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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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 \$ 675,214,004

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

Activities & Governance

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

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

3

55

4

50

5

3,831

6

737

7a

2,350,131

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶896,449

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Signature of officer

2019-11-06

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 2019-10-09

Check if self-employed

PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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 \$ 612,859,751 including grants of \$ 3,950,059) (Revenue \$ 641,991,074)
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 ▶ 612,859,751

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
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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	324	
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	3,831			
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?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.	Yes	
b	Other officers or key employees of the organization.	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?		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?		

Section C. Disclosure

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

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

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

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

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

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 ☐

1

● 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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,010,302	7,512,268	771,367

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 ▶ 241

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
AMN HEALTHCARE INC 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693	CONTRACT PERSONNEL	15,515,742
MORRISON MANAGEMENT 5801 PEACHTREE DUNWOODY RD ATLANTA, GA 30342	FOOD SERVICES	9,919,149
CROTHALL SERVICES GROUP 955 CHESTERBROOK BLVD SUITE 300 WAYNE, PA 19087	ENVIRONMENTAL AND ENGINEERING	5,452,792
SOUND PHYSICIANS OF VA II 1498 PACIFIC AVENUE STE 400 TACOMA, WA 98402	CONTRACT PERSONNEL	4,410,242
ECHO LOCUM TENENS INC 1498 PACIFIC AVENUE STE 400 TACOMA, WA 98402	PHYSICIAN SERVICES	4,008,568

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 ► 77

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	247,268			
	d	Related organizations	1d	795,998			
	e	Government grants (contributions)	1e	182,759			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,661,305			
	g	Noncash contributions included in lines 1a - 1f \$	6,375				
	h	Total. Add lines 1a-1f	8,887,330				
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES REVENUE	623000	618,036,615	618,036,615		
	b	PROGRAM RENTAL INCOME	531120	9,062,586	9,062,586		
	c	OTHER OPERATING REVENUE	623000	8,932,343	8,932,343		
	d	MANAGEMENT SERVICES	623000	5,176,889	5,176,889		
	e	LAB FEES	621500	2,330,733		2,330,733	
	f	All other program service revenue		664,425	664,425		
	g	Total. Add lines 2a-2f	644,203,591				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,914,163		1,914,163	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real	(ii) Personal				
		Gross rents					
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
	d	Net gain or (loss)		437,433		437,433	
	8a	Gross income from fundraising events (not including \$ 247,268 of contributions reported on line 1c) See Part IV, line 18		a	231,906		
		b	Less direct expenses	b	109,017		
		c	Net income or (loss) from fundraising events		122,889		122,889
	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	137,614	118,216	19,398		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		137,614				
12	Total revenue. See Instructions		655,703,020	641,991,074	2,350,131	2,474,485	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,917,845	3,917,845		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	32,214	32,214		
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.	1,483,668	1,461,493	22,175	
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.	182,061,423	179,340,266	2,721,157	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,910,021	2,866,527	43,494	
9 Other employee benefits.	18,392,999	18,118,090	274,909	
10 Payroll taxes.	13,391,398	13,191,245	200,153	
11 Fees for services (non-employees):				
a Management.	81,623,347	79,699,415	1,124,312	799,620
b Legal.				
c Accounting.	6,250	2,275		3,975
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	207,073	200,240	6,419	414
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	95,684,845	92,904,059	2,778,597	2,189
12 Advertising and promotion.	444,367	429,703	13,775	889
13 Office expenses.	3,047,010	2,946,459	94,457	6,094
14 Information technology.	1,110,459	1,073,814	34,424	2,221
15 Royalties.				
16 Occupancy.	18,022,747	17,427,997	558,705	36,045
17 Travel.	1,727,831	1,670,812	53,563	3,456
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	391,533	378,612	12,138	783
20 Interest.	1,108,414	1,072,145	36,269	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	27,955,859	17,155,182	10,800,677	
23 Insurance.	2,019,385	1,952,745	62,601	4,039
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	103,985,732	103,142,102	817,138	26,492
b UNRELATED BUSINESS TAX	3,259		3,259	
c BAD DEBT EXPENSE	63,065,091	63,065,091		
d REPAIRS AND MAINTENANCE	4,692,813	4,539,256	143,870	9,687
e All other expenses	6,295,375	6,272,164	22,666	545
25 Total functional expenses. Add lines 1 through 24e.	633,580,958	612,859,751	19,824,758	896,449
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 SheetCheck 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	1,743,478	1	648,941
	2 Savings and temporary cash investments	14,754	2	14,953
	3 Pledges and grants receivable, net	13,763,640	3	17,370,470
	4 Accounts receivable, net	69,546,498	4	80,361,665
	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	54,137	7	-18,817
	8 Inventories for sale or use	12,065,299	8	13,158,885
	9 Prepaid expenses and deferred charges	3,642,168	9	3,252,990
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 674,830,747		
	b Less: accumulated depreciation	10b 410,313,268	272,436,076	10c 264,517,479
	11 Investments—publicly traded securities	50,360,885	11	46,469,737
	12 Investments—other securities. See Part IV, line 11	2,223,021	12	1,554,856
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	1,647,081	14	1,503,440
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	427,497,037	16	428,834,599	
Liabilities	17 Accounts payable and accrued expenses	39,135,905	17	44,738,158
	18 Grants payable		18	
	19 Deferred revenue	2,398	19	123,851
	20 Tax-exempt bond liabilities	235,518,990	20	227,167,907
	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	3,872,673	25	3,509,619
	26 Total liabilities. Add lines 17 through 25	278,529,966	26	275,539,535
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	135,855,984	27	135,930,398
	28 Temporarily restricted net assets	11,852,877	28	11,354,228
	29 Permanently restricted net assets	1,258,210	29	6,010,438
	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	148,967,071	33	153,295,064	
34 Total liabilities and net assets/fund balances	427,497,037	34	428,834,599	

Part XI Reconciliation of Net AssetsCheck 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	655,703,020
2	Total expenses (must equal Part IX, column (A), line 25)	2	633,580,958
3	Revenue less expenses Subtract line 2 from line 1	3	22,122,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,967,071
5	Net unrealized gains (losses) on investments	5	-5,304,315
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	-12,489,754
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	153,295,064

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

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

Form 990 (2018)

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 114,827 PATIENTS IN OUR EMERGENCY ROOMS, 306,650 OUTPATIENTS, 19,681 SURGICAL CASES AND 30,304 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 CHAIR	2 00	X		X				0	0	0
RONALD W BRANSCOME MS BOARD TRUSTEE	2 00	X						0	0	0
BRUCE L DAVIS BA BOARD TRUSTEE	2 00	X						0	0	0
JANAMITRA DEVAN BOARD TRUSTEE	2 00	X						0	0	0
MATTHEW D DUMONT MD BOARD TRUSTEE	2 00	X						0	0	0
REV ALLEN H FISHER JR BA MDIV BOARD TRUSTEE	2 00	X						0	0	0
JEFFREY A FRAZIER MD BOARD TRUSTEE	2 00	X						0	0	0
DAVID M GARTH MD BOARD TRUSTEE	2 00	X						0	0	0
MICHAEL P MCDERMOTT MD MBA PRESIDENT AND CEO	4 00	X		X				0	1,285,921	41,692
JOHN C MCKEOWN MA MPA BOARD TRUSTEE	2 00	X						0	0	0

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			
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
ALDA L WHITE BA JD IMMEDIATE PAST 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
LINDA D WORRELL BOARD TRUSTEE	2 00 2 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	655,837	34,565
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										
(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			
JASON COHEN MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
KOSTAS J CONSTANTINE MD 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
MARY KATHERINE GREENLAW MWH FOUNDATION BOARD TRUST	2 00 0 00	X						0	0	0
ROCHELLE H GRAY 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
CHRISTOPHER T HUESGEN MD 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										
(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			
KEVIN M BREEN SH FOUNDATION CHAIR	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
MELISSA GALLARO SH FOUNDATION BOARD TRUSTE	2 00 0 00	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
C RAYMOND JOHNSON SH FOUNDATION BOARD TRUSTE	2 00 0 00	X						0	0	0
JO D KNIGHT 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
DONALD H NEWLIN BA MA 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										
(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			
HOWARD C OWEN BA SH FOUNDATION BOARD SECRETARY/TREASURER	2 00 0 00	X						0	0	0
W MALONE SCHOOLER 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	420,200	20,780
MARIE FREDRICK RT R CRA MJ VICE PRESIDENT	2 00 40 00	X		X				0	245,590	21,718
JUSTIN BOX MBA SVP & CIO	2 00 40 00			X				0	365,836	43,241
REBECCA M BIGONEY MDBSMA EVP & CMO	2 00 40 00			X				0	699,703	29,123
EILEEN DOHMANN RN BSN MBA NEA-BC SVP & CNO	2 00 40 00			X				0	343,796	13,566
ERIC FLETCHER MBA APR SVP	2 00 40 00			X				0	347,628	39,685
TRAVIS TURNER BS MBA SVP	2 00 40 00			X				0	311,159	35,702

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			
ELIESE K BERNARD VICE PRESIDENT	40 00 2 00			X				379,917	0	4,965
LAUREN BLALOCK VICE PRESIDENT	2 00 40 00			X				0	201,618	38,127
CODY BLANKENSHIP VICE PRESIDENT	2 00 40 00			X				0	211,088	30,481
KATHLEEN BOURGAULT MS CPAM VICE PRESIDENT	2 00 40 00			X				0	243,132	27,514
SANDRA BROWN CPA VICE PRESIDENT	2 00 40 00			X				0	266,911	29,053
ALAN EDWARDS VICE PRESIDENT	2 00 40 00			X				0	217,385	38,166
TINA ERVIN VICE PRESIDENT	2 00 40 00			X				0	240,162	27,644
STEPHEN MANDELL MD VICE PRESIDENT	40 00 2 00			X				403,921	0	33,738
DOUGLAS SCHULTE MD VICE PRESIDENT	2 00 40 00			X				0	386,607	10,661
CATHLEEN YABLONSKI BS MS VICE PRESIDENT	40 00 2 00			X				268,444	0	25,031

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			
DAVID YI MD VICE PRESIDENT	2 00 40 00			X				0	356,883	10,491
SANG HO NA PHYSICIAN	40 00 0 00					X		885,410	0	21,355
AGOSTINO VISIONI PHYSICIAN	40 00 0 00					X		840,501	0	41,953
J T SHERWOOD PHYSICIAN	40 00 0 00					X		801,492	0	45,584
THERESA CONOLOGUE PHYSICIAN	40 00 0 00					X		536,666	0	25,201
JOHN CARDONE PHYSICIAN	40 00 0 00					X		540,978	0	37,437
JAMES R DANIEL FORMER SENIOR MEDICAL DIRECTOR	0 00 0 00						X	352,973	0	14,678
THOMAS G GETTINGER MHA FORMER EVP & COO	0 00 0 00						X	0	378,086	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493312033619	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No 1545-0047 2018 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 7/25/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	1,269,839	1,258,210	1,258,210	1,258,210	1,258,210
b Contributions	4,752,228				
c Net investment earnings, gains, and losses	40,521	52,539	44,259		11,433
d Grants or scholarships	49,757	40,909	44,259		11,433
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,012,831	1,269,840	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 ▶ 100 000 %

c

Temporarily restricted endowment ▶ 0 %

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		24,785,862		24,785,862
b Buildings		320,945,905	157,552,568	163,393,337
c Leasehold improvements		18,279,590	13,764,875	4,514,715
d Equipment		272,705,117	219,929,239	52,775,878
e Other		38,114,273	19,066,586	19,047,687
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				264,517,479

Schedule D (Form 990) 2018

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		
ACCRUED LOSS - PROFESSIONAL LIABILITIES	3,509,619	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,509,619	

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 UNDER 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 CONCLUDED THAT THERE HAVE BEEN NO SUCH CHANGES AND, THEREFORE, MWHC'S STATUS AS A PUBLIC CHARITY 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 EXEMPT FROM FEDERAL INCOME TAXATION. HOWEVER, MWHC IS SUBJECT TO BOTH FEDERAL AND STATE INCOME TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAXES, IS SEPARATELY DETERMINED. CERTAIN ENTITIES UNDER MWHC ARE TAXABLE ENTITIES. MWHC HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES, OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED. FOR TAX PERIODS WITH RESPECT 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. GENERALLY, TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2015, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES. ALL REQUIRED TAX FILINGS HAVE BEEN FILED ON A TIMELY BASIS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SH CUP GOLF TOURNAMENT (event type)	MWHF GOLF OPEN (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	258,253	108,504	112,417	479,174
	2 Less Contributions	108,612	86,453	52,204	247,269
	3 Gross income (line 1 minus line 2)	149,641	22,051	60,213	231,905
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			462	462
	6 Rent/facility costs			1,850	1,850
	7 Food and beverages			9,458	9,458
	8 Entertainment			1,045	1,045
	9 Other direct expenses	46,399	22,563	27,240	96,202
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				109,017
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				122,888

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	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	Hospitals ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.	OMB No 1545-0047 2018 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible 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)			18,379,134		18,379,134	2 900 %
b Medicaid (from Worksheet 3, column a)			50,914,427	36,380,245	14,534,182	2 290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			69,293,561	36,380,245	32,913,316	5 190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,708,132	10,300	1,697,832	0 270 %
f Health professions education (from Worksheet 5)			1,690,432		1,690,432	0 270 %
g Subsidized health services (from Worksheet 6)			60,811,845	39,227,539	21,584,306	3 410 %
h Research (from Worksheet 7)			474,400	63,036	411,364	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,707,950		1,707,950	0 270 %
j Total. Other Benefits			66,392,759	39,300,875	27,091,884	4 280 %
k Total. Add lines 7d and 7j			135,686,320	75,681,120	60,005,200	9 470 %

Part II

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			49,775		49,775	0.010 %
9 Other			796,484		796,484	0.130 %
10 Total			846,259		846,259	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 Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	19,009,026	
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	4,752,257	
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	192,641,010
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	232,468,660
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-39,827,650
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)
MARY WASHINGTON HOSPITAL INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>HTTPS //WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS.ASPX</u>		
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 <u>16</u>		
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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
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? 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)	15	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/ABOUT-US/REGULATORY-DOCUMENTS ASPX</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/ABOUT-US/REGULATORY-DOCUMENTS ASPX</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //WWW MARYWASHINGTONHEALTHCARE COM/ABOUT-US/REGULATORY-DOCUMENTS ASPX</u>			
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 _____**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?

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
STAFFORD HOSPITAL LLC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**2****Community Health Needs Assessment**

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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 <u>20 16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>HTTPS //WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS.ASPX</u>		
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 <u>20 16</u>		
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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
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? 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)	15	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS.ASPX</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS.ASPX</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS.ASPX</u>			
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 _____**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?

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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.

[illegible]

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)	MWHC UTILIZED THE SERVICES OF SEARCHAMERICA TO IDENTIFYFPAP ELIGIBLE PATIENTS WHOSE ACCOUNTS HAD FALLEN INTO BAD DEBT SEARCHAMERICA PROVIDED A LIST UTILIZING VARIOUS MARKET RESEARCH TOAPPROXIMATE THE FEDERAL POVERTY LEVEL OF EACH ACCOUNT HOLDER WITH THISINFORMATION WE WERE ABLE TO DETERMINE ACCOUNTS THAT MAY HAVE BEEN ELIGIBLEFOR FREE CARE OR DISCOUNTED CARE UNDER OUR FINANCIAL ASSISTANCE POLICY
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	MWHC PROVIDES SERVICES TO UNINSURED PATIENTS AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT FROM STANDARD CHARGES PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE MWHC ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE BAD DEBT EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, WERE NOT CONSIDERED MATERIAL PATIENTS WHO MEET MWHC'S CRITERIA FOR CHARITY CARE ARE PROVIDED CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES SUCH AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE
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 HOSPITAL, 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? <u>2</u>		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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 18

3 Enter total number of other organizations listed in the line 1 table 6

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
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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
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	850,000				FREE CLINIC
MICAH ECUMENICAL MINISTRY 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
FREDERICKSBURG CHRISTIAN HEALTH CENTER 1129 HEATHERSTONE DR FREDERICKSBURG, VA 22407	54-2061482	501(C)(3)	100,000				HEALTH CENTER
RAPPAHANNOCK AREA HEALTH DISTRICT 608 JACKSON ST FREDERICKSBURG, VA 22401	54-6001775		100,000				COMPLICATED OBSTETRICAL AND HIGH RISK MATERNITY CARE

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
LEGAL SERVICES OF NO VA 10700 PAGE AVENUE FAIRFAX, VA 22030	54-1137931	501(C)(3)	47,594				ENROLL VA
CENTRAL VIRGINIA HEALTH SERVICES INC 1506 PALMYRA AVE RICHMOND, VA 23227	54-0887287	501(C)(3)	45,000				CHC RAPPAHANNOCK REGION

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		40,000				FRED TRANSPORTATION PROGRAM
GUADALUPE FREE CLINIC PO BOX 275 COLONIAL BEACH, VA 22443	51-0635977	501(C)(3)	40,000				(GREGORY DILICK)

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 COUNTY PUBLIC SCHOOLS HEAD START 610 GAYLE ST FREDERICKSBURG, VA 22405	54-6001628		35,000				CHILDREN'S INSURANCE OUTREACH AND ELIGIBILITY PROJECT
THE DOCTOR YUM PROJECT 10482 GEORGETOWN DRIVE SUITE B SPOTSYLVANIA, VA 22553	45-5245719	501(C)(3)	35,000				THE DOCTOR YUM PROJECT BATTLES OBESITY WITH THE H E A L TOOL

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 COUNSELING SERVICES 305 HANSON AVE 140 FREDERICKSBURG, VA 22401	54-0844464	501(C)(3)	27,000				FREDERICKSBURG COUNSELING SERVICES
STAFFORD JUNCTION INC 791 TRUSLOW ROAD FREDERICKSBURG, VA 22406	20-3036072	501(C)(3)	20,000				HEALTHY LIVING PAYS

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 ON AGING 460 LENDALL LANE FREDERICKSBURG, VA 22405	54-1027651	501(C)(3)	19,450				CARE OPTIONS MAKE FOR PREFERRED SOLUTIONS (COMPASS)
VIRGINIA COMMUNITY FOOD CONNECTIONS 406 PRINCESS ANNE STREET FREDERICKSBURG, VA 22401	54-0715969	501(C)(3)	16,161				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
GWYNETH'S GIFT FOUNDATION PO BOX 690 GARRISONVILLE, VA 22463	47-4428397	501(C)(3)	15,000				LIFE-SAVING CPR EDUCATION AND AED ACCESS
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY 300 RICHMOND, VA 23221	57-1186937	501(C)(3)	15,000				PRESCRIPTION MEDICATION 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 DEPARTMENT OF SOCIAL SERVICES 608 JACKSON STREET SUITE 100 FREDERICKSBURG, VA 22401	54-6001293		10,500				COMMUNITY BASED ELIGIBILITY WORKER
ACTION IN COMMUNITY THROUGH SERVICE (ACTS) PO BOX 74 DUMFRIES, VA 22026	54-0897679	501(C)(3)	10,000				ACTS HELPLINE ASSISTANCE AND 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 COUNTY DEPARTMENT OF SOCIAL SERVICES PO BOX 7 STAFFORD, VA 22555	54-6001626		10,000				STAFFORD'S HEALTH INSURANCE ENROLLMENT PROGRAM
HAZEL HILL HEALTHCARE PROJECT 225 BUTLER RD FREDERICKSBURG, VA 22405	27-1744104	501(C)(3)	7,500				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
EMPLOYMENT RESOURCES PO BOX 801 FREDERICKSBURG, VA 22401	54-1566468	501(C)(3)	5,000				SUMMER INTERNSHIP PROGRAM
FREDERICKSBURG CITY PUBLIC SCHOOLS 2300 WASHINGTON AVENUE FREDERICKSBURG, VA 22401	54-6001296		5,000				SUMMER FOOD SERVICE 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
LOWLINC PO BOX 518 LOCUST GROVE, VA 22508	47-3273588	501(C)(3)	5,000				LIVING INDEPENDENTLY IN OUR COMMUNITY
OPEN HAND 200 PRINCE EDWARD STREET FREDERICKSBURG, VA 22401	36-4564097	501(C)(3)	5,000				SUMMER INTERN PROGRAM (GRAD)

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	1,000			
BARBARA KANE NURSING SCHOLARSHIP	1	1,000			
CHARLES AND VIOLA JONES NURSING SCHOLARSHIP	1	1,000			
CHARLES M "PETE" HEARN FELLOWSHIP	1	1,500			

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	1	750			
HAROLD AND FRANCES SCHILZ NURSING 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
HEWETSON NURSING SCHOLARSHIP	1	750			
IDA RICHARDSON JENKINS MEMORIAL SCHOLARSHIP	1	750			
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			
LIBBY PEARSON ENDOWED NURSING SCHOLARSHIP	1	750			
LINDA WITMER NURSING SCHOLARSHIP	1	750			
MARY FRANCES WILLIS & JAMES G WILLIS MEMORIAL SCHOLARSHIP	1	1,000			
NANCY HAZARD MEMORIAL 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
REBECCA BENNETT NURSING SCHOLARSHIP	1	750			
STAFFORD HOSPITAL AUXILIARY SCHOLARSHIP	1	1,000			
STAFFORD HOSPITAL AUXILIARY SCHOLARSHIP	1	1,000			
STEPHANIE FRANCINE BROWN NURSING SCHOLARSHIP	1	750			
SUE HALL 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
THE FRED M RANKIN, III LEADERSHIP SCHOLARSHIP	1	1,500			
THE VICKIE GRAVES PITTMAN GERMANNA NURSING SCHOLARSHIP	1	1,000			
WILLIAM F JACOBS, JR SCHOLARSHIP IN HEALTHCARE ADMINISTRATION	1	2,000			
VIRGINIA MEDICAL IMAGING	2	6,214			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 indemnification 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		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		

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.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III Supplemental Information

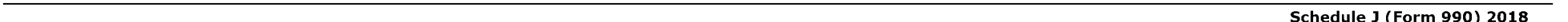
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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				
MICHAEL P MCDERMOTT MD MBA PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	815,940	250,871	219,110	8,250	33,442	1,327,613	0
SEAN T BARDEN BSBA MBA EXEC VP AND CFO	(i)	0	0	0	0	0	0	0
	(ii)	438,222	126,484	91,131	8,250	26,315	690,402	0
XAVIER RICHARDSON BA MBA MWHF AND SHF PRESIDENT / E	(i)	0	0	0	0	0	0	0
	(ii)	231,587	51,659	51,480	7,041	22,175	363,942	0
KATHRYN WALL BA MA EVP	(i)	0	0	0	0	0	0	0
	(ii)	272,262	61,390	86,548	8,250	12,530	440,980	0
MARIE FREDRICK RT R CRA MJ VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	194,223	41,072	10,295	0	21,718	267,308	0
JUSTIN BOX MBA SVP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	284,799	69,405	11,632	8,250	34,991	409,077	0
REBECCA M BIGONEY MDBSMA EVP & CMO	(i)	0	0	0	0	0	0	0
	(ii)	430,990	122,431	146,282	8,250	20,873	728,826	0
EILEEN DOHMANN RN BSN MBA NEA-BC SVP & CNO	(i)	0	0	0	0	0	0	0
	(ii)	262,267	63,608	17,921	8,250	5,316	357,362	0
ERIC FLETCHER MBA APR SVP	(i)	0	0	0	0	0	0	0
	(ii)	274,276	61,401	11,951	8,250	31,435	387,313	0
TRAVIS TURNER BS MBA SVP	(i)	0	0	0	0	0	0	0
	(ii)	243,034	56,568	11,557	6,970	28,732	346,861	0
ELIESE K BERNARD VICE PRESIDENT	(i)	311,870	59,798	8,249	0	4,965	384,882	0
	(ii)	0	0	0	0	0	0	0
LAUREN BLALOCK VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	159,926	33,833	7,859	5,340	32,787	239,745	0
CODY BLANKENSHIP VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	172,168	31,093	7,827	2,591	27,890	241,569	0
KATHLEEN BOURGAULT MS CPAM VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	192,607	40,209	10,316	5,572	21,942	270,646	0
SANDRA BROWN CPA VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	216,132	42,141	8,638	6,929	22,124	295,964	0
ALAN EDWARDS VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	170,421	37,001	9,963	5,699	32,467	255,551	0
TINA ERVIN VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	191,675	40,320	8,167	6,107	21,537	267,806	0
STEPHEN MANDELL MD VICE PRESIDENT	(i)	326,714	64,751	12,456	8,250	25,488	437,659	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS SCHULTE MD VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	313,144	64,371	9,092	8,250	2,411	397,268	0
CATHLEEN YABLONSKI BS MS VICE PRESIDENT	(i)	216,078	44,157	8,209	2,298	22,733	293,475	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				
DAVID YI MD VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	291,093	57,641	8,149	8,250	2,241	367,374	0
SANG HO NA PHYSICIAN	(i)	751,355	125,000	9,055	8,250	13,105	906,765	0
	(ii)	0	0	0	0	0	0	0
AGOSTINO VISIONI PHYSICIAN	(i)	742,051	75,000	23,450	8,250	33,703	882,454	0
	(ii)	0	0	0	0	0	0	0
J T SHERWOOD PHYSICIAN	(i)	740,780	60,000	712	8,250	37,334	847,076	0
	(ii)	0	0	0	0	0	0	0
THERESA CONOLOGUE PHYSICIAN	(i)	536,166	0	500	3,534	21,667	561,867	0
	(ii)	0	0	0	0	0	0	0
JOHN CARDONE PHYSICIAN	(i)	509,688	30,000	1,290	8,250	29,187	578,415	0
	(ii)	0	0	0	0	0	0	0
JAMES R DANIEL FORMER SENIOR MEDICAL DIRECTOR	(i)	109,574	47,837	195,562	3,575	11,103	367,651	0
	(ii)	0	0	0	0	0	0	0
THOMAS G GETTINGER MHA FORMER EVP & COO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	378,086	0	0	378,086	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

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	47,535,000				965,000		1,955,000	
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	
		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).

Return Reference	Explanation

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

OMB No 1545-0047

2018

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	X	1	400	FMV
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .	X		3,245	FMV
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 ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

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?

Yes

No

30a

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?

Yes

No

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

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

Additional Data

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

Part I, Lines 25-28

Other ▶ (EVENT PRIZES)
Other ▶ (FOOD AND BEVERAGES)
Other ▶ (EVENT FACILITIES)
Other ▶ (GIFT CARDS)
Other ▶ (CEMETERY PLOT)
Other ▶ (PAID FOR ENTERTAINMENT AT EVENT)

(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
X	5	8,060	FMV
X	8	3,216	FMV
X	3	2,970	FMV
X	4	1,175	FMV
X	1	500	FMV
X	1	253	FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****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 ITS SUBSIDIARIES ORGANIZING DOCUMENTS THESE RESTRICTIONS INCLUDE AMENDING THE GOVERNING DOCUMENTS, 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 RETURN FOR MARY WASHINGTON HEALTHCARE AND ITS SUBSIDIARIES. THIS DRAFT IS SUBMITTED TO THE AUDIT & COMPLIANCE COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES. THE FORM 990 AND UNDERLYING 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 ACCEPTANCE OF THE RETURN BY THE FULL BOARD OF TRUSTEES. THE FORM 990 RETURN IS SUBSEQUENTLY PRESENTED TO AND REVIEWED BY THE ORGANIZATION'S BOARD OF TRUSTEES. IF DEEMED ACCURATE AND ACCEPTABLE THE BOARD ACCEPTS THE RETURN THROUGH A FORMAL MOTION. AS PART OF THIS PROCESS, THE 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 WEBSITE (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 POSSIBLE CONFLICTS OF INTERESTS THE DISCLOSURES ARE MADE ANNUALLY AND SUBMITTED TO THE MWHC CHIEF AUDIT EXECUTIVE (CAE) THE CAE THEN PRESENTS ALL CONFLICTS TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES THE CHAIRMAN OF THE AUDIT AND COMPLIANCE COMMITTEE REPORTS 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 INDIVIDUALS WITH CONFLICTS DISCLOSE THEIR CONFLICTS AND THE RELATED TOPIC THE INDIVIDUAL THEN RECUSES HIM/HERSELF FROM ANY DECISION RELATED TO THAT TOPIC THE CONFLICT OF INTERESTS POLICY IS REVIEWED ANNUALLY BY THE BOARD OF TRUSTEES

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 AND AUTHORITY TO ESTABLISH PROCESSES TO ENSURE FAIR AND COMMERCIALY REASONABLE COMPENSATION FOR THE CEO AND EXECUTIVE LEADERSHIP IN ORDER TO ENSURE COMPENSATION PAID IS SET AT FAIR MARKET VALUE, THE EXECUTIVE COMPENSATION COMMITTEE UTILIZES COMPENSATION SURVEY DATA, FORM 990 INFORMATION FROM COMPARABLE HEALTH SYSTEMS, AND THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT SUCH INDEPENDENT THIRD PARTY DATA POINTS PROVIDE ASSURANCE THAT EXECUTIVE COMPENSATION IS COMMERCIALY 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	CONTRACT PERSONNEL PROGRAM SERVICE EXPENSES 18,547,164 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 18,547,164 ASP PROGRAM SERVICE EXPENSES 353,211 MANAGEMENT AND GENERAL EXPENSES 7,208 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 360,419 B ILLNG AND COLLECTION SERVICES PROGRAM SERVICE EXPENSES 3,403,075 MANAGEMENT AND GENERAL EXPENSES 69,451 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,472,526 CONSULTING SERVIES PRO GRAM SERVICE EXPENSES 30,716,712 MANAGEMENT AND GENERAL EXPENSES 1,887,981 FUNDRAISING E XPENSES 2,189 TOTAL EXPENSES 32,606,882 MANAGEMENT CONTRACTS PROGRAM SERVICE EXPENSES 2 6,376,382 MANAGEMENT AND GENERAL EXPENSES 538,293 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 26,914,675 MAINTENANCE SERVICES PROGRAM SERVICE EXPENSES 6,540,016 MANAGEMENT AND GENE RAL EXPENSES 133,470 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,673,486 STORAGE SERVICES PROGRAM SERVICE EXPENSES 66,446 MANAGEMENT AND GENERAL EXPENSES 1,356 FUNDRAISING EXPENS ES 0 TOTAL EXPENSES 67,802 TENAN COVERAGE PROGRAM SERVICE EXPENSES 5,886,110 MANAGEMEN T AND GENERAL EXPENSES 120,125 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,006,235 WASTE DI SPOSAL PROGRAM SERVICE EXPENSES 1,014,943 MANAGEMENT AND GENERAL EXPENSES 20,713 FUNDRA ISING EXPENSES 0 TOTAL EXPENSES 1,035,656

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RELIEF FROM AFFILIATE LOANS -21,589,646 UNCOLLECTED PLEDGES -238,706 ELIMINATION OF EQUITY FOR CONSOLIDATED ENTITIES 9,338,598

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 STATEMENTS OF MWHC CONSISTENT WITH PRIOR YEARS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

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	-473,592	48,594	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	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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FREDERICKSBURG AMBULATORY SURGERY CENTER 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 56-2322548	SURGERY CTR	VA	MWHC CLINICAL SERVICES INC	RELATED	3,125,595	1,581,746		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	6,548,092	1,939,268		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	-337,063	-2,416,383		No		Yes		99 000 %
(4) COWAN INVESTMENT PARTNERS LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 65-1294835	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	15,094	51,332		No			No	12 500 %
(5) SPOTSYLVANIA PARKWAY MEDICAL PLAZA LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 26-2656396	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	151,433	-656,921		No			No	39 500 %
(6) SPOTSYLVANIA PARKWAY MEDICAL PLAZA II LLC 2300 FALL HILL AVE STE 418 FREDERICKSBURG, VA 22401 45-4281946	REAL ESTATE	VA	MEDICORP PROPERTIES INC	RELATED	-10,626	914,545		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	No
(1) FREDERICKSBURG PROFESSIONAL RISK EXCHANGE 2300 FALL HILL AVE SUITE 418 FREDERICKSBURG, VA 22401 33-1095956	CAPTIVE INSURANCE	VA	MARY WASHINGTON HEALTHCARE	C	-240,573	19,051,426	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	126,886	1,374,151	100 000 %		No
(3) MARY WASHINGTON HEALTH PLAN 2300 FALL HILL AVE SUITE 418 FREDERICKSBURG, VA 22401 82-3693765	HEALTH MAINTENANCE	VA	MARY WASHINGTON HEALTHCARE	C		598,901	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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

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

Schedule R (Form 990) 2018

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation