SERVICES REVENUE	623000	596,081,340	596,081,340	
	b ~~MANAGEMENT SERVICES~~	623000	26,371,396	26,371,396	
	c ~~PROGRAM RENTAL INCOME~~	531120	14,641,075	14,641,075	
	d ~~OTHER OPERATING REVENUE~~	623000	7,797,850	7,797,850	
	e ~~LAB FEES~~	621500	2,515,747		2,515,747
	f All other program service revenue		2,324,680	2,324,680	
	g Total. Add lines 2a–2f . . . . ▶	649,732,088			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,642,974			1,642,974
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	1,111,226	46,581		
	b Less cost or other basis and sales expenses	0	0		
	c Gain or (loss)	1,111,226	46,581		
	d Net gain or (loss) . . . . . ▶	1,157,807			1,157,807
	8a Gross income from fundraising events (not including $ 413,592 of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	93,021			
	b Less direct expenses . . . **b**	102,301			
	c Net income or (loss) from fundraising events . . ▶	-9,280			-9,280
	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 INCOME FROM PARTNERSHIPS/LLCS	900099	183,156	11,753	171,403
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	183,156			
	12 Total revenue. See Instructions . . . . . ▶	658,935,617	647,228,094	2,687,150	2,791,501

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,114,269	4,114,269		
2 Grants and other assistance to domestic individuals See Part IV, line 22	43,250	43,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,375,396	1,337,710	36,861	825
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	172,793,561	168,059,018	4,630,867	103,676
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,904,603	4,770,217	131,443	2,943
9 Other employee benefits	16,378,972	15,930,189	438,956	9,827
10 Payroll taxes	12,445,624	12,104,614	333,543	7,467
11 Fees for services (non-employees)				
a Management	85,966,567	83,611,083	2,303,904	51,580
b Legal	39,804	38,713	1,067	24
c Accounting	77,200	75,085	2,069	46
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	201,192	195,679	5,392	121
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,217,989	109,143,215	3,007,443	67,331
12 Advertising and promotion	1,075,305	1,045,842	28,818	645
13 Office expenses	4,835,067	4,702,586	129,580	2,901
14 Information technology	2,269,407	2,207,225	60,820	1,362
15 Royalties . .				
16 Occupancy	23,936,485	23,280,625	641,498	14,362
17 Travel	1,308,335	1,272,487	35,063	785
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	317,764	309,057	8,516	191
20 Interest	902,665	877,932	24,191	542
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	29,730,302	28,915,692	796,772	17,838
23 Insurance . . .	3,561,803	3,464,210	95,456	2,137
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL AND HOSPITAL SU	94,613,982	92,021,559	2,535,655	56,768
b BAD DEBT EXPENSE	65,462,685	63,669,007	1,754,400	39,278
c REPAIRS AND MAINTENANCE	3,878,573	3,772,300	103,946	2,327
d OTHER MEDICAL & HOSPITA	2,603,250	2,531,921	69,767	1,562
e All other expenses	625,073	607,946	16,752	375
25 **Total functional expenses.** Add lines 1 through 24e	645,679,123	628,101,431	17,192,779	384,913
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	587,180	1	1,743,478
	2	Savings and temporary cash investments	52,069	2	14,754
	3	Pledges and grants receivable, net	14,082,474	3	13,763,640
	4	Accounts receivable, net	63,129,153	4	69,546,498
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	293,665	7	54,137
	8	Inventories for sale or use	11,880,622	8	12,065,299
	9	Prepaid expenses and deferred charges	3,407,504	9	3,642,168
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 656,116,165			
	b	Less accumulated depreciation — 10b: 383,680,089	276,164,056	10c	272,436,076
	11	Investments—publicly traded securities	45,015,996	11	50,360,885
	12	Investments—other securities See Part IV, line 11	1,695,105	12	2,223,021
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	2,070,488	14	1,647,081
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	418,378,312	16	427,497,037
Liabilities	17	Accounts payable and accrued expenses	37,999,418	17	39,135,905
	18	Grants payable		18	
	19	Deferred revenue	6,574	19	2,398
	20	Tax-exempt bond liabilities	243,494,296	20	235,518,990
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,972,909	25	3,872,673
	26	**Total liabilities.** Add lines 17 through 25	285,473,197	26	278,529,966
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	119,477,211	27	135,855,984
	28	Temporarily restricted net assets	12,169,694	28	11,852,877
	29	Permanently restricted net assets	1,258,210	29	1,258,210
		Organizations that do not follow SFAS 117 (ASC 958), 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 or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	132,905,115	33	148,967,071
	34	Total liabilities and net assets/fund balances	418,378,312	34	427,497,037

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	658,935,617
2	Total expenses (must equal Part IX, column (A), line 25)	2	645,679,123
3	Revenue less expenses Subtract line 2 from line 1	3	13,256,494
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132,905,115
5	Net unrealized gains (losses) on investments	5	5,942,714
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,137,252
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	148,967,071

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Additional Data

Software ID:

Software Version:

EIN: 20-1106426

Name: MARY WASHINGTON HEALTHCARE GROUP RETURN

Form 990 (2017)

Form 990, Part III, Line 4a:

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 PRIMARY SERVICE AREAS ARE FREDERICKSBURG, PRINCE WILLIAM, STAFFORD, SPOTSYLVANIA, CAROLINE, KING GEORGE, AND WESTMORELAND COUNTIES IN VIRGINIA AND SECONDARY SERVICE AREAS INCLUDE MANASSAS, FAUQUIER, CULPEPER, ORANGE, LOUISA, HANOVER, ESSEX AND RICHMOND COUNTIES IN VIRGINIA WE SERVED 109,529 PATIENTS IN OUR EMERGENCY ROOMS, 303,680 OUTPATIENTS, 18,189 SURGICAL CASES AND 29,780 PATIENT DISCHARGES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM M BOLDON MBA VICE CHAIR AND BOARD TRUST	2 00 2 00	X		X				0	0	0
RONALD W BRANSCOME MS BOARD TRUSTEE	2 00 2 00	X						0	0	0
BRUCE L DAVIS BA BOARD TRUSTEE	2 00 2 00	X						0	0	0
JANET C ERKERT APR BOARD TRUSTEE	2 00 2 00	X						0	0	0
REV ALLEN H FISHER JR BA MDIV BOARD TRUSTEE	2 00 2 00	X						0	0	0
JEFFREY A FRAZIER MD BOARD TRUSTEE	2 00 2 00	X						0	0	0
DAVID M GARTH MD BOARD TRUSTEE	2 00 2 00	X						0	0	0
KURT R LARSON MD BOARD TRUSTEE	2 00 2 00	X						0	0	0
MICHAEL P MCDERMOTT MD MBA PRESIDENT AND CEO	4 00 40 00	X		X				0	1,224,995	43,632
JOHN C MCKEOWN MA MPA BOARD TRUSTEE	2 00 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUDEEP J MENACHERY MD BOARD TRUSTEE	2 00 2 00	X						0	0	0
FRED M MESSING MBA LFACHE BOARD TRUSTEE	2 00 2 00	X						0	0	0
CLARENCE A ROBINSON BS SECRETARY/TREASURER	2 00 2 00	X		X				0	0	0
JOHN F ROWLEY BS JD BOARD TRUSTEE	2 00 2 00	X						0	0	0
KURIAN C THOTT MD SH MED STAFF PRESIDENT (AS	2 00 2 00	X						0	0	0
ALDA L WHITE BA JD CHAIR	4 00 2 00	X		X				0	0	0
MARTIN A WILDER JR EDD BOARD TRUSTEE	2 00 3 00	X						0	0	0
EDWARD V ALLISON JR MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
SEAN T BARDEN BSBA MBA EXEC VP AND CFO	4 00 40 00	X		X				0	645,144	35,657
DANIEL W CLENDENIN MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JASON COHEN MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
R DONALD DOHERTY JR MD MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
JOHN F FICK III RPH MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
R LEIGH FRACKELTON JR JD MLT CP MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
ADAM M FRIED MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
THOMAS G GETTINGER MHA EVP & COO (UNTIL 7 5 17)	2 00 40 00	X		X				0	563,016	24,775
MARY KATHERINE GREENLAW MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
DANIEL M HOFFMAN MD FACS MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
CLAY S HUBER MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
REGIS L KEDDIE II MWH FOUNDATION SECRETARY/T	2 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA J LYNCH MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
EDWARD O MINNIEAR MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
BRADLEY A REPP MBA MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
XAVIER RICHARDSON BA MBA MWHF AND SHF PRESIDENT / E	2 00 40 00	X		X				0	331,451	33,166
JUDY TURNER MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
JON VAN ZANDT MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
JODIE M VAUGHN MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
CATHERINE M WACK MWH FOUNDATION VICE CHAIR	2 00 0 00	X		X				0	0	0
THOMAS F WILLIAMS MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
JOSEPH R WILSON PMP MWH FOUNDATION CHAIR	2 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET A ALEXANDER SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
KEVIN M BREEN SH FOUNDATION SECRETARY/TR	2 00 0 00	X		X				0	0	0
LT GEN G RONALD CHRISTMAS SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
ELAINE F FARMER SH FOUNDATION VICE CHAIR	2 00 0 00	X		X				0	0	0
JOEL GRIFFIN SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
DOUGLAS R JOHNSON MD SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
WILLIAM R JOHNSON SH FOUNDATION CHAIR	2 00 0 00	X		X				0	0	0
JO D KNIGHT SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
H CLARK LEMING SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
CHARLES W MCDANIEL SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD H NEWLIN BA MA SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
HOWARD C OWEN BA SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
W MALONE SCHOOLER SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
DAN SINGH RPH SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
AMANDA TALBERT SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
REV LUKE E TORIAN SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
EUGENE J ZEISZLER SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
KATHRYN WALL BA MA EVP	2 00 40 00	X		X				0	398,797	13,798
MARIE FREDRICK RT R CRA MJ VICE PRESIDENT	2 00 40 00	X		X				0	245,444	29,268
JUSTIN BOX MBA SVP & CIO	2 00 40 00			X				0	351,658	38,589

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REBECCA M BIGONEY MDBSMA EVP & CMO	2 00 40 00			X				0	563,395	29,998
EILEEN DOHMANN RN BSN MBA NEA-BC SVP & CNO	2 00 40 00			X				0	344,699	13,217
ERIC FLETCHER MBA APR SVP	2 00 40 00			X				0	313,403	38,669
TRAVIS TURNER BS MBA SVP	2 00 40 00			X				0	299,301	37,353
ELIESE K BERNARD VICE PRESIDENT	40 00 2 00			X				300,543	0	32,327
LAUREN BLALOCK VICE PRESIDENT	2 00 40 00			X				0	200,262	38,126
CODY BLANKENSHIP VICE PRESIDENT	2 00 40 00			X				0	166,378	26,797
KATHLEEN BOURGAULT MS CPAM VICE PRESIDENT	2 00 40 00			X				0	240,275	28,424
SANDRA BROWN CPA VICE PRESIDENT	2 00 40 00			X				0	253,239	30,225
JAMES DANIEL MD SENIOR MEDICAL DIRECTOR	40 00 2 00			X				299,111	0	31,433

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN EDWARDS VICE PRESIDENT	2 00 40 00			X				0	220,010	40,394
TINA ERVIN VICE PRESIDENT	2 00 40 00			X				0	241,054	28,946
STEPHEN MANDELL MD VICE PRESIDENT	40 00 2 00			X				379,782	0	34,376
DOUGLAS SCHULTE MD VICE PRESIDENT	2 00 40 00			X				0	387,709	10,346
CATHLEEN YABLONSKI BS MS VICE PRESIDENT	40 00 2 00			X				271,470	0	26,353
DAVID YI MD VICE PRESIDENT	2 00 40 00			X				0	346,666	10,102
SANG HO NA PHYSICIAN	40 00 0 00					X		858,264	0	25,907
AGOSTINO VISIONI PHYSICIAN	40 00 0 00					X		833,817	0	42,553
J T SHERWOOD PHYSICIAN	40 00 0 00					X		811,718	0	48,502
THERESA CONOLOGUE PHYSICIAN	40 00 0 00					X		535,433	0	33,621

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN CARDONE PHYSICIAN	40 00 0 00					X		525,973	0	39,049
JOYCE HANSCOME VICE PRESIDENT (FORMER)	0 00						X	0	123,125	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** 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—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 20-1106426

Name: MARY WASHINGTON HEALTHCARE GROUP RETURN

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,258,210	1,258,210	1,258,210	1,258,210	1,258,210
b Contributions					
c Net investment earnings, gains, and losses	52,539	44,259		11,433	131,530
d Grants or scholarships	40,909	44,259		11,433	131,530
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,269,840	1,258,210	1,258,210	1,258,210	1,258,210

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 99 000 %
- c Temporarily restricted endowment ▶ 1 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,814,554		24,814,554
b Buildings		300,813,464	147,010,301	153,803,163
c Leasehold improvements		18,162,430	12,285,264	5,877,166
d Equipment		265,019,971	206,740,791	58,279,180
e Other		47,305,746	17,643,733	29,662,013
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				272,436,076

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATIONS	223,669
ACCRUED LOSS - PROFESSIONAL LIABILIES	3,649,004
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,872,673

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-1106426
Name: MARY WASHINGTON HEALTHCARE GROUP RETURN

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE INTEREST EARNED FROM THE ENDOWMENT FUNDS IS USED TO FUND SCHOLARSHIPS AND GRANTS IN FUTHERANCE OF OUR MISSION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MWHC WAS RECOGNIZED AS A PUBLIC CHARITY GENERALLY EXEMPT FROM FEDERAL INCOME TAXATION UNDE R 501(C)(3) OF THE INTERNAL REVENUE CODE PURSUANT TO A DETERMINATION LETTER ISSUED BY THE IRS IN MARCH 1992 MWHC IS ENTITLED TO RELY ON THIS DETERMINATION AS LONG AS THERE ARE NO SUBSTANTIAL CHANGES IN ITS CHARACTER, PURPOSES,OR METHODS OF OPERATION MANAGEMENT HAS CON CLUDED THAT THERE HAVE BEEN NO SUCH CHANGES AND, THEREFORE,MWHC'S STATUS AS A PUBLIC CHARI TY EXEMPT FROM FEDERAL INCOME TAXATION REMAINS IN EFFECT THE STATE IN WHICH MWHC OPERATES ALSO PROVIDES GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXE MPT FROM FEDERAL INCOME TAXATION HOWEVER, MWHC IS SUBJECT TO BOTH FEDERAL AND STATE INCOM E TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME EXEMPTION FROM OTHER S TATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAXES, IS SEPARATELY DETERMINED CERTAIN EN TITIES UNDER MWHC ARE TAXABLE ENTITIES MWHC HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITI ES, OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED FOR TAX PERIODS WITH RES PECT TO WHICH NO UNRELATED BUSINESS INCOME WAS RECOGNIZED, NO TAX RETURN WAS REQUIRED TAX PERIODS FOR WHICH NO RETURN IS FILED REMAIN OPEN FOR EXAMINATION INDEFINITELY ALL REQUIR ED TAX FILINGS HAVE BEEN FILED ON A TIMELY BASIS

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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" on 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 Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

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

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

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

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

b If "Yes," list the 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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

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

		(a) Event #1 SH CUP GOLF TOURNAMENT (event type)	(b) Event #2 MWHF GOLF OPEN (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	239,035	108,350	159,228	506,613
	2 Less Contributions	194,690	78,321	140,581	413,592
	3 Gross income (line 1 minus line 2)	44,345	30,029	18,647	93,021
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages			8,712	8,712
	8 Entertainment				
	9 Other direct expenses	47,967	24,281	21,341	93,589
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				102,301
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-9,280

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**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 contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 13800 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,980,635		14,980,635	2 320 %
b Medicaid (from Worksheet 3, column a)			47,501,895	33,902,167	13,599,728	2 110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			62,482,530	33,902,167	28,580,363	4 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,979,351		1,979,351	0 310 %
f Health professions education (from Worksheet 5)			2,066,981	64,905	2,002,076	0 310 %
g Subsidized health services (from Worksheet 6)			42,750,834	20,114,273	22,636,561	3 510 %
h Research (from Worksheet 7)			481,229	48,763	432,466	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,622,686		1,622,686	0 250 %
j **Total.** Other Benefits			48,901,081	20,227,941	28,673,140	4 450 %
k **Total.** Add lines 7d and 7j			111,383,611	54,130,108	57,253,503	8 880 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			27,208		27,208	0 %
4 Environmental improvements						
5 Leadership development and training for community members			207		207	0 %
6 Coalition building			62,023		62,023	0 010 %
7 Community health improvement advocacy						
8 Workforce development			66,092		66,092	0 010 %
9 Other			765,204		765,204	0 120 %
10 Total			920,734		920,734	0 140 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	19,410,235		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	4,852,559		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	170,126,083		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	217,508,972		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-47,382,889		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 MEDICAL IMAGING OF FREDERICKSBURG	OUTPATIENT IMAGING	51 000 %		49 000 %
2	2 FREDERICKSBURG AMBULATORY SURGERY CENTER	AMBULATORY SERGICAL SERVICES	53 370 %		46 630 %
3	3 COWAN INVESTMENT PARTNERS	MEDICAL OFFICE BUILDING	12 500 %		37 500 %
4	4 MEDICAL PLAZA AT COSNER CORNER	MEDICAL OFFICE BUILDING	39 500 %		47 400 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **2**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MARY WASHINGTON HOSPITAL INC

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/ABOUT-US/ANNUAL-REPORTS			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MARY WASHINGTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 138 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/DOCUMENTS/2017PATIENTFINANCIALASSI			
b	☑ The FAP application form was widely available on a website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/DOCUMENTS/PFAP_APPLICATION_2017_EN			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/DOCUMENTS/PDFS/PFAC_BROCHURE_07OCT			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MARY WASHINGTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

MARY WASHINGTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group STAFFORD HOSPITAL LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/ABOUT-US/ANNUAL-REPORTS/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

STAFFORD HOSPITAL LLC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 138 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/DOCUMENTS/2017PATIENTFINANCIALASSI			
b	☑ The FAP application form was widely available on a website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/DOCUMENTS/PFAP_APPLICATION_2017_EN			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/DOCUMENTS/PDFS/PFAC_BROCHURE_07OCT			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

STAFFORD HOSPITAL LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

STAFFORD HOSPITAL LLC

Name of hospital facility or letter of facility reporting group

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

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **3**

	Name and address	Type of Facility (describe)
1	1 - MEDICAL IMAGING OF FREDERICKSBURG 1201 SAM PERRY BLVD SUITE 102 ASC BUILD FREDERICKSBURG, VA 224014490	IMAGING SERVICES
2	2 - FREDERICKSBURG AMBULATORY SURGERY CENTER 1201 SAM PERRY BLVD SUITE 101 FREDERICKSBURG, VA 224014490	AMBULATORY SURGERY CENTER
3	3 - REGIONAL CANCER CENTER AT MONTROSS 15394 KINGS HIGHWAY MONTROSS, VA 22520	RADIATION THERAPY
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER PATIENT FINANCIAL ASSISTANCE POLICY (PFAP)IN DECEMBER 2011, MWHC UTILIZED THE SERVICES OF SEARCHAMERICA TO IDENTIFY PFAP ELIGIBLE PATIENTS WHOSE ACCOUNTS HAD FALLEN INTO BAD DEBT IN EARLY 2012, SEARCHAMERICA PROVIDED A LIST UTILIZING VARIOUS MARKET RESEARCH TO APPROXIMATE THE FEDERAL POVERTY LEVEL OF EACH ACCOUNT HOLDER WITH THIS INFORMATION WE WERE ABLE TO DETERMINE ACCOUNTS THAT MAY HAVE BEEN ELIGIBLE FOR FREE CARE OR DISCOUNTED CARE UNDER OUR FINANCIAL ASSISTANCE POLICY UTILIZING THE STATISTICAL ANALYSIS THAT SEARCHAMERICA PROVIDED WE HAVE EXTRAPOLATED THE DATA AND ARE ABLE TO ESTIMATE THAT ABOUT 25% OF OUR BAD DEBT IS LIKELY ATTRIBUTABLE TO PFAP ELIGIBLE PATIENTS
PART II, COMMUNITY BUILDING ACTIVITIES	IN FURTHERANCE OF ITS MISSION TO IMPROVE THE HEALTH 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 ADDITIONALLY MWHC, PROVIDES FACILITIES FREE OF CHARGE TO RAPPAHANNOCK EMERGENCY MEDICAL SERVICES WHICH IS VALUED AT APPROXIMATELY $100,000

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S JUDGMENTAL ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ITS REVIEW OF ACCOUNTS RECEIVABLE PAYER COMPOSITION AND AGING, TAKING INTO CONSIDERATION RECENT WRITTEN-OFF EXPERIENCE BY PAYER CATEGORY, PAYER AGREEMENT RATE CHANGES AND OTHER FACTORS THE RESULTS OF THESE ASSESSMENTS ARE USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE FOR SELF-PAY PATIENTS, THE PROVISION IS BASED ON AN ANALYSIS OF PAST EXPERIENCE RELATED TO THE RECENT HISTORICAL COLLECTION RATE OF SELF-PAY BALANCES MWHC FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE BALANCES WITH EXTERNAL COLLECTION AGENCIES AT DECEMBER 31, 2016 AND 2015, THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS REPRESENTED APPROXIMATELY 96% AND 92% RESPECTIVELY, OF THE PAST DUE ACCOUNTS RECEIVABLE BALANCE THE PATIENT DUE ACCOUNTS RECEIVABLE BALANCE REPRESENTS THE ESTIMATED UNINSURED PORTION OF ACCOUNTS RECEIVABLE
PART III, LINE 8	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 IT IS A WELL ESTABLISHED FACT THAT NOT-FOR-PROFIT FACILITIES DO NOT RECOUP THE COST OF CARING FOR THOSE PATIENTS UTILIZING THESE PROGRAMS UNDER IRS GUIDELINES MEDICARE AND MEDICAID BENEFICIARIES ARE CONSIDERED TO BE MEMBERS OF A CHARITABLE CLASS, THEREFORE 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT IN THE COLLECTION CYCLE AND MODIFICATIONS OF ABILITY TO PAY MAY BE ADJUSTED SHOULD FINANCIAL OR INSURANCE STATUS CHANGE SINCE THE FIRST DAY OF CARE MWHC DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS BEFORE THEY HAVE MADE REASONABLE EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THIS FINANCIAL ASSISTANCE POLICY REASONABLE EFFORTS CONSTITUTE NOTIFICATION BY MWHC OF ITS FINANCIAL ASSISTANCE POLICY BY WRITTEN AND/OR ORAL COMMUNICATIONS TO ALL UNINSURED/UNDERINSURED PATIENTS AS WELL AS CONSIDERATION OF ELIGIBILITY BASED UPON THE PRESUMPTIVE ELIGIBILITY GUIDELINES DESCRIBED IN THE FINANCIAL ASSISTANCE POLICY
PART VI, LINE 2	MARY WASHINGTON HEALTHCARE AND ITS AFFILIATES (MARY WASHINGTON HOSPTIAL, MARY WASHINGTON HOSPITAL FOUNDATION, STAFFORD HOSPITAL, LLC, STAFFORD HOSPITAL FOUNDATION, MEDICORP PROPERTIES, INC , MEDICORP HEALTH SERVICES, AND MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC) HAS AS ITS MISSION TO IMPROVE THE HEALTH OF MEMBERS OF THE COMMUNITIES IT SERVES FREDERICKSBURG, VA AND THE SURROUNDING SIX (6) COUNTIES THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THESE COMMUNITIES IN NUMEROUS WAYS INCLUDING 1) SOLICITING INPUT FROM MWHC'S CITIZEN ADVISORY COUNCIL THAT ENCOMPASS INDIVIDUAL MEMBERS AND SUBCOMMITTEES REPRESENTING EACH OF THE COUNTIES IN MWHC'S SERVICE AREA, AND 2) PERFORMING PERIODIC COMMUNITY NEEDS ASSESSMENTS FOR EACH COUNTY IN COLLABORATION WITH GOVERNMENT AGENCIES AND OTHER COMMUNITY ORGANIZATIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	MARY WASHINGTON HEALTHCARE AFFILIATES PROVIDE INFORMATION TO PATIENTS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS THROUGH SIGNAGE AT INTAKE AREAS, FLYERS AT ADMISSIONS, NOTICES ON BILLS AND COLLECTION STATEMENTS FINANCIAL COUNSELORS ARE ALSO AVAILABLE TO ASSIST PATIENTS IN OBTAINING FINANCIAL ASSISTANCE
PART VI, LINE 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 451 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 100 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 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	MARY WASHINGTON HOSPITAL, INC 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 PHYSICIAN PRACTICES, OUTPATIENT AND AMBULATORY SURGERY, AND HOME HEALTH/HOSPICE SERVICES THE ORGANIZATION UTILIZES 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, LINE 6	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 GROUP'S 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	VA

Additional Data

Software ID:

Software Version:

EIN: 20-1106426

Name: MARY WASHINGTON HEALTHCARE GROUP RETURN

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	MARY WASHINGTON HOSPITAL INC 1101 SAM PERRY BLVD FREDERICKSBURG, VA 22401	X	X					X		451 BED ACUTE CARE HOSPITAL LEVEL 2 TRAUMA	
2	STAFFORD HOSPITAL LLC 101 HOSPITAL CENTER BLVD STAFFORD, VA 22554	X	X					X		100 BED HOSPITAL	

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

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

Form and Line Reference	Explanation
MARY WASHINGTON HOSPITAL, INC	PART V, SECTION B, LINE 5 MARY WASHINGTON HEALTHCARE (INCLUDING MARY WASHINGTON HOSPITAL AND STAFFORD HOSPITAL) AND THE RAPPAHANNOCK AREA HEALTH DISTRICT LAUNCHED THE "HEALTHY COMMUNITIES STEERING COMMITTEE" (HCSC) TO PERFORM THE COMMUNITY HEALTH NEEDS ASSESSMENT OTHER FOUNDING MEMBERS OF THIS GROUP INCLUDED THE RAPPAHANNOCK UNITED WAY, KAISER PERMANENTE OF THE MID-ATLANTIC STATES, INC , AND THE RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD THESE INITIAL SPONSORS OF THE HCP AGREED THAT THE SUCCESS OF THIS EFFORT WOULD BE DEPENDENT ON GATHERING A DIVERSE GROUP OF INDIVIDUALS WHO COULD PROVIDE A BROAD PERSPECTIVE ON THE REGION'S HEALTH NEEDS THE GROUP BROUGHT TOGETHER AREA HOSPITALS, HEALTH DEPARTMENTS, INSURERS, PRIVATE BUSINESSES, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH CARE AND MENTAL HEALTH PROVIDERS TO SERVE ON THE HCP'S ADVISORY COMMITTEE IN ALL THE HCP INCLUDED OVER 40 REPRESENTATIVES FROM COMMUNITY STAKEHOLDER ORGANIZATIONS TO GUIDE THE COMMUNITY NEEDS ASSESSMENT PROCESS AND TO PROVIDE APPROPRIATE INPUT
STAFFORD HOSPITAL, LLC	PART V, SECTION B, LINE 5 MARY WASHINGTON HEALTHCARE (INCLUDING MARY WASHINGTON HOSPITAL AND STAFFORD HOSPITAL) AND THE RAPPAHANNOCK AREA HEALTH DISTRICT LAUNCHED THE "HEALTHY COMMUNITIES STEERING COMMITTEE" (HCSC) TO PERFORM THE COMMUNITY HEALTH NEEDS ASSESSMENT OTHER FOUNDING MEMBERS OF THIS GROUP INCLUDED THE RAPPAHANNOCK UNITED WAY, KAISER PERMANENTE OF THE MID-ATLANTIC STATES, INC , AND THE RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD THESE INITIAL SPONSORS OF THE HCP AGREED THAT THE SUCCESS OF THIS EFFORT WOULD BE DEPENDENT ON GATHERING A DIVERSE GROUP OF INDIVIDUALS WHO COULD PROVIDE A BROAD PERSPECTIVE ON THE REGION'S HEALTH NEEDS THE GROUP BROUGHT TOGETHER AREA HOSPITALS, HEALTH DEPARTMENTS, INSURERS, PRIVATE BUSINESSES, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH CARE AND MENTAL HEALTH PROVIDERS TO SERVE ON THE HCP'S ADVISORY COMMITTEE IN ALL THE HCP INCLUDED OVER 40 REPRESENTATIVES FROM COMMUNITY STAKEHOLDER ORGANIZATIONS TO GUIDE THE COMMUNITY NEEDS ASSESSMENT PROCESS AND TO PROVIDE APPROPRIATE INPUT

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

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

Form and Line Reference	Explanation
MARY WASHINGTON HOSPITAL, INC	PART V, SECTION B, LINE 6A STAFFORD HOSPITAL AND SPOTSYLVANIA REGIONAL MEDICAL CENTER
STAFFORD HOSPITAL, LLC	PART V, SECTION B, LINE 6A MARY WASHINGTON HOSPITAL AND SPOTSYLVANIA REGIONAL MEDICAL CENTER

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

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

Form and Line Reference	Explanation
MARY WASHINGTON HOSPITAL, INC	PART V, SECTION B, LINE 7D PRESENTED AT NUMEROUS COMMUNITY MEETINGS, SUCH AS THE ROTARY MEETINGS, CHAMBER OF COMMERCE, AND THE MARY WASHINGTON HEALTHCARE CITIZEN ADVISORY COMMITTEE MEETINGS
STAFFORD HOSPITAL, LLC	PART V, SECTION B, LINE 7D PRESENTED AT NUMEROUS COMMUNITY MEETINGS, SUCH AS THE ROTARY MEETINGS, CHAMBER OF COMMERCE, AND THE MARY WASHINGTON HEALTHCARE CITIZEN ADVISORY COMMITTEE MEETINGS

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

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

Form and Line Reference	Explanation
MARY WASHINGTON HOSPITAL, INC	PART V, SECTION B, LINE 11 SEE IMPLEMENTATION STRATEGY ATTACHED TO THE RETURN
STAFFORD HOSPITAL, LLC	PART V, SECTION B, LINE 11 SEE IMPLEMENTATION STRATEGY ATTACHED TO THE RETURN

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

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

Form and Line Reference	Explanation
MARY WASHINGTON HOSPITAL, INC	PART V, SECTION B, LINE 16J THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE SIGNS ARE POSTED IN ALL PATIENT REGISTRATION AREAS AND NOTES INCLUDED ON ALL PATIENT STATEMENTS INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND WHO TO CONTACT FOR MORE INFORMATION BILLING OFFICE PERSONNEL EXPLAIN THE MATERIALS TO ALL PATIENTS REQUESTING ADDITIONAL INFORMATION
STAFFORD HOSPITAL, LLC	PART V, SECTION B, LINE 16J THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE SIGNS ARE POSTED IN ALL PATIENT REGISTRATION AREAS AND NOTES INCLUDED ON ALL PATIENT STATEMENTS INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND WHO TO CONTACT FOR MORE INFORMATION BILLING OFFICE PERSONNEL EXPLAIN THE MATERIALS TO ALL PATIENTS REQUESTING ADDITIONAL INFORMATION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

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? . . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

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

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-1106426
Name: MARY WASHINGTON HEALTHCARE GROUP RETURN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACTION IN COMMUNITY THROUGH SERVICES (ACTS) PO BOX 74 DUMFRIES, VA 22026	54-0897679	501(C)(3)	15,000				ACTS HELPLINE
CENTRAL VIRGINIA HEALTH SERVICES 1506 PALMYRA AVE RICHMOND, VA 23227	54-0887287	501(C)(3)	45,000				CHCRR PATIENT EDUCATION AND CASE MANAGEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DOWNTOWN GREENS INC 206 CHARLES STREET FREDERICKSBURG, VA 22401	54-1853889	501(C)(3)	5,000				MISC SUPPORT
EMPLOYMENT RESOURCES INC PO BOX 801 FREDERICKSBURG, VA 22401	54-1566468	501(C)(3)	5,000				SUMMER INTERNSHIP PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FREDERICKSBURG CHRISTIAN HEALTH CENTER 1129 HEATHERSTONE DR FREDERICKSBURG, VA 22407	54-2061482	501(C)(3)	100,000				UNINSURED PATIENT PROGRAM
FREDERICKSBURG CITY DEPARTMENT OF SOCIAL SERVICES 608 JACKSON STREET SUITE 100 FREDERICKSBURG, VA 22401	54-6001293		21,000				COMMUNITY BASED ELIGIBILITY WORKER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FREDERICKSBURG CITY PUBLIC SCHOOLS 2300 WASHINGTON AVENUE FREDERICKSBURG, VA 22401	54-6001296		5,000				SCHOOL NUTRITION - SUMMER FOOD SERVICE PROGRAM
FREDERICKSBURG REGIONAL TRANSIT 1400 JEFFERSON DAVIS HIGHWAY FREDERICKSBURG, VA 22401	54-6001293		20,000				LOCAL TRANSPORTATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FREDERICKSBURG REGIONAL TRANSIT 1400 JEFFERSON DAVIS HIGHWAY FREDERICKSBURG, VA 22401	54-6001293		20,000				LOCAL TRANSPORTATION
GEORGE WASHINGTON REGIONAL COMMISSION VIRGINIA COMMUNITY FOOD CONNECTIONS 406 PRINCESS ANNE STREET FREDERICKSBURG, VA 22401	54-0715969		30,000				FRESH FOOD ACCESS FOR COMMUNITY HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GUADALUPE FREE CLINIC PO BOX 275 COLONIAL BEACH, VA 22443	51-0635977	501(C)(3)	70,000				GUADALUPE FREE CLINIC
HAZEL HILL 225 BUTLER ROAD FREDERICKSBURG, VA 22405	27-1744104	501(C)(3)	15,000				HAZEL HILL HEALTHCARE PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 F MOSS FREE CLINIC 1301 SAM PERRY BLVD FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	850,000				FREE HEALTH CLINIC
MICAH ECUMENICAL MINISTRIES INC PO BOX 3277 FREDERICKSBURG, VA 22402	20-4044884	501(C)(3)	130,000				RESIDENTIAL RECOVERY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OPEN HAND OF FREDERICKSBURG 200 PRINCE EDWARD STREET FREDERICKSBURG, VA 22401	36-4564097	501(C)(3)	5,000				SUMMER INTERN PROGRAM (GRAD)
RAPPAHANNOCK AREA AGENCY ON AGING INC 460 LENDALL LANE FREDERICKSBURG, VA 22405	54-1027651	501(C)(3)	38,910				COMPASS (CARE OPTIONS MAKE FOR PREFERRED SOLUTIONS)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RAPPAHANNOCK AREA HEALTH DISTRICT 608 JACKSON ST FREDERICKSBURG, VA 22401	54-6001775		100,000				COMPLICATED OBSTETRICAL AND HIGH RISK MATERNITY CARE PROGRAM
RAPPAHANNOCK AREA HEALTH DISTRICT 608 JACKSON STREET FREDERICKSBURG, VA 22401	54-6001775		18,276				EVERY WOMAN'S LIFE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY 300 RICHMOND, VA 23221	57-1186937	501(C)(3)	15,000				PRESCRIPTIONS
STAFFORD DEPT SOCIAL SERVICES PO BOX 7 STAFFORD, VA 22555	54-6001626	501(C)(3)	20,000				MISC SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STAFFORD JUNCTION 610 GAYLE ST FREDERICKSBURG, VA 22405	54-6001628	501(C)(3)	25,000				HEALTHY LIVING PAYS
STAFFORD SCHOOLS HEAD START 610 GAYLE ST FREDERICKSBURG, VA 22405	54-6001628		20,000				STAFFORD SCHOOLS CHILDREN'S INSURANCE OUTREACH PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STAFFORD SCHOOLS HEAD START 610 GAYLE ST FREDERICKSBURG, VA 22405	54-6001628		15,000				STAFFORD SCHOOLS HEAD START NUTRITION CONSULTANT PROJECT
THE DOCTOR YUM PROJECT 10482 GEORGETOWN DRIVE SUITE B SPOTSYLVANIA, VA 22553	45-5245719	501(C)(3)	35,000				BATTLING OBESITY WITH THE H E A L TOOL

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
ANNE GRAZIANI BROADDUS NURSING SCHOLARSHIP	1	750			
APRIL JETT WILLS MEMORIAL NURSING SCHOLARSHIP	1	750			
BARBARA KANE NURSING SCHOLARSHIP	1	750			
CHARLES AND VIOLA JONES NURSING SCHOLARSHIP	6	5,500			
CHARLES M "PETE" HEARN FELLOWSHIP	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
CORA GRAVES ALLISON NURSING SCHOLARSHIP	1	750			
ELEANOR HEYCOCK PETTIT NURSING SCHOLARSHIP	1	750			
ELIZABETH BRUNELLE RYAN AND CATHERINE RYAN LEGATH SCHOLARSHIP	1	750			
FREDERICKSBURG EMERGENCY MEDICAL ALLIANCE SCHOLARSHIP	2	1,500			
HAROLD AND FRANCES SCHILZ NURSING SCHOLARSHIP	1	750			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
HEWETSON NURSING SCHOLARSHIP	1	750			
IDA RICHARDSON JENKINS MEMORIAL SCHOLARSHIP	1	1,000			
JEAN C WILLIAMS MEMORIAL NURSING SCHOLARSHIP	1	750			
JEANE BULLOCK NURSING SCHOLARSHIP	1	1,000			
JENNIE MAE BENSON NURSING SCHOLARSHIP	1	750			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
JOHN PAINTER SCHOLARSHIP	1	750			
LAURA LEIGH LUMPKIN MEMORIAL SCHOLARSHIP	1	1,000			
LIBBY PEARSON ENDOWED NURSING SCHOLARSHIP	1	750			
LINDA WITMER NURSING SCHOLARSHIP	2	1,500			
MARIE LACY ROLLINS SCHOLARSHIP	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
MARY FRANCES WILLIS & JAMES G WILLIS MEMORIAL SCHOLARSHIP	2	2,000			
MARY WASHINGTON HOSPITAL AUXILIARY SCHOLARSHIP	2	2,000			
NANCY HAZARD MEMORIAL SCHOLARSHIP	1	750			
REBECCA BENNETT NURSING SCHOLARSHIP	1	750			
SAL KIWALL MEMORIAL SCHOLARSHIP FOR CLINICAL EDUCATION	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
STAFFORD HOSPITAL AUXILIARY SCHOLARSHIP	2	2,000			
STEPHANIE FRANCINE BROWN NURSING SCHOLARSHIP	4	3,000			
SUE HALL NURSING SCHOLARSHIP	3	2,250			
THE FRED M RANKIN, III LEADERSHIP SCHOLARSHIP	1	1,500			
THE VICKIE GRAVES PITTMAN GERMANNA NURSING SCHOLARSHIP	2	2,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
WILLIAM AND VIOLA ADRIAN NURSING SCHOLARSHIP	2	1,500			
WILLIAM F JACOBS, JR SCHOLARSHIP IN HEALTHCARE ADMINISTRATION	1	2,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	PART I, LINE 1A - TRUSTEES WHO ARE UNCOMPENSATED VOLUNTEERS 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 I, LINES 4A-B	SEAN BARDEN RECEIVED A 457(F) DISTRIBUTION OF $47,990 KATHRYN WALL RECEIVED A 457(F) DISTRIBUTION OF $44,647 MICHAEL MCDERMOTT RECEIVED A 457(F) DISTRIBUTION OF $130,612 XAVIER RICHARDSON RECEIVED A 457(F) DISTRIBUTION OF $14,800 JOYCE HANSCOME RECEIVED SEVERANCE PAY OF $84,568 AND 457(F) DISTRIBUTION OF $38,557 WHICH WAS INCLUDED IN HER 2017 W-2
PART I, LINE 7	PART I, LINE 7 - ALL EXECUTIVES HAVE AS A 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
SCHEDULE J	INDEPENDENT BOARD TRUSTEES RECEIVE NO COMPENSATION

Additional Data

Software ID:
Software Version:
EIN: 20-1106426
Name: MARY WASHINGTON HEALTHCARE GROUP RETURN

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL P MCDERMOTT MD MBA PRESIDENT AND CEO	(I)	0	0	0	0	0	0	0
	(II)	776,625	261,477	186,893	7,950	35,682	1,268,627	0
1 SEAN T BARDEN BSBA MBA EXEC VP AND CFO	(I)	0	0	0	0	0	0	0
	(II)	431,907	128,998	84,239	7,950	27,707	680,801	0
2 THOMAS G GETTINGER MHA EVP & COO (UNTIL 7 5 17)	(I)	0	0	0	0	0	0	0
	(II)	241,014	123,827	198,175	6,000	18,775	587,791	0
3 XAVIER RICHARDSON BA MBA MWHF AND SHF PRESIDENT / E	(I)	0	0	0	0	0	0	0
	(II)	226,499	55,077	49,875	6,992	26,174	364,617	0
4 KATHRYN WALL BA MA EVP	(I)	0	0	0	0	0	0	0
	(II)	255,251	64,504	79,042	0	13,798	412,595	0
5 MARIE FREDRICK RT R CRA MJ VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	190,357	42,459	12,628	6,304	22,964	274,712	0
6 JUSTIN BOX MBA SVP & CIO	(I)	0	0	0	0	0	0	0
	(II)	272,535	67,537	11,586	6,291	32,298	390,247	0
7 REBECCA M BIGONEY MDBSMA EVP & CMO	(I)	0	0	0	0	0	0	0
	(II)	421,874	121,297	20,224	7,950	22,048	593,393	0
8 EILEEN DOHMANN RN BSN MBA NEA-BC SVP & CNO	(I)	0	0	0	0	0	0	0
	(II)	262,597	68,635	13,467	7,950	5,267	357,916	0
9 ERIC FLETCHER MBA APR SVP	(I)	0	0	0	0	0	0	0
	(II)	241,794	60,031	11,578	7,582	31,087	352,072	0
10 TRAVIS TURNER BS MBA SVP	(I)	0	0	0	0	0	0	0
	(II)	228,930	58,885	11,486	6,796	30,557	336,654	0
11 ELIESE K BERNARD VICE PRESIDENT	(I)	292,366	0	8,177	356	31,971	332,870	0
	(II)	0	0	0	0	0	0	0
12 LAUREN BLALOCK VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	157,340	35,007	7,915	5,272	32,854	238,388	0
13 CODY BLANKENSHIP VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	139,190	20,000	7,188	0	26,797	193,175	0
14 KATHLEEN BOURGAULT MS CPAM VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	188,226	41,868	10,181	5,419	23,005	268,699	0
15 SANDRA BROWN CPA VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	199,992	43,058	10,189	6,498	23,727	283,464	0
16 JAMES DANIEL MD SENIOR MEDICAL DIRECTOR	(I)	234,044	50,999	14,068	7,622	23,811	330,544	0
	(II)	0	0	0	0	0	0	0
17 ALAN EDWARDS VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	170,623	39,374	10,013	5,700	34,694	260,404	0
18 TINA ERVIN VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	190,632	42,259	8,163	6,095	22,851	270,000	0
19 STEPHEN MANDELL MD VICE PRESIDENT	(I)	301,386	66,260	12,136	7,950	26,426	414,158	0
	(II)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DOUGLAS SCHULTE MD VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	311,224	67,405	9,080	7,950	2,396	398,055	0
1 CATHLEEN YABLONSKI BS MS VICE PRESIDENT	(i)	216,171	47,079	8,220	2,298	24,055	297,823	0
	(ii)	0	0	0	0	0	0	0
2DAVID YI MD VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	279,480	59,075	8,111	7,950	2,152	356,768	0
3SANG HO NA PHYSICIAN	(i)	732,574	125,000	690	7,950	17,957	884,171	0
	(ii)	0	0	0	0	0	0	0
4AGOSTINO VISIONI PHYSICIAN	(i)	743,177	60,000	30,640	7,950	34,603	876,370	0
	(ii)	0	0	0	0	0	0	0
5J T SHERWOOD PHYSICIAN	(i)	775,908	35,000	810	7,950	40,552	860,220	0
	(ii)	0	0	0	0	0	0	0
6THERESA CONOLOGUE PHYSICIAN	(i)	534,983	0	450	3,742	29,879	569,054	0
	(ii)	0	0	0	0	0	0	0
7JOHN CARDONE PHYSICIAN	(i)	509,508	15,000	1,465	7,950	31,099	565,022	0
	(ii)	0	0	0	0	0	0	0
8JOYCE HANSCOME VICE PRESIDENT (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	123,125	0	0	123,125	0

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVELOPMENT AUTHORITY	52-1303430	355849AS9	05-10-2007	86,868,312	REFUNDING OF 1996 MWH BONDS		X		X		X
B	ECONOMIC DEVELOPMENT AUTHORITY	52-1303430	355849BC3	05-28-2014	59,254,492	REFUNDING OF 2002 BONDS		X		X		X
C	ECONOMIC DEVELOPMENT AUTHORITY	54-1244413	852431BM6	05-02-2016	128,486,132	REFUNDING OF 2006 BONDS		X		X		X
D	ECONOMIC DEVELOPMENT AUTHORITY	52-1303430		11-22-2016	30,405,000	REFUNDING OF 2013 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	41,680,000		470,000	960,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	86,868,312	59,254,492	128,486,132	30,405,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	583,010	630,794	2,100,667	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	86,285,302	58,623,698	126,385,465	30,405,000
12	Other unspent proceeds				
13	Year of substantial completion	2007	2014	2016	2016

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

Part III Private Business Use

		A		B		C		D	
		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X	X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		60	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT PRIZES)	X	40	28,184	FMV
26 Other ▶ (FOOD AND BEVERAGES)	X	10	1,811	FMV
27 Other ▶ (EVENT FACILITIES)	X	1	1,000	FMV
28 Other ▶ (MUSICAL INSTRUMENT)	X	1	287	FMV

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS TOTALED BY A COUNT OF DONORS PER ITEM

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OF THE MARY WASHINGTON HEALTHCARE GROUP ALL HAVE ONE SOLE MEMBER, ITS PARENT MARY WASHINGTON HEALTHCARE (MWHC)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MARY WASHINTON HEALTHCARE (MWHC) HAS THE POWER TO APPOINT BOARD OF TRUSTEES FOR THE GROUP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OF THE MARY WASHINGTON HEALTHCARE GROUP ALL HAVE ONE SOLE MEMBER, ITS PARENT MARY WASHINGTON HEALTHCARE (MWHC) MWHC HAS RESERVED CERTAIN POWERS TO ITSELF WITHIN EACH OF IT S SUBSIDIARIES ORGANIZING DOCUMENTS THESE RESTRICTIONS INCLUDE AMENDING THE GOVERNING DOC UMENTS, BUDGETING, EXPENDITURES OVER CERTAIN THRESHOLDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT COMPLETES A DRAFT OF THE INTERNAL REVENUE SERVICE (IRS) FORM 990 INFORMATION RE TURN FOR MARY WASHINGTON HEALTHCARE AND ITS SUBSIDIARIES THIS DRAFT IS SUBMITTED TO THE A UDIT & COMPLIANCE COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES THE FORM 990 AND UNDE RLYING INFORMATION ARE PRESENTED TO AND REVIEWED BY THIS COMMITTEE IF THE CONTENTS OF THE 990 RETURN ARE DEEMED ACCURATE AND ACCEPTABLE BY THE COMMITTEE, THIS BODY RECOMMENDS ACCE PTANCE OF THE RETURN BY THE FULL BOARD OF TRUSTEES THE FORM 990 RETURN IS SUBSEQUENTLY PR ESENTED TO AND REVIEWED BY THE ORGANIZATION'S BOARD OF TRUSTEES IF DEEMED ACCURATE AND AC CEPTABLE THE BOARD ACCEPTS THE RETURN THROUGH A FORMAL MOTION AS PART OF THIS PROCESS, TH E DRAFT RETURN IS POSTED ON THE BOARD'S WEBSITE WHERE IT REMAINS AVAILABLE FOR REVIEW EVEN AFTER FORMAL ACCEPTANCE BY THE BOARD THE FORM 990 RETURN IS ALSO AVAILABLE TO MEMBERS OF THE BOARD OF TRUSTEES AS WELL AS THE GENERAL PUBLIC ON MARY WASHINGTON HEALTHCARE'S WEBSI TE (WWW MARYWASHINGTONHEALTHCARE COM)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EVERY TRUSTEE, AND EXECUTIVE MEMBER OF MANAGEMENT IS REQUIRED TO DISCLOSE ANY AND ALL POSS IBLE CONFLICTS OF INTERESTS THE DISCLOSURES ARE MADE ANNUALLY AND SUBMITTED TO THE MWHC C HIEF AUDIT EXECUTIVE (CAE) THE CAE THEN PRESENTS ALL CONFLICTS TO THE AUDIT AND COMPLIANC E COMMITTEE OF THE BOARD OF TRUSTEES THE CHAIRMAN OF THE AUDIT AND COMPLIANCE COMMITTEE R EPORTS ALL CONFLICTS TO THE FULL BOARD CONFLICTS ARE CONTINUALLY AND ACTIVELY MANAGED AT EACH MEETING, THE CHAIR ASKS IF ANYONE AT THE MEETING HAS A CONFLICT TO DISCLOSE INDIVID UALS WITH CONFLICTS DISCLOSE THEIR CONFLICTS AND THE RELATED TOPIC THE INDIVIDUAL THEN RE CUSES HIM/HERSELF FROM ANY DECISION RELATED TO THAT TOPIC THE CONFLICT OF INTERESTS POLIC Y IS REVIEWED ANNUALLY BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MARY WASHINGTON HEALTHCARE UTILIZES AN EXECUTIVE COMPENSATION COMMITTEE WITH THE PURPOSE A ND AUTHORITY TO ESTABLISH PROCESSES TO ENSURE FAIR AND COMMERCIALLY REASONABLE COMPENSATIO N FOR THE CEO AND EXECUTIVE LEADERSHIP IN ORDER TO ENSURE COMPENSATION PAID IS SET AT FAI R MARKET VALUE, THE EXECUTIVE COMPENSATION COMMITTEE UTILIZES COMPENSATION SURVEY DATA, FO RM 990 INFORMATION FROM COMPARABLE HEALTH SYSTEMS, AND THE SERVICES OF AN INDEPENDENT COMP ENSATION CONSULTANT SUCH INDEPENDENT THIRD PARTY DATA POINTS PROVIDE ASSURANCE THAT EXECU TIVE COMPENSATION IS COMMERCIALLY REASONABLE AND AT A FAIR MARKET VALUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE AUDITED FINANCIALS STATEMENTS ARE POSTED ON THE MARY WASHINGTON HEALTHCARE WEBSITE FOR PUBLIC VIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	ASP SERVICES PROGRAM SERVICE EXPENSES 599,936 MANAGEMENT AND GENERAL EXPENSES 16,531 F UNDRAISING EXPENSES 370 TOTAL EXPENSES 616,837 BILLING AND COLLECTION SERVICES PROGRAM SERVICE EXPENSES 2,945,351 MANAGEMENT AND GENERAL EXPENSES 81,159 FUNDRAISING EXPENSES 1,817 TOTAL EXPENSES 3,028,327 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 50,001,214 MANAGEMENT AND GENERAL EXPENSES 1,377,784 FUNDRAISING EXPENSES 30,846 TOTAL EXPENSES 5 1,409,844 CONTRACT PERSONNEL PROGRAM SERVICE EXPENSES 10,854,018 MANAGEMENT AND GENERAL EXPENSES 299,083 FUNDRAISING EXPENSES 6,696 TOTAL EXPENSES 11,159,797 MANAGEMENT CONTR ACTS PROGRAM SERVICE EXPENSES 28,963,466 MANAGEMENT AND GENERAL EXPENSES 798,089 FUNDR AISING EXPENSES 17,868 TOTAL EXPENSES 29,779,423 MAINTENANCE SERVICES PROGRAM SERVICE EXPENSES 5,738,923 MANAGEMENT AND GENERAL EXPENSES 158,136 FUNDRAISING EXPENSES 3,540 T OTAL EXPENSES 5,900,599 STORAGE SERVICES PROGRAM SERVICE EXPENSES 86,047 MANAGEMENT AN D GENERAL EXPENSES 2,371 FUNDRAISING EXPENSES 53 TOTAL EXPENSES 88,471 TENENT COVERAGE PROGRAM SERVICE EXPENSES 8,824,279 MANAGEMENT AND GENERAL EXPENSES 243,153 FUNDRAISING EXPENSES 5,444 TOTAL EXPENSES 9,072,876 WASTE DISPOSAL PROGRAM SERVICE EXPENSES 1,129, 981 MANAGEMENT AND GENERAL EXPENSES 31,137 FUNDRAISING EXPENSES 697 TOTAL EXPENSES 1,16 1,815

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RELIEF FROM AFFILIATE LOANS -9,821,526 UNCOLLECTED PLEDGES -1,553,372 ELIMINATION OF EQUITY FOR CONSOLIDATED ENTITIES 8,237,646

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE COMPANIES IN THE GROUP RETURN ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATE MENTS OF MWHC CONSISTENT WITH PRIOR YEARS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND S ELECTION OF AUDITORS RESTS WITH THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, Q2A	NO ENTITY WITHIN THE GROUP FILES W-2S WITH THE IRS ALL PAYROLL IS PAID THROUGH AN AGENCY AGREEMENT WITH MARY WASHINGTON HEALTHCARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R	ABBREVIATIONS MWHC - MARY WASHINGTON HEALTHCARE MPI - MEDICORP PROPERTIES, INC MWHC CLINICAL - MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC MEDIDOCTORS H C - MEDIDOCTORS HOLDING COMPANY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, Q3A AND Q3B	MARY WASHINGTON HOSPITAL AND MARY WASHINTON HOSPITAL FOUNDATON FILE SEPARATE 990T'S RELATED TO UNRELATED BUSINESS INCOME

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MEDIDOCTORS LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 54-1990805	MEDICAL	VA	449,647	30,949	MARY WASHINGTON HEALTHCARE CLINICAL SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)STAFFORD HOSPITAL AUXILIARY 2300 FALL HILL AVE SUITE 418 FREDERICKSBURG, VA 22401 26-2704632	MEDICAL SERVICES	VA	501(C)(3)	LINE 12D, III-O			No
(2)MARY WASHINGTON HOSPITAL AUXILIARY 2300 FALL HILL AVE SUITE 418 FREDERICKSBURG, VA 22401 75-2985923	MEDICAL SERVICES	VA	501(C)(3)	LINE 12D, III-O			No
(3)MARY WASHINGTON HEALTHCARE 2300 FALL HILL AVE SUITE 418 FREDERICKSBURG, VA 22401 54-1240646	MEDICAL SERVICES	VA	501(C)(3)	LINE 12C, III-FI	MWHC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	(k) Percentage ownership
(1) FREDERICKSBURG AMBULATORY SURGERY CENTER 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 56-2322548	SURGERY CTR	VA	MWHC CLINICAL SERVICES INC	RELATED	2,347,421	1,198,946		No		Yes		53 870 %
(2) MEDICAL IMAGING OF FREDERICKSBURG 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 54-1364028	IMAGING	VA	MWHC CLINICAL SERVICES INC	RELATED	6,083,859	1,866,920		No		Yes		51 000 %
(3) MARY WASHINGTON EYE CARE CENTER 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 27-1248032	OPTOMETRY	VA	MWHC CLINICAL SERVICES INC	RELATED	-166,881	-2,079,320		No		Yes		99 000 %
(4) CENTRAL ATLANTIC HEALTH NETWORK 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 27-4704694	GROUP PURCHASING	VA	N/A	RELATED	9,453	33,594	Yes				No	12 500 %
(5) COWAN INVESTMENT PARTNERS LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 65-1294835	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	723	62,488		No			No	12 500 %
(6) SPOTSYLVANIA PARKWAY MEDICAL PLAZA LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 26-2656396	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	198,113	-643,478		No			No	39 500 %
(7) SPOTSYLVANIA PARKWAY MEDICAL PLAZA II LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 45-4281946	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	-10,079	915,296		No			No	39 500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)FREDERICKSBURG PROFESSIONAL RISK EXCHANGE 2300 FALL HILL AVE SUITE 418 FREDERICKSBURG, VA 22401 33-1095956	CAPTIVE INSURANCE	VA	MARY WASHINGTON HEALTHCARE	C	-982,866	18,951,056	100 000 %		No
(2)MARY WASHINGTON HEALTHCARE SERVICES INC 2300 FALL HILL AVE SUITE 418 FREDERICKSBURG, VA 22401 54-1244509	RETAIL MEDICAL	VA	MWHC CLINICAL SERVICES INC	C	139,694	1,416,961	100 000 %		No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 20-1106426
Name: MARY WASHINGTON HEALTHCARE GROUP RETURN

Form 990, Schedule R, Part III - 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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FREDERICKSBURG AMBULATORY SURGERY CENTER 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 56-2322548	SURGERY CTR	VA	MWHC CLINICAL SERVICES INC	RELATED	2,347,421	1,198,946		No		Yes		53 870 %
MEDICAL IMAGING OF FREDERICKSBURG 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 54-1364028	IMAGING	VA	MWHC CLINICAL SERVICES INC	RELATED	6,083,859	1,866,920		No		Yes		51 000 %
MARY WASHINGTON EYE CARE CENTER 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 27-1248032	OPTOMETRY	VA	MWHC CLINICAL SERVICES INC	RELATED	-166,881	-2,079,320		No		Yes		99 000 %
CENTRAL ATLANTIC HEALTH NETWORK 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 27-4704694	GROUP PURCHASING	VA	N/A	RELATED	9,453	33,594	Yes				No	12 500 %
COWAN INVESTMENT PARTNERS LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 65-1294835	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	723	62,488		No			No	12 500 %
SPOTSYLVANIA PARKWAY MEDICAL PLAZA LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 26-2656396	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	198,113	-643,478		No			No	39 500 %
SPOTSYLVANIA PARKWAY MEDICAL PLAZA II LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 45-4281946	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	-10,079	915,296		No			No	39 500 %