

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN		D Employer identification number 20-1106426
	Doing business as		E Telephone number 540-741-2507
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,138,270,961.
	1340 CENTRAL PARK BLVD	100	H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code FREDERICKSBURG, VA 22401		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: CHRISTOPHER NEWMAN, MD SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number 4243	
J Website: WWW.MARYWASHINGTONHEALTHCARE.COM		L Year of formation: 1983 M State of legal domicile: VA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary		Prior Year	Current Year
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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	5133
	6 Total number of volunteers (estimate if necessary)	6	463
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,649,129.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,525,805.	3,232,136.
	9 Program service revenue (Part VIII, line 2g)	928,978,151.	1047954961.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,476,697.	18,905,858.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,176.	220,329.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	937,169,829.	1070313284.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,680,087.	10,664,718.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	339,718,037.	379,684,624.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,716,389.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	575,602,020.	629,955,118.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	919,000,144.	1020304460.	
19 Revenue less expenses. Subtract line 18 from line 12	18,169,685.	50,008,824.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 518,712,725.	End of Year 620,273,766.
	21 Total liabilities (Part X, line 26)	249,409,729.	276,139,462.
	22 Net assets or fund balances. Subtract line 21 from line 20	269,302,996.	344,134,304.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	THOMAS P. MATHEWS, EXECUTIVE VP & CFO Type or print name and title				
Paid Preparer Use Only	Preparer's name JENNIFER N. FRENCH, CPA	Preparer's signature JENNIFER N. FRENCH,	Date 10/17/25	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00659678
	Firm's name PBMARES, LLP	Firm's address 725 JACKSON STREET, SUITE 210 FREDERICKSBURG, VA 22401	Firm's EIN 54-0737372	Phone no. 540-371-3566	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 945,389,191. including grants of \$ 10,664,718.) (Revenue \$ 1,046,842,120.) 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, ORANGE, PRINCE WILLIAM, STAFFORD, SPOTSYLVANIA, CAROLINE, KING GEORGE, AND WESTMORELAND COUNTIES IN VIRGINIA AND SECONDARY SERVICE AREAS INCLUDE MANASSAS, FAUQUIER, CULPEPER, LOUISA, HANOVER, ESSEX AND RICHMOND COUNTIES IN VIRGINIA. WE SERVED 140,775 PATIENTS IN OUR EMERGENCY ROOMS, 299,071 OUTPATIENTS, 19,096 SURGICAL CASES AND 26,764 PATIENT DISCHARGES.

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

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

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

4e Total program service expenses 945,389,191.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 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? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on 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? X; 16b 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? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
SANDRA W. BROWN - 540-741-2507
1340 CENTRAL PARK BLVD, 100, FREDERICKSBURG, VA 22401

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL P. MCDERMOTT, MD, MBA PRESIDENT AND CEO	2.00 40.00	X		X			0.	2,433,987.	43,948.	
(2) CHRISTOPHER NEWMAN, MD EVP, COO & CMO	2.00 40.00			X			0.	1,348,734.	42,496.	
(3) SANG NA PHYSICIAN	40.00				X		1,209,153.	0.	28,213.	
(4) SEAN T. BARDEN BSBA, MBA EVP & CFO	2.00 40.00			X			0.	1,132,264.	35,048.	
(5) PARTAM MANALAI PHYSICIAN	40.00				X		1,081,455.	0.	35,054.	
(6) AGOSTINO VISIONI PHYSICIAN	40.00				X		978,831.	0.	44,851.	
(7) J. T. SHERWOOD, MD PHYSICIAN	40.00				X		930,372.	0.	47,768.	
(8) JOHN CARDONE PHYSICIAN	40.00				X		731,739.	0.	39,221.	
(9) TRAVIS TURNER, BS, MBA VICE PRESIDENT	2.00 40.00			X			0.	619,142.	134,363.	
(10) ERIC FLETCHER, MBA, APR SVP & CSO	2.00 40.00			X			0.	611,905.	42,336.	
(11) GEOFFREY LAWSON SVP & CIO	2.00 40.00			X			0.	603,241.	26,841.	
(12) STEPHEN MANDELL, MD VICE PRESIDENT	40.00 2.00			X			583,577.	0.	37,130.	
(13) STEPHANIE GOLDBERG VICE PRESIDENT & DIO	40.00 2.00			X			578,658.	0.	12,242.	
(14) JOANNE HUBER-STURANS SVP & CHRO	2.00 40.00			X			0.	549,957.	37,221.	
(15) REGGIE PEARSON SVP & CHOO	40.00 2.00			X			545,124.	0.	20,602.	
(16) XAVIER RICHARDSON BA, MBA SVP & CDO	2.00 40.00			X			0.	527,654.	22,103.	
(17) CATHLEEN YABLONSKI, BS, MS SVP & CAO	40.00 2.00			X			512,763.	0.	35,415.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) RENUKA GUPTA VICE PRESIDENT & COO	40.00 2.00			X				498,935.	0.	27,576.
(19) DANIEL WOODFORD VICE PRESIDENT (THRU 5/24)	40.00 2.00			X				477,572.	0.	39,716.
(20) DAVID YI, MD VICE PRESIDENT (THRU 5/24)	2.00 40.00			X				0.	503,385.	12,198.
(21) LAUREN BLALOCK VICE PRESIDENT	2.00 40.00			X				0.	420,504.	43,353.
(22) SCOTT SELL VICE PRESIDENT (THRU 5/24)	40.00 2.00			X				422,837.	0.	39,628.
(23) TONJA THIGPEN SVP & CNO	40.00 2.00			X				444,946.	0.	16,447.
(24) SANDRA BROWN, CPA VICE PRESIDENT	2.00 40.00			X				0.	400,267.	33,157.
(25) ALAN EDWARDS VICE PRESIDENT	2.00 40.00			X				0.	369,424.	39,781.
(26) CODY BLANKENSHIP VICE PRESIDENT	40.00 2.00			X				369,073.	0.	38,245.
1b Subtotal								9,365,035.	9,520,464.	974,953.
c Total from continuation sheets to Part VII, Section A								283,599.	1,290,216.	89,566.
d Total (add lines 1b and 1c)								9,648,634.	10,810,680.	1,064,519.

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 884

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREDERICKSBURG ORTHOPAEDIC ASSOCIATES, 3310 FALL HILL AVENUE, FREDERICKSBURG, VA ARMG LLC	PHYSICIAN SERVICES	18,110,434.
PO BOX 17125, FERNANDINA BEACH, FL 32034 COMMONWEALTH SPINE & REHAB, 4710 SPOTSYLVANIA PKWY, STE 201,	PROFESSIONAL SERVICES - PHYSICAL	6,908,512.
TEAM NET MEDICAL LLC, 754 WARRENTON ROAD, FREDERICKSBURG, VA 22406	PHYSICIAN SERVICES	3,068,928.
HICUITY HEALTH, 1 CITYPLACE DRIVE, STE 570, ST LOUIS, MO 63141	MEDICAL SERVICES	2,595,212.
	MEDICAL SERVICES	817,700.

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 35

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SUMMER HUGHES VP & CHIEF OF STAFF	2.00 40.00			X				0.	387,843.	8,740.
(28) SARAH OGLE VICE PRESIDENT	2.00 40.00			X				0.	371,406.	24,806.
(29) TINA ERVIN VICE PRESIDENT	2.00 40.00			X				0.	342,358.	25,019.
(30) SAUSHEEN TAYLOR, MD PHYSICIAN/TRUSTEE (THRU 4/24)	40.00 2.00	X						283,599.	0.	23,620.
(31) RICHARD LEWIS, MD VICE PRESIDENT (THRU 03/24)	2.00 40.00			X				0.	188,609.	7,381.
(32) RONALD W. BRANSCOME, MS IMMEDIATE PAST CHAIR	2.00 2.00	X		X				0.	0.	0.
(33) BRUCE L. DAVIS, BA BOARD CHAIR	2.00 2.00	X		X				0.	0.	0.
(34) CATHERINE M. WACK BOARD VICE CHAIR	2.00 2.00	X		X				0.	0.	0.
(35) DERMAINE A. LEWIS, BACC BOARD SECRETARY/TREASURER	2.00 2.00	X		X				0.	0.	0.
(36) NICHOLAS J. CADWALLENDER BOARD TRUSTEE	2.00 2.00	X						0.	0.	0.
(37) MATTHEW D. DUMONT, MD BOARD TRUSTEE, (THRU 9/24)	2.00 2.00	X						0.	0.	0.
(38) MARGARET F. HARDY, RN, MBA, JD BOARD TRUSTEE	2.00 2.00	X						0.	0.	0.
(39) RICHMOND MCDANIEL, BS BOARD TRUSTEE	2.00 2.00	X						0.	0.	0.
(40) HOWARD C. OWEN, BS BOARD TRUSTEE	2.00 2.00	X						0.	0.	0.
(41) CHETAN B. PAI, DO BOARD TRUSTEE	2.00 2.00	X						0.	0.	0.
(42) KIMBERLY C. YOUNG, MBA BOARD TRUSTEE	2.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								283,599.	1,290,216.	89,566.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	473,659.				
	d Related organizations	1d	338,007.				
	e Government grants (contributions)	1e	831,046.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,589,424.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,232,136.			
	Program Service Revenue	2 a NET PATIENT SERVICES REVENUE	Business Code	623000	1018435647.	1018435647	
b OTHER SERVICES			623000	11,842,695.	11842695.		
c PROGRAM RENTAL INCOME			531120	9,093,823.	9,093,823.		
d MANAGEMENT SERVICES			623000	3,876,774.	3,876,774.		
e OTHER OPERATING REVENUE			623000	3,008,940.	3,008,940.		
f All other program service revenue			621500	1,697,082.	47,953.	1649129.	
g Total. Add lines 2a-2f				1047954961.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			2,715,995.		2715995.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				77,689,915.	6312709.		
	b Less: cost or other basis and sales expenses	7b	66,245,538.	1567223.			
	c Gain or (loss)	7c	11,444,377.	4745486.			
d Net gain or (loss)			16,189,863.		16189863.		
8 a Gross income from fundraising events (not including \$ 473,659. of contributions reported on line 1c). See Part IV, line 18	8a						
				0.			
b Less: direct expenses	8b	144,916.					
c Net income or (loss) from fundraising events			-144,916.		-144,916.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INCOME FROM PARTNERSHIPS/LLCS	Business Code	623000	365,245.	365,245.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			365,245.			
12 Total revenue. See instructions			1070313284.	1046671077	1649129.	18760942.	

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 X

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 ...	10,653,718.	10,653,718.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,000.	11,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,700,486.	4,351,710.	340,785.	7,991.
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	322,448,043.	298,522,398.	23,377,483.	548,162.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,992,345.	5,547,713.	434,445.	10,187.
9 Other employee benefits	24,126,927.	22,336,709.	1,749,202.	41,016.
10 Payroll taxes	22,416,823.	20,753,494.	1,625,220.	38,109.
11 Fees for services (nonemployees):				
a Management	112,052,641.	103,738,336.	8,123,816.	190,489.
b Legal	357,110.	330,613.	25,890.	607.
c Accounting	11,725.	10,855.	850.	20.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	164,881.	152,647.	11,954.	280.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	167,480,714.	155,053,645.	12,142,351.	284,718.
12 Advertising and promotion	24,948.	23,097.	1,809.	42.
13 Office expenses	6,467,744.	5,987,838.	468,911.	10,995.
14 Information technology	1,816,994.	1,682,173.	131,732.	3,089.
15 Royalties				
16 Occupancy	19,521,755.	18,073,241.	1,415,327.	33,187.
17 Travel	2,977,503.	2,756,572.	215,869.	5,062.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	682,138.	631,523.	49,455.	1,160.
20 Interest	10,809,920.	10,007,824.	783,719.	18,377.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,593,742.	27,397,887.	2,145,546.	50,309.
23 Insurance	6,000,581.	5,555,338.	435,042.	10,201.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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	166,197,687.	153,865,819.	12,049,332.	282,536.
b PROVIDER ASSESSMENT	51,300,934.	47,494,404.	3,719,318.	87,212.
c BAD DEBT EXPENSE	42,225,512.	39,092,379.	3,061,350.	71,783.
d REPAIRS AND MAINTENANCE	6,294,752.	5,827,681.	456,370.	10,701.
e All other expenses	5,973,837.	5,530,577.	433,104.	10,156.
25 Total functional expenses. Add lines 1 through 24e	1020304460.	945,389,191.	73,198,880.	1,716,389.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,378,574.	1	853,733.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	17,955,563.	3	16,984,212.
	4 Accounts receivable, net	74,978,272.	4	123,626,455.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	136,141.	7	790,370.
	8 Inventories for sale or use	18,793,320.	8	18,056,475.
	9 Prepaid expenses and deferred charges	6,829,053.	9	8,883,089.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 850,961,263.		
	b Less: accumulated depreciation	10b 478,965,262.	10c	
	11 Investments - publicly traded securities	63,991,043.	11	69,706,571.
	12 Investments - other securities. See Part IV, line 11	4,562,954.	12	8,632,182.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	385,402.	14	744,678.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	518,712,725.	16	620,273,766.	
Liabilities	17 Accounts payable and accrued expenses	26,274,527.	17	59,630,161.
	18 Grants payable		18	
	19 Deferred revenue	23,602.	19	64,967.
	20 Tax-exempt bond liabilities	181,334,667.	20	172,102,531.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	41,776,933.	25	44,341,803.
	26 Total liabilities. Add lines 17 through 25	249,409,729.	26	276,139,462.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	251,358,098.	27	327,157,562.
	28 Net assets with donor restrictions	17,944,898.	28	16,976,742.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	269,302,996.	32	344,134,304.
	33 Total liabilities and net assets/fund balances	518,712,725.	33	620,273,766.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,070,313,284.
2	Total expenses (must equal Part IX, column (A), line 25)	1,020,304,460.
3	Revenue less expenses. Subtract line 2 from line 1	50,008,824.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	269,302,996.
5	Net unrealized gains (losses) on investments	-4,859,561.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	29,682,045.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	344,134,304.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. 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		<input type="checkbox"/>
b 33 1/3% support test - 2023. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

Multiple horizontal lines for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

MARY WASHINGTON HEALTHCARE GROUP RETURN

20-1106426

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>951,481.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>50,144.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>46,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>42,990.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>25,011.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>20,043.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>19,524.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 17,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 16,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 13,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 12,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 11,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 10,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ <u>9,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ <u>9,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ <u>9,041.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>8,162.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>7,678.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 5,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990

LINE H(B) - LIST OF SUBORDINATE
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
STAFFORD HOSPITAL, LLC	1340 CENTRAL PARK BLVD, SUITE 100 - FREDERICKSBURG, VA 22401	13-4316364
MARY WASHINGTON HEALTHCARE PHYSICIANS	1340 CENTRAL PARK BLVD, SUITE 100 - FREDERICKSBURG, VA 22401	26-2546097
MARY WASHINGTON HOSPITAL FOUNDATION	1340 CENTRAL PARK BLVD, SUITE 100 - FREDERICKSBURG, VA 22401	52-1342371
MEDICORP PROPERTIES INC.	1340 CENTRAL PARK BLVD, SUITE 100 - FREDERICKSBURG, VA 22401	52-1342372
MARY WASHINGTON HOSPITAL INC.	1340 CENTRAL PARK BLVD, SUITE 100 - FREDERICKSBURG, VA 22401	54-0519577
MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.	1340 CENTRAL PARK BLVD, SUITE 100 - FREDERICKSBURG, VA 22401	54-1552324
STAFFORD HOSPITAL FOUNDATION, INC.	1340 CENTRAL PARK BLVD, SUITE 100 - FREDERICKSBURG, VA 22401	64-0963570
MARY WASHINGTON HOSPITAL AUXILIARY	1340 CENTRAL PARK BLVD, STE. 100 - FREDERICKSBURG, VA 22401	75-2985923

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB 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.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,432,362.	7,965,346.	7,950,546.	7,605,785.	6,199,920.
b Contributions			500.		
c Net investment earnings, gains, and losses	1,042,305.	223,688.	164,367.	383,359.	1,435,446.
d Grants or scholarships	820,528.	756,672.	150,067.	38,598.	29,581.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,654,139.	7,432,362.	7,965,346.	7,950,546.	7,605,785.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
 - b** Permanent endowment 100 %
 - c** Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		32,581,066.		32,581,066.
b Buildings		432,872,661.	228,272,463.	204,600,198.
c Leasehold improvements		22,705,678.	18,702,916.	4,002,762.
d Equipment		284,986,137.	201,081,391.	83,904,746.
e Other		77,815,721.	30,908,492.	46,907,229.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				371,996,001.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LOSS-PROFESSIONAL LIABILIES	4,693,855.
(3) CAPITAL LEASE OBLIGATIONS	39,647,948.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	44,341,803.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

THE INTEREST EARNED FROM THE ENDOWMENT FUNDS IS USED TO FUND SCHOLARSHIPS AND GRANTS IN FUTHERANCE OF OUR MISSION.

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

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) Total events
		STAFFORD HOSPITAL CUP (event type)	MWHF OPEN (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1	184,500.	107,500.	181,659.	473,659.
	2	184,500.	107,500.	181,659.	473,659.
	3				
Direct Expenses	4				
	5				
	6			3,250.	3,250.
	7				
	8				
	9	49,798.	26,058.	65,810.	141,666.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-144,916.

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				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %		
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			6689611.		6689611.	.66%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			6689611.		6689611.	.66%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			711,697.		711,697.	.07%
f Health professions education (from Worksheet 5)			10428509.	4357686.	6070823.	.60%
g Subsidized health services (from Worksheet 6)			203767655	133424537	70343118.	6.92%
h Research (from Worksheet 7)			301,933.	15,875.	286,058.	.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1007128.		1007128.	.10%
j Total. Other benefits			216216922	137798098	78418824.	7.72%
k Total. Add lines 7d and 7j			222906533	137798098	85108435.	8.38%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			950,223.	55,600.	894,623.	.09%
10 Total			950,223.	55,600.	894,623.	.09%

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 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	15,870,556.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	3,967,639.
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	315,463,454.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	392,661,071.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-77,197,617.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MEDICAL IMAGING OF FREDERICKSBURG	OUTPATIENT IMAGING	51.00%		49.00%
2 FREDERICKSBURG AMBULATORY SURGERY CENTER	AMBULATORY SERGICAL SERVICES	64.00%		36.00%
3 COWAN INVESTMENT PARTNERS	MEDICAL OFFICE BUILDING	12.50%		37.50%
4 SPOTSYLVANIA PARKWAY MEDICAL PLAZA, LLC	MEDICAL OFFICE BUILDING	42.78%		57.22%
5 FREDERICKSBURG ENDOSCOPY CENTER HOLDINGS, LLC	OUTPATIENT ENDOSCOPY	51.00%		49.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment (CHNA)		
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?		X
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		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," list url: _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>500</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p>a <input type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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 FAP?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

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

		Yes	No
<p>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:</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>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?</p> <p>If "Yes," explain in Section C.</p>		23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>		24	X

Schedule H (Form 990) 2024

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment (CHNA)		
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?		X
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		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," list url:		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>500</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> 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) on line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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 FAP?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2024

Part V Facility Information (continued)

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

MARY WASHINGTON HOSPITAL, INC.:

PART V, SECTION B, LINE 5: MWHC'S COMMITMENT AND LEADERSHIP IN INVESTING IN THE HEALTH OF THE COMMUNITIES IT SERVES ARE CENTERED AROUND AN OVERALL COMMUNITY BENEFIT STRATEGY. A KEY VALUE OF MWHC IS TO DIRECTLY UTILIZE COMMUNITY INPUT TO DRIVE INITIATIVES THAT WILL IMPROVE THE OVERALL HEALTH OF THE COMMUNITY.

MWHC WORKED JOINTLY WITH THE RAPPAHANNOCK AREA HEALTH DISTRICT (RAHD), THE LOCAL HEALTH DEPARTMENT, TO CONDUCT THE NEEDS ASSESSMENT WHICH FURTHER ENSURED AND STRENGTHENED OUR ATTENTION TO PUBLIC HEALTH ISSUES. THEIR EXPERTISE IN PUBLIC HEALTH HAS ALSO BEEN EXTREMELY BENEFICIAL AS WE COLLABORATED IN THE DEVELOPMENT AND IMPLEMENTATION OF OUR COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, AND RAHD CONTINUES TO BE AN ACTIVE AND ENGAGED PARTNER THROUGHOUT THE PRESENT THREE-YEAR CHNA CYCLE.

WE ALSO WORKED CLOSELY WITH BE WELL RAPPAHANNOCK (BWR) AS OUR CHNA STEERING COMMITTEE, AN IMPORTANT ROLE IN ENSURING OUR ABILITY TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE DIVERSE COMMUNITY WE SERVE.

BWR IS A COLLABORATIVE COMPRISED OF A BROAD RANGE OF INDIVIDUALS FROM AGENCIES REPRESENTATIVE OF THE COMMUNITY, IN TERMS OF SOCIOECONOMICS, GEOGRAPHIC LOCATION AND SERVICE AREA, AND RACE AND ETHNICITY. THE MEMBERS HAVE A DEEP CONCERN FOR THE OVERALL HEALTH AND WELL-BEING OF THE RESIDENTS OF THE RAPPAHANNOCK REGION. THE PURPOSE OF THE COUNCIL IS TO IDENTIFY AND PRIORITIZE COMMUNITY NEEDS, PROVIDE GUIDANCE AND OVERSIGHT OVER PLANNED COMMUNITY IMPROVEMENTS, AND MONITOR PROGRESS ON PRIORITY HEALTH AND SOCIAL CONCERNS IMPACTING THE RAPPAHANNOCK REGION.

BE WELL RAPPAHANNOCK REPRESENTATIVE ORGANIZATIONS INCLUDES THE FOLLOWING DIVERSE ORGANIZATIONS:

- REGIONAL COMMUNITY COLLABORATIVE FOR YOUTH AND FAMILIES
- DEPARTMENTS OF SOCIAL SERVICES
- BUSINESS REPRESENTATIVE
- LOCAL GOVERNMENT REPRESENTATIVE
- HIGHER EDUCATION
- MARY WASHINGTON HEALTHCARE
- MARY WASHINGTON HOSPITAL FOUNDATION
- MENTAL HEALTH AMERICA
- PHYSICIAN REPRESENTATIVE
- PUBLIC DEFENDER
- RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
- RAPPAHANNOCK AREA HEALTH DISTRICT
- RAPPAHANNOCK UNITED WAY
- SCHOOL ADMINISTRATOR
- SCHOOL SYSTEMS (PUBLIC)

MARY WASHINGTON HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: STAFFORD HOSPITAL AND SPOTSYLVANIA REGIONAL MEDICAL CENTER

STAFFORD HOSPITAL, LLC:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 6A: MARY WASHINGTON HOSPITAL AND SPOTSYLVANIA REGIONAL MEDICAL CENTER

MARY WASHINGTON HOSPITAL, INC.:

PART V, SECTION B, LINE 7D: PRESENTED AT NUMEROUS COMMUNITY MEETINGS, SUCH AS THE ROTARY CLUB, CHAMBER OF COMMERCE, AND FREDERICKSBURG CITY COUNCIL.

STAFFORD HOSPITAL, LLC:

PART V, SECTION B, LINE 7D: PRESENTED AT NUMEROUS COMMUNITY MEETINGS, SUCH AS THE ROTARY CLUB, CHAMBER OF COMMERCE, AND FREDERICKSBURG CITY COUNCIL.

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.

MARY WASHINGTON HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS/](https://www.marywashingtonhealthcare.com/about-us/regulatory-documents/)

STAFFORD HOSPITAL, LLC

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS/](https://www.marywashingtonhealthcare.com/about-us/regulatory-documents/)

MARY WASHINGTON HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS/](https://www.marywashingtonhealthcare.com/about-us/regulatory-documents/)

STAFFORD HOSPITAL, LLC

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS/](https://www.marywashingtonhealthcare.com/about-us/regulatory-documents/)

MARY WASHINGTON HOSPITAL, INC.

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

[HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS/](https://www.marywashingtonhealthcare.com/about-us/regulatory-documents/)

STAFFORD HOSPITAL, LLC

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

[HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/ABOUT-US/REGULATORY-DOCUMENTS/](https://www.marywashingtonhealthcare.com/about-us/regulatory-documents/)

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

Part V Facility Information *(continued)*

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

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.

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? 5

Name and address	Type of facility (describe)
1 MEDICAL IMAGING OF FREDERICKSBURG 1201 SAM PERRY BLVD, SUITE 102 ASC BUI FREDERICKSBURG, VA 22401-4490	IMAGING SERVICES
2 FREDERICKSBURG AMBULATORY SURGERY CENT 1201 SAM PERRY BLVD, SUITE 101 FREDERICKSBURG, VA 22401-4490	AMBULATORY SURGERY CENTER
3 MARY WASHINGTON URGENT CARE 11131 JOURNAL PARKWAY, SUITE A KING GEORGE, VA 22485	URGENT CARE
5 MARY WASHINGTON EYE CARE CENTER 4710 SPOTSYLVANIA PARKWAY FREDERICKSBURG, VA 22407	EYE CARE CENTER
6 FREDERICKSBURG ENDOSCOPY CENTER, LLC 1121 CENTRAL PARK BLVD FREDERICKSBURG, VA 22401	ENDOSCOPY CENTER

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 FAP.
- 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 (for example, 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.

PART I, LN 7 COL(F):

MWHC UTILIZED THE SERVICES OF SEARCHAMERICA TO IDENTIFY PFAP ELIGIBLE PATIENTS WHOSE ACCOUNTS HAD FALLEN INTO BAD DEBT. SEARCHAMERICA PROVIDED A LIST UTILIZING VARIOUS MARKET RESEARCH TO APPROXIMATE THE FEDERAL POVERTY LEVEL OF EACH ACCOUNT HOLDER. WITH THIS INFORMATION WE WERE ABLE TO DETERMINE ACCOUNTS THAT MAY HAVE BEEN ELIGIBLE FOR FREE CARE OR DISCOUNTED CARE UNDER OUR FINANCIAL ASSISTANCE POLICY.

FORM 990, SCHEDULE H, PART I, LINE 7B.

THE COMMONWEALTH OF VIRGINIA ELECTED TO EXPAND MEDICAID COVERAGE IN 2018 WITH 2019 BEING THE FIRST FULL YEAR OF IMPACT. THIS PROGRAM IS FUNDED THROUGH AN ASSESSMENT LEVIED ON ALL HOSPITALS IN THE COMMONWEALTH BASED ON THEIR TOTAL PATIENT SERVICE REVENUE. ADDITIONAL PROVIDER PAYMENTS ARE DISTRIBUTED BACK TO HOSPITALS WHICH PROVIDE SERVICES TO MEDICAID PATIENTS BASED ON THEIR PERCENTAGE OF NET PATIENT SERVICE REVENUE FROM THE MEDICAID PROGRAM.

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.

RECRUITMENT EFFORTS ARE ENHANCED BY MWHC'S GRADUATE MEDICAL EDUCATION (GME) PROGRAM WHICH STARTED IN JULY 2023. THE MWHC GME PROGRAM ADDS SIGNIFICANT VALUE TO THE GREATER FREDERICKSBURG COMMUNITY BY ENHANCING ACCESS TO AND DELIVERY OF QUALITY CARE. IT ALSO PROVIDES A PIPELINE OF FUTURE PHYSICIANS AS THE REGION CONTINUES TO GROW AND HEALTHCARE NEEDS BECOME MORE COMPLEX.

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

Part VI Supplemental Information (Continuation)

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, 2024 AND 2023, WAS 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.

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., 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 COUNTIES. THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THESE COMMUNITIES IN NUMEROUS WAYS INCLUDING:

1.) WORKING COLLABORATIVELY WITH BE WELL RAPPAHANNOCK (BWR). BWR IS A COLLABORATIVE COMPRISED OF AGENCIES REPRESENTATIVE OF THE COMMUNITY, WITH A DEEP CONCERN FOR THE HEALTH AND WELL-BEING OF THE RESIDENTS OF THE RAPPAHANNOCK REGION. THE PURPOSE OF THE COUNCIL IS TO IDENTIFY AND PRIORITIZE COMMUNITY NEEDS, PROVIDE GUIDANCE, AND OVERSIGHT OVER PLANNED COMMUNITY IMPROVEMENTS, AND MONITOR PROGRESS ON PRIORITY HEALTH AND SOCIAL CONCERNS IMPACTING THE RAPPAHANNOCK REGION. BE WELL RAPPAHANNOCK REPRESENTATIVE ORGANIZATIONS INCLUDE COMMUNITY COLLABORATIVE FOR YOUTH AND FAMILIES, DEPARTMENTS OF SOCIAL SERVICES, AREA BUSINESSES, LOCAL GOVERNMENT, HIGHER EDUCATION, RAPPAHANNOCK AREA HEALTH DISTRICT, RAPPAHANNOCK UNITED WAY, RAPPAHANNOCK COMMUNITY SERVICE BOARD, COMMUNITY MENTAL HEALTH, AND AREA SCHOOL DISTRICTS.

Part VI Supplemental Information (Continuation)**2.) RESPONDING TO INFORMATION GATHERED FROM AREA COMMUNITY-BASED ORGANIZATIONS.**

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROVIDES A FOUNDATION FOR WORKING COLLABORATIVELY WITH KEY STAKEHOLDERS IN THE COMMUNITY TO IMPROVE HEALTH. SPECIAL ATTENTION HAS BEEN GIVEN TO IDENTIFY HEALTH DISPARITIES, NEEDS OF VULNERABLE POPULATIONS, AND UNMET HEALTH NEEDS OR GAPS IN SERVICES THROUGH COMMUNITY INPUT.

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 CITY OF FREDERICKSBURG AND COUNTIES OF STAFFORD, KING GEORGE, SPOTSYLVANIA, CAROLINE, WESTMORELAND, ORANGE, AND PRINCE WILLIAM, MWHC'S SECONDARY SERVICE AREA COUNTIES ARE MANASSAS, FAUQUIER, CULPEPER, LOUISA, ESSEX, AND RICHMOND. ESTABLISHED IN 1899, MARY WASHINGTON HOSPITAL (MWH), A 471 BED ACUTE CARE FACILITY, OFFERS COMPREHENSIVE HEALTHCARE AND MULTIPLE CENTERS OF EXCELLENCE INCLUDING CARDIOLOGY AND CARDIOVASCULAR SURGERY, ONCOLOGY, ORTHOPEDICS, NEUROLOGY AND NEUROSURGERY, BEHAVIORAL HEALTH, 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 AND HOME HEALTH SERVICES THROUGH MARY WASHINGTON HOME HEALTH.

AS OF THE MOST RECENT CENSUS, THE PRIMARY SERVICE AREA IN WHICH BOTH HOSPITALS SERVE IS MADE UP OF ABOUT 1,796 SQUARE MILES OF SUBURBAN AND RURAL LAND. COMMUNITY RESIDENTS IN THE PRIMARY SERVICE AREA EARN A MEDIAN INCOME PER HOUSEHOLD OF \$95,349/YEAR, WITH A COLLECTIVE AVERAGE OF 8.6% OF THE ENTIRE PRIMARY SERVICE AREA LIVING BELOW THE FEDERAL POVERTY GUIDELINES. THE PRIMARY SERVICE AREA HAS AN ESTIMATED POPULATION OF 477,221 INDIVIDUALS AND 165,393 HOUSEHOLDS.

PART VI, LINE 5:

MARY WASHINGTON HOSPITAL, INC. AND STAFFORD HOSPITAL, LLC EACH OPERATE EMERGENCY ROOMS THAT ARE 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

Part VI Supplemental Information (Continuation)

PROGRAMS.

PART VI, LINE 6:

MARY WASHINGTON HEALTHCARE AFFILIATES INCLUDE TWO (2) HOSPITALS, OTHER CLINICAL SERVICES THAT INCLUDE AN AMBULATORY SURGERY CENTER, AN ENDOSCOPY CENTER, HOSPICE/HOME HEALTH, INDEPENDENT DIAGNOSTIC TESTING FACILITIES, URGENT CARE CENTERS, OUTPATIENT PHYSICAL THERAPY CENTERS, OUTREACH LABORATORIES, OUTPATIENT INFUSION CENTERS OUTPATIENT RADIATION ONCOLOGY CENTERS 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.

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

VA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **MARY WASHINGTON HEALTHCARE GROUP RETURN** Employer identification number **20-1106426**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MICAH ECUMENICAL MINISTRIES PO BOX 3277 FREDERICKSBURG, VA 22402	20-4044884	501(C)(3)	130,000.	0.			RESIDENTIAL RECOVERY PROGRAM
CENTRAL VA HEALTH SERVICES PO BOX 220 NEW CANTON, VA 25892	54-0887287	501(C)(3)	120,000.	0.			ACCESS TO CARE PROGRAMS
FREDERICKSBURG CHRISTIAN HEALTH CENTER - 1129 HEATHERSTONE DRIVE - FREDERICKSBURG, VA 22407	54-2061482	501(C)(3)	101,000.	0.			ACCESS TO CARE PROGRAMS
RAPPAHANNOCK AREA COMMUNITY SERVICES - 600 JACKSON STREET - FREDERICKSBURG, VA 22401	54-1183037	GOVERNMENT/LOCAL	79,800.	0.			CHILDREN AND ADOLESCENT BEHAVIORAL HEALTH SUPPORT PROGRAM
GEORGE WASHINGTON REGIONAL COMMISSION - 406 PRINCESS ANNE STREET - FREDERICKSBURG, VA 22401	54-0715969	GOVERNMENT/LOCAL	76,622.	0.			ACCESS TO HOUSING
GUADALUPE FREE CLINIC OF COLONIAL BEACH - PO BOX 275 - COLONIAL BEACH, VA 22443	51-0635977	501(C)(3)	75,000.	0.			ACCESS TO CARE PROGRAMS

- 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 4.

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA DEPARTMENT OF HEALTH: RAPPAHANNOCK AREA HEALTH DISTRICT - 608 JACKSON STREET - FREDERICKSBURG, VA 22401	54-6001775	GOVERNMENT/LOCAL	55,000.	0.			ACCESS TO CARE PROGRAMS
FREDERICKSBURG AREA FOOD BANK 3631 LEE HILL DR FREDERICKSBURG, VA 22408	54-1255013	501(C)(3)	51,156.	0.			HEALTHY PANTRY INITIATIVE
FREDERICKSBURG REGIONAL TRANSIT 1400 JEFFERSON DAVIS HIGHWAY FREDERICKSBURG, VA 22401	54-6001293	GOVERNMENT/LOCAL	40,000.	0.			ACCESS TO CARE PROGRAMS
VIRGINIA COMMUNITY FOOD CONNECTIONS - PO BOX 7664 - FREDERICKSBURG, VA 22404	81-1346510	501(C)(3)	33,500.	0.			FRESH FOOD ACCESS FOR COMMUNITY HEALTH
LOISANN'S HOPE HOUSE 902 LAFAYETTE BOULEVARD FREDERICKSBURG, VA 22401	52-1419314	501(C)(3)	25,000.	0.			AFFORDABLE HOUSING
GWYNETH'S GIFT FOUNDATION 2217 PRINCESS ANNE STREET, SUITE 10 FREDERICKSBURG, VA 22401	47-4428397	501(C)(3)	21,000.	0.			LIFESAVING CPR EDUCATION AND AED ACCESS
RAPPAHANNOCK AREA AGENCY ON AGING, INC. - 460 LENDALL LANE - FREDERICKSBURG, VA 22405	54-1027651	501(C)(3)	18,250.	0.			ACCESS TO CARE PROGRAMS
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY, #300 RICHMOND, VA 23294	57-1186937	501(C)(3)	15,000.	0.			ACCESS TO CARE PROGRAMS
STAFFORD JUNCTION, INC 791 TRUSLOW ROAD FREDERICKSBURG, VA 22406	20-3036072	501(C)(3)	15,000.	0.			HEALTHY LIVING PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVE 15 UPTON LANE STAFFORD, VA 22554	54-1289683	501(C)(3)	13,500.	0.			HEALTH AND WELLNESS DAYS PROGRAM
THE HUB OF HOPE 5008 SOUTHPOINT PARKWAY FREDERICKSBURG, VA 22407	85-2751588	501(C)(3)	12,500.	0.			NUTRITION PROGRAMS
RAPPAHANNOCK EDUCATION FARM 404 RIVERSIDE DRIVE FREDERICKSBURG, VA 22401	92-3364872	501(C)(3)	10,000.	0.			NUTRITION PROGRAMS
DOWNTOWN GREENS INC 206 CHARLES STREET FREDERICKSBURG, VA 22401	54-1853889	501(C)(3)	10,000.	0.			NUTRITION PROGRAMS
LOVE THY NEIGHBOR - KING GEORGE 10250 KINGS HIGHWAY KING GEORGE, VA 22485	47-3194275	501(C)(3)	10,000.	0.			NUTRITION PROGRAMS
SERVANTS AT WORK, INC. - VIRGINIA PO BOX 41208 FREDERICKSBURG, VA 22404	83-3751081	501(C)(3)	7,500.	0.			ACCESS TO CARE PROGRAMS
THE ZOE LIFE CENTER (ZOE FREEDOM CENTER) - 928 BRAGG ROAD - FREDERICKSBURG, VA 22407	82-4028300	501(C)(3)	7,000.	0.			BEHAVIORAL HEALTH PROGRAMS

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JEANE BULLOCK NURSING SCHOLARSHIP	1.	750.	0.		
LAURA LUMPKIN MEMORIAL SCHOLARSHIP	2.	2,000.	0.		
LIBBY PEARSON SCHOLARSHIP	1.	750.	0.		
NANCY HAZARD MEMORIAL SCHOLARSHIP	1.	750.	0.		
SAL KIWALL SCHOLARSHIP	1.	750.	0.		
SUE HALL NURSING SCHOLARSHIP	1.	1,000.	0.		
VICKIE GRAVES PITTMAN GERMANNA SCHOLARSHIP	1.	750.	0.		

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL P. MCDERMOTT, MD, MBA PRESIDENT AND CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,395,749.	609,206.	429,032.	10,350.	33,598.	2,477,935.	337,412.
(2) CHRISTOPHER NEWMAN, MD EVP, COO & CMO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	843,349.	418,294.	87,091.	10,350.	32,146.	1,391,230.	58,969.
(3) SANG NA PHYSICIAN	(i)	1,150,011.	59,142.	0.	10,350.	17,863.	1,237,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SEAN T. BARDEN BSBA, MBA EVP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	734,723.	240,545.	156,996.	10,350.	24,698.	1,167,312.	120,427.
(5) PARTAM MANALAI PHYSICIAN	(i)	1,016,094.	0.	65,361.	2,484.	32,570.	1,116,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AGOSTINO VISIONI PHYSICIAN	(i)	895,113.	82,500.	1,218.	9,231.	35,620.	1,023,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) J. T. SHERWOOD, MD PHYSICIAN	(i)	790,005.	140,367.	0.	10,350.	37,418.	978,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN CARDONE PHYSICIAN	(i)	670,009.	61,730.	0.	10,350.	28,871.	770,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TRAVIS TURNER, BS, MBA VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	407,358.	146,575.	65,209.	103,508.	30,855.	753,505.	59,377.
(10) ERIC FLETCHER, MBA, APR SVP & CSO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	409,976.	120,029.	81,900.	10,350.	31,986.	654,241.	59,041.
(11) GEOFFREY LAWSON SVP & CIO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	421,406.	122,541.	59,294.	10,360.	16,481.	630,082.	33,425.
(12) STEPHEN MANDELL, MD VICE PRESIDENT	(i)	428,181.	99,607.	55,789.	8,516.	28,614.	620,707.	46,992.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STEPHANIE GOLDBERG VICE PRESIDENT & DIO	(i)	443,702.	98,058.	36,898.	10,350.	1,892.	590,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOANNE HUBER-STURANS SVP & CHRO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	430,773.	103,033.	16,151.	10,350.	26,871.	587,178.	0.
(15) REGGIE PEARSON SVP & CHOO	(i)	459,694.	50,000.	35,430.	10,350.	10,252.	565,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) XAVIER RICHARDSON BA, MBA SVP & CDO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	334,117.	97,158.	96,379.	10,350.	11,753.	549,757.	63,183.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(17) CATHLEEN YABLONSKI, BS, MS SVP & CAO	(i)	361,853.	104,120.	46,790.	9,192.	26,223.	548,178.	31,044.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) RENUKA GUPTA VICE PRESIDENT & CQO	(i)	447,013.	44,248.	7,674.	10,350.	17,226.	526,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DANIEL WOODFORD VICE PRESIDENT (THRU 5/24)	(i)	364,778.	90,342.	22,452.	9,246.	30,470.	517,288.	19,310.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DAVID YI, MD VICE PRESIDENT (THRU 5/24)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	162,704.	100,681.	240,000.	10,350.	1,848.	515,583.	36,607.
(21) LAUREN BLALOCK VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	313,992.	73,043.	33,469.	9,645.	33,708.	463,857.	23,565.
(22) SCOTT SELL VICE PRESIDENT (THRU 5/24)	(i)	342,483.	79,672.	682.	10,350.	29,278.	462,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) TONJA THIGPEN SVP & CNO	(i)	393,016.	38,975.	12,955.	0.	16,447.	461,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) SANDRA BROWN, CPA VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	303,290.	70,553.	26,424.	8,984.	24,173.	433,424.	23,340.
(25) ALAN EDWARDS VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	270,379.	64,351.	34,694.	7,695.	32,086.	409,205.	30,359.
(26) CODY BLANKENSHIP VICE PRESIDENT	(i)	282,900.	67,330.	18,843.	7,707.	30,538.	407,318.	16,944.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) SUMMER HUGHES VP & CHIEF OF STAFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	306,818.	67,805.	13,220.	5,773.	2,967.	396,583.	0.
(28) SARAH OGLE VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,515.	66,652.	18,239.	8,820.	15,986.	396,212.	13,486.
(29) TINA ERVIN VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	255,959.	59,543.	26,856.	7,652.	17,367.	367,377.	22,316.
(30) SAUSHEEN TAYLOR, MD PHYSICIAN/TRUSTEE (THRU 4/24)	(i)	142,616.	36,960.	104,023.	5,562.	18,058.	307,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) RICHARD LEWIS, MD VICE PRESIDENT (THRU 03/24)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	53,367.	78,625.	56,617.	1,585.	5,796.	195,990.	30,912.
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

PART I, LINE 1A - TRUSTEES WHO ARE UNCOMPENSATED VOLUNTEERS TRAVELING FOR BUSINESS RELATED REASONS ON BEHALF OF THE ORGANIZATION ARE REIMBURSED FOR THE COST OF SPOUSAL TRAVEL. REIMBURSEMENTS PAID FOR SPOUSAL TRAVEL ARE REIMBURSED AND REPORTED AS INCOME ON A FORM 1099 IN THE YEAR PAID. EXECUTIVES WHO ARE TRAVELING FOR BUSINESS RELATED REASONS ON BEHALF OF THE ORGANIZATION ARE REIMBURSED FOR THE COST OF SPOUSAL MEALS PROVIDED AND THE AMOUNT IS REPORTED AS INCOME ON THE EXECUTIVE'S W-2.

PART I, LINE 4B:

MICHAEL MCDERMOTT RECEIVED A 457(F) DISTRIBUTION OF \$337,412
CHRISTOPHER NEWMAN RECEIVED A 457(F) DISTRIBUTION OF \$58,969
SEAN BARDEN RECEIVED A 457(F) DISTRIBUTION OF \$120,427
TRAVIS TURNER RECEIVED A 457(F) DISTRIBUTION OF \$59,377
ERIC FLETCHER RECEIVED A 457(F) DISTRIBUTION OF \$59,041
GEOFFREY LAWSON RECEIVED A 457(F) DISTRIBUTION OF \$33,425
STEPHEN MANDELL RECEIVED A 457(F) DISTRIBUTION OF \$46,992
XAVIER RICHARDSON RECEIVED A 457(F) DISTRIBUTION OF \$63,183
CATHLEEN YABLONSKI RECEIVED A 457(F) DISTRIBUTION OF \$31,044
DAVID YI RECEIVED A 457(F) DISTRIBUTION OF \$36,607
DANIEL WOODFORD RECEIVED A 457(F) DISTRIBUTION OF \$19,310
LAUREN BLALOCK RECEIVED A 457(F) DISTRIBUTION OF \$23,565
SANDRA BROWN RECEIVED A 457(F) DISTRIBUTION OF \$23,340
SARAH OGLE RECEIVED A 457(F) DISTRIBUTION OF \$13,486
ALAN EDWARDS RECEIVED A 457(F) DISTRIBUTION OF \$30,359
CODY BLANKENSHIP RECEIVED A 457(F) DISTRIBUTION OF \$16,944
TINA ERVIN RECEIVED A 457(F) DISTRIBUTION OF \$22,316
RICHARD LEWIS RECEIVED A 457(F) DISTRIBUTION OF \$30,912

PART I, LINE 7:

PART I, LINE 7 - ALL EXECUTIVES HAVE AS A PART OF THEIR COMPENSATION A VARIABLE COMPONENT SUCH THAT THEY ARE ELIGIBLE TO RECEIVE A PERCENTAGE OF THEIR BASE PAY AS AN INCENTIVE FOR THE ACHIEVEMENT OF INDIVIDUAL AND CORPORATE GOALS AND OBJECTIVES.

SCHEDULE J

INDEPENDENT BOARD TRUSTEES RECEIVE NO COMPENSATION.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A ECONOMIC DEVELOPMENT AUTHORITY	52-1303430	355849BC3	05/28/14	59254492.	REFUNDING OF 2002 BONDS		X		X		X
B ECONOMIC DEVELOPMENT AUTHORITY	54-1244413	852431BM6	05/02/16	128486132.	REFUNDING OF 2006 BONDS		X		X		X
C ECONOMIC DEVELOPMENT AUTHORITY	52-1303430	NONE	11/22/16	30405000.	REFUNDING OF 2013 BONDS		X		X		X
D VIRGINIA SMALL BUSINESS FINANCING AUTHORITY	52-1300845	NONE	11/20/23	50000000.	CAPITAL PURCHASES		X		X		X

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	4,375,000.		7,780,000.		8,685,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	59,524,492.		128,486,132.		30,405,000.		50,000,000.			
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	630,794.		2,100,667.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds							50,000,000.			
11 Other spent proceeds	58,623,698.		126,385,465.		30,405,000.					
12 Other unspent proceeds										
13 Year of substantial completion	2014		2016		2016		2024			
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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			

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

Schedule K (Form 990) (Rev. 12-2024)

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
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 non-governmental 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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUBSIDIARIES WE PROVIDE INPATIENT AND OUTPATIENT HOSPITAL SERVICES AND
OTHER MEDICAL SERVICES.

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 FINANCE 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).

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

EVERY TRUSTEE AND EXECUTIVE IS REQUIRED TO DISCLOSE ANY AND ALL CONFLICTS.
THE DISCLOSURES ARE MADE ANNUALLY AND SUBMITTED TO THE MARY WASHINGTON
HEALTHCARE CHIEF COMPLIANCE OFFICER (CCO). THE CCO PRESENTS ALL CONFLICTS
TO THE ENTERPRISE RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES. THE
CHAIRMAN OF THE ENTERPRISE RISK MANAGEMENT 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.

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.

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

THE AUDITED FINANCIALS STATEMENTS ARE POSTED ON THE MARY WASHINGTON
HEALTHCARE WEBSITE FOR PUBLIC VIEW.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT PERSONNEL:

PROGRAM SERVICE EXPENSES

37,435,690.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	Employer identification number
MARY WASHINGTON HEALTHCARE GROUP RETURN	20-1106426
MANAGEMENT AND GENERAL EXPENSES	2,931,613.
FUNDRAISING EXPENSES	68,741.
TOTAL EXPENSES	40,436,044.
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	61,720,252.
MANAGEMENT AND GENERAL EXPENSES	4,833,353.
FUNDRAISING EXPENSES	113,334.
TOTAL EXPENSES	66,666,939.
BILLING AND COLLECTION SERVICES:	
PROGRAM SERVICE EXPENSES	10,227,515.
MANAGEMENT AND GENERAL EXPENSES	800,923.
FUNDRAISING EXPENSES	18,780.
TOTAL EXPENSES	11,047,218.
ASP SERVICES:	
PROGRAM SERVICE EXPENSES	36,294.
MANAGEMENT AND GENERAL EXPENSES	2,842.
FUNDRAISING EXPENSES	67.
TOTAL EXPENSES	39,203.
MAINTENANCE SERVICES:	
PROGRAM SERVICE EXPENSES	9,826,567.
MANAGEMENT AND GENERAL EXPENSES	769,525.
FUNDRAISING EXPENSES	18,044.
TOTAL EXPENSES	10,614,136.
STORAGE SERVICES:	
PROGRAM SERVICE EXPENSES	111,617.
MANAGEMENT AND GENERAL EXPENSES	8,741.
FUNDRAISING EXPENSES	205.
TOTAL EXPENSES	120,563.
WASTE DISPOSAL:	
PROGRAM SERVICE EXPENSES	1,446,748.
MANAGEMENT AND GENERAL EXPENSES	113,296.
FUNDRAISING EXPENSES	2,657.
TOTAL EXPENSES	1,562,701.
MANAGEMENT CONTRACTS:	
PROGRAM SERVICE EXPENSES	34,248,962.
MANAGEMENT AND GENERAL EXPENSES	2,682,058.
FUNDRAISING EXPENSES	62,890.
TOTAL EXPENSES	36,993,910.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	167,480,714.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTED PLEDGES	3,809,302.
ELIMINATION OF EQUITY FOR CONSOLIDATED ENTITIES	12,198,981.
RELIEF FROM AFFILIATE LOANS	13,785,358.
MARY WASHINGTON HOSPITAL AUXILLIARY EQUITY NEW ADDITION TO GROUP	-111,596.
TOTAL TO FORM 990, PART XI, LINE 9	29,682,045.
FORM 990, PART XII, LINE 2C	

Name of the organization MARY WASHINGTON HEALTHCARE GROUP RETURN	Employer identification number 20-1106426
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THE COMPANIES IN THE GROUP RETURN ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MWHC. RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AUDITORS RESTS WITH THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES.

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.

FORM 990, SCHEDULE R

ABBREVIATIONS:

MWHC - MARY WASHINGTON HEALTHCARE

MPI - MEDICORP PROPERTIES, INC.

MWHC CLINICAL - MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.

MWHC SERVICES, INC. - MARY WASHINGTON HEALTHCARE SERVICES, INC.

MEDIDOCTORS H.C. - MEDIDOCTORS HOLDING COMPANY

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)**

(Rev. January 2025)

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

**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
MEDIDOCTORS, LLC - 54-1990805 1340 CENTRAL PARK BLVD, STE. 100 FREDERICKSBURG, VA 22401	MEDICAL	VIRGINIA	1,891.	-6,407.	MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.
MARY WASHINGTON HEALTHCARE PROVIDERS, LLC - 57-1172752, 1340 CENTRAL PARK BLVD, STE. 100, FREDERICKSBURG, VA 22401	MEDICAL	VIRGINIA	27,075,609.	454,177.	MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.
MARY WASHINGTON EYE CARE LLC - 27-1248032 1340 CENTRAL PARK BLVD, STE. 100 FREDERICKSBURG, VA 22401	MEDICAL	VIRGINIA	2,475,426.	815,125.	MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.
MWHC URGENT CARE, LLC - 83-4378864 1340 CENTRAL PARK BLVD, STE. 100 FREDERICKSBURG, VA 22401	MEDICAL	VIRGINIA	13,499,318.	1,360,087.	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
STAFFORD HOSPITAL AUXILIARY - 26-2704632 1340 CENTRAL PARK BLVD, STE. 100 FREDERICKSBURG, VA 22401	MEDICAL SERVICES	VIRGINIA	501(C)(3)	LINE 12D, III-O			X
MARY WASHINGTON HEALTHCARE - 54-1240646 1340 CENTRAL PARK BLVD, STE. 100 FREDERICKSBURG, VA 22401	SUPPORT SERVICES	VIRGINIA	501(C)(3)	LINE 12C, III-FI			X

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

Schedule R (Form 990) (Rev. 1-2025)

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	
COMMONWEALTH IMAGING, LLC - 05-0622704, 10401 SPOTSYLVANIA AVENUE, SUITE 200, FREDERICKSBURG, VA	IMAGING	VA	MWHC SERVICES, INC.	RELATED	24,629.	31,377.		X	N/A		X	33.33%
COWAN INVESTMENT PARTNERS, LLC - 65-1294835, 6308 FIVE MILE CENTRE PARK #215, FREDERICKSBURG, VA 22407	REAL ESTATE	VA	MEDICORP PROPERTIES, INC.	RELATED	109,519.	115,784.		X	N/A		X	12.50%
FREDERICKSBURG AMBULATORY SURGERY CENTER - 56-2322548, 1340 CENTRAL PARK BLVD, STE. 100, FREDERICKSBURG, VA	SURGERY CTR	VA	MWHC CLINICAL SERVICES INC.	RELATED	2,036,194.	176,617.		X	N/A		X	64.00%
FREDERICKSBURG ENDOSCOPY CENTER, LLC - 83-4398314, 2500 YORK ROAD, SUITE 300, JAMISON, PA 18929	ENDOSCOPY	VA	MWHC ENDOSCOPY HOLDINGS, LLC	RELATED	2,613,525.	899,269.		X	N/A		X	51.00%

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
FREDERICKSBURG PROFESSIONAL RISK EXCHANGE - 33-1095956, 1340 CENTRAL PARK BLVD, STE. 100, FREDERICKSBURG, VA 22401	CAPTIVE INSURANCE	VA	MWHC	C CORP	1,050,113.	14,948,771.	100%		X
MARY WASHINGTON HEALTH PLAN - 82-3693765 1340 CENTRAL PARK BLVD, STE. 100 FREDERICKSBURG, VA 22401	HEALTH MAINTENANCE	VA	MWHC	C CORP	715,909.	9,896,553.	100%		X
MARY WASHINGTON HEALTHCARE SERVICES, INC. - 54-1244509, 1340 CENTRAL PARK BLVD, STE. 100, FREDERICKSBURG, VA 22401	RETAIL MEDICAL	VA	MWHC	C CORP	-735,739.	649,341.	100%		X
PINNACLE HEALTH CORPORATION - 31-1636492 1340 CENTRAL PARK BLVD, STE. 100 FREDERICKSBURG, VA 22401	HEALTH MANAGEMENT	VA	MWHA	C CORP	-36,321.	273,085.	100%		X

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

COMMONWEALTH IMAGING, LLC

EIN: 05-0622704

10401 SPOTSYLVANIA AVENUE, SUITE 200

FREDERICKSBURG, VA 22408

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

FREDERICKSBURG AMBULATORY SURGERY CENTER

EIN: 56-2322548

1340 CENTRAL PARK BLVD, STE. 100

FREDERICKSBURG, VA 22401

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MEDICAL IMAGING OF FREDERICKSBURG

EIN: 54-1364028

1340 CENTRAL PARK BLVD, STE. 100

FREDERICKSBURG, VA 22401

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. MARY WASHINGTON HEALTHCARE GROUP RETURN	Taxpayer identification number (TIN) 20-1106426
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O PBMARES - 725 JACKSON ST, #210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICKSBURG, VA 22401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SANDRA W. BROWN**
1340 CENTRAL PARK BLVD, 100 - FREDERICKSBURG, VA 22401
 Telephone No. **540-741-2507** Fax No. **540-741-3534**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) **4243**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Electronic Filing PDF Attachment

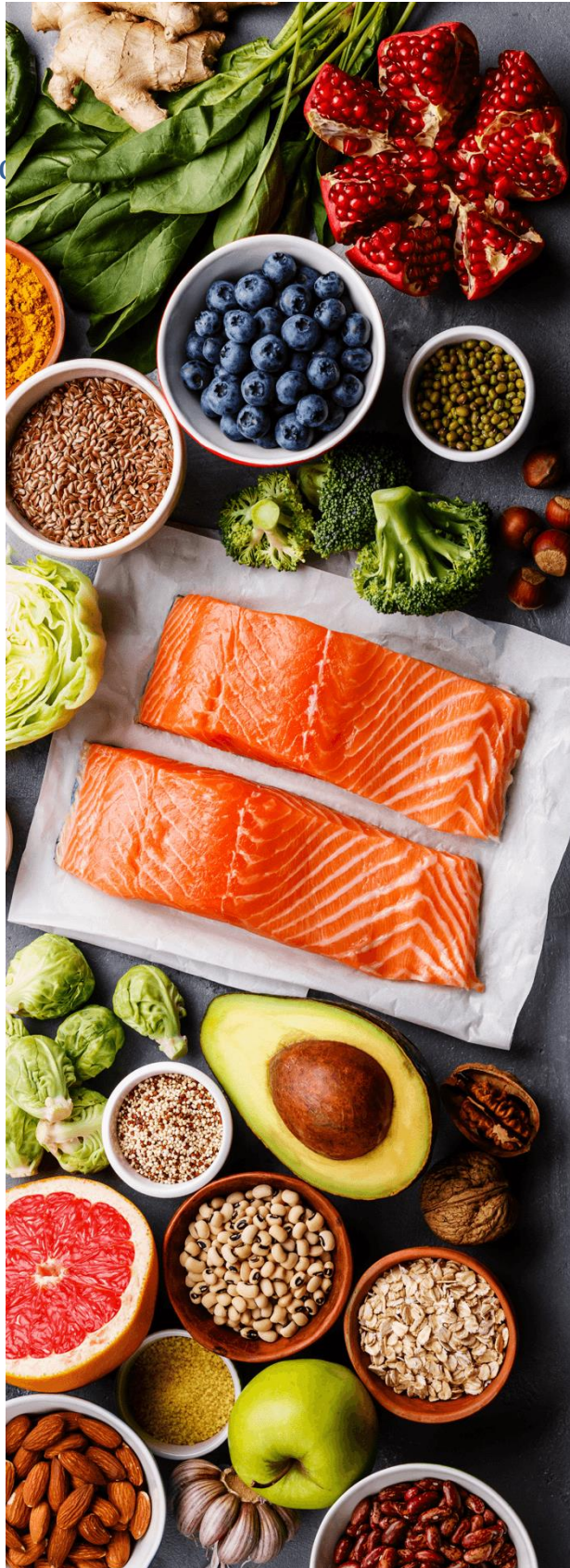
RAHD

Community Health Improvement Plan



Revised 07/2024





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A Message from the Core Team

Dear Reader,

The Core Team from Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC) would like to take a moment to thank the community of Planning District 16 for all of the hard work that was put into the Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) process over the past 11 months. Since we began this process -- from the introduction of the Mobilizing for Action through Planning and Partnerships (MAPP) process through the development of the CHA, and now with the completion of the CHIP -- we have had the privilege of advancing Public Health 3.0 by strengthening existing partnerships, forging new partnerships, and connecting countless unlikely partnerships. The passion and drive in our community is something of which everyone should be proud.

The goal of the CHIP is to use the data that were collected in the CHA to make informed decisions about how the community would like to address the most pressing issues facing our localities today. The CHIP can only be written and implemented with the participation and engagement of the community. After coming out of a tough couple of years with COVID-19, we had hoped for a robust turnout, while still understanding that people are burned out and may not have much capacity to offer. We were overwhelmed by the generosity of time, resources, and effort that were offered during these meetings.

A total of 114 people attended the three Community CHIP meetings. During the strategy solicitation process in the second CHIP Community meeting, we were presented with well over 100 strategy recommendations, which is more than we could have ever hoped for! This initial CHIP contains *3 priorities, 6 goals, 16 objectives, and 45 strategies* from a wide range of community partners, and represents our plans for the future that we want to see in our community.

We sincerely hope that the efforts that were put forth by this amazing group will be appreciated and utilized for years to come. We believe that the strategies in this plan will make a measurable impact on the health of our community.

Sincerely,

The Core Team

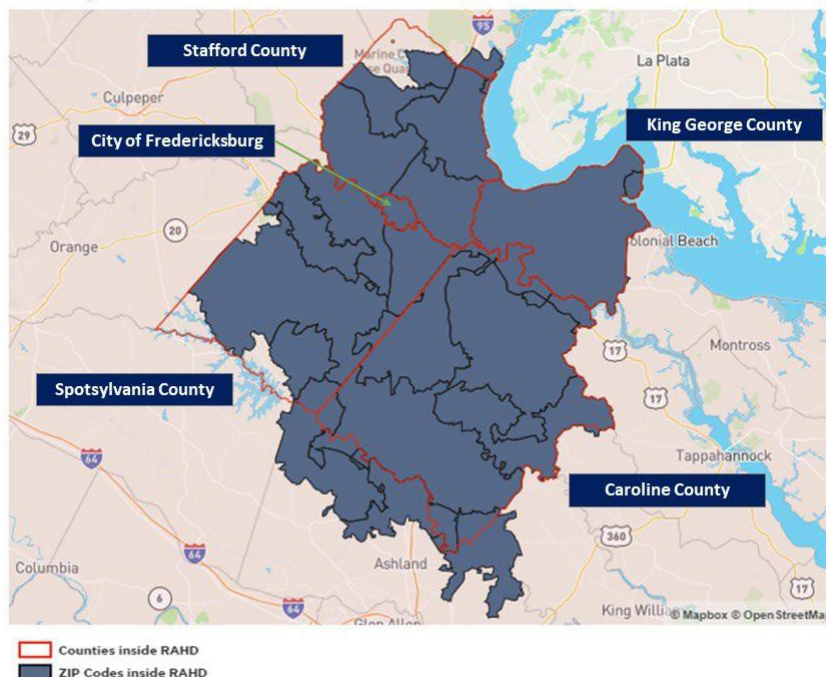
Allison Balmes-John, Ashish Shrestha, Ellen Justesen, Naomie Murdock, Olugbenga Obasanjo, Phil Brown, Susie Hammock, and Xavier Richardson

Our Service Area

RAHD is a 1,388-square mile regional health entity composed of five localities in northeast Virginia, including Caroline, King George, Spotsylvania, and Stafford counties as well as the City of Fredericksburg.¹ This area is also known as Planning District 16 (PD16) in accordance with the Planning District Commissions outlined in the Virginia Regional Cooperation Act. This term is frequently used to identify the area by many community partners and community members.

RAHD serves a population of 382,930 people per the 2020 Census estimates. Population counts for each locality range from 27,381 (King George County) to 156,748 (Stafford County). RAHD is composed of both urban and rural areas; RAHD localities cover a wide range of rural population percentages, from 1.2% rural in the City of Fredericksburg to 78.4% rural in King George County.² PD16 has seen a tremendous amount of growth over the last decade. According to the US Census Bureau, Stafford County is the 5th fastest growing county in the state, and Spotsylvania is the 7th. The City of Fredericksburg has seen the highest population increase with 21.1% and Caroline County with the lowest with 7.8%. According to the University of Virginia Weldon Cooper Center, Demographics Research Group, the population in RAHD is expected to increase, on average, 16% by 2030.

Planning District 16



Introduction

WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

A CHIP is a long-term, systematic effort developed to address the community's most pressing public health issues. The CHIP is based on the results of the Community Health Assessment (CHA). Community partners interested in working toward improving the health and wellbeing of the residents of PD16 were able to review the CHA data and compare them with state and national data to determine the most feasible strategies to address the issues.

HOW WILL THE PLAN BE USED?

The CHIP is used as a structured plan to guide partners through the process of community health improvement. The finalized CHIP contains the goals, objectives, and strategies that were determined by the community that will guide our collective efforts. The progress of the strategies will be tracked continuously and updated quarterly in a separate online dashboard (available at https://www.vdh.virginia.gov/rappahannock/fy23-fy25_cha-chip/). Members of the CHIP team as well as community members will have access to this information any time through this online dashboard.

HOW WAS THE PLAN DEVELOPED?

This plan was developed by RAHD and MWHC in collaboration with 107 CHIP Community Partners throughout PD16. The formatting of the CHIP was derived from the Kansas Health Institute CHIP Handbook.



A Chronological Overview of the CHIP Process

February 8, 2022: Core Team Meeting

The Core Team (see appendix D) met to discuss the data found in the CHA and compared it with state and national priorities to determine the top 14 issues (see p. 6 for description of the tool that was used). The issues that were chosen during this meeting were (listed in alphabetical order):

1. Access to Healthcare
2. Affordable Housing/Homelessness
3. Alcohol Abuse
4. Cancer
5. COVID-19
6. Education/Literacy
7. Heart Disease/Stroke/Hypertension
8. Infant and Maternal Care in the African American Community
9. Mental Health
10. Obesity
11. Opioid Abuse
12. Public Health Policy and Planning
13. Transportation
14. Workforce Development/Good Jobs

February 23, 2022: CHA/CHIP Steering Team Meeting

The CHA/CHIP Steering Team, which was formed during the CHA process, is comprised of partners from many areas of the Local Public Health System (see Appendix D for list of organizations represented), met to review the data from the CHA for the top 14 priorities that were selected by the Core Team. The team was asked to break into small groups and consider the following questions for each priority to narrow down the list:

1. *How many people are affected by this issue?*
2. *How does the issue affect the quality of life, economic burden on the community, and any other pertinent criteria?*
3. *Are public health strategies available to successfully address the issue? Is the problem responsive to interventions?*
4. *What is the level of community concern?*
5. *How feasible it is to solve this issue in your community, considering political climate, resources, and capacity?*

Once individuals from the small groups answered the questions for each priority, they were instructed to rank each priority from 1-14. The priorities with the highest ranking were moved on to the next step which included community input and finalization of the top 3 priorities.

Based on the 5 questions referenced above and the data from the CHA, the CHA/CHIP Steering Team narrowed the top 14 priorities down to the top 8 priorities, which were (listed in no particular order):

1. Mental Health
2. Access to Healthcare
3. Substance Abuse
4. Education
5. Obesity
6. Affordable Housing/Homelessness
7. Infant and Maternal Care in the African American Community
8. Chronic Disease

April 5, 2022: CHIP Community Meeting #1 (hybrid)

After the CHA/CHIP Steering Team met to determine the top 8 priorities, we held the first CHIP Community meeting. During this meeting, we reviewed the CHA process, the social determinants of health and why they are important, the CHA data for the top 8 priorities, the top priorities for the state of Virginia and for the United States, the MAPP process, the CHIP development process, and the use of the feedback that was gathered at this meeting to move forward.

An overview was given of grant funding opportunities from rolling mini grants of up to \$5,000 as well as larger grants that will only be available annually, from Mary Washington Hospital Foundation and the Stafford Hospital Foundation. These grant opportunities are an amazing opportunity for partners to accelerate the progress of their strategies as well as a great opportunity for Mary Washington Hospital Foundation and the Stafford Hospital Foundation to support the strategies that are selected.

Once all data were reviewed, participants were given \$1,000 in play money and were instructed to “spend” the money on the priorities that they felt were the most pressing to determine the top priorities for the community. Participants had the choice of spreading out their spending or they could put all of it on one or two issues, in whatever manner they wanted to prioritize it. Since this meeting was hybrid, the online participants were given the same exercise and their results were combined with the in-person results. Once all of the money was

“spent”, the totals were tallied from both the in-person and virtual groups, and the top 3 priorities were announced. They were: mental health, affordable housing, and access to healthcare.

April 26, 2022: Affordable Housing Goal Setting Meeting

During this focus group session, the Core Team invited a small but diverse group of subject matter experts to discuss the priority area of affordable housing. Initial discussions about where the goals should be focused were based on data and were focused on evidence-based approaches. The group was intentional about setting a solid direction, while still being broad enough to welcome a variety of strategy suggestions. By the end of this meeting, the goals for affordable housing were set.

April 27, 2022: Access to Healthcare Goal Setting Meeting

During this focus group session, the Core Team invited a small but diverse group of subject matter experts to discuss the priority area of access to healthcare. Initial discussions about where the goals should be focused were based on data and were focused on evidence-based approaches. The group was intentional about setting a solid direction, while still being broad enough to welcome a variety of strategy suggestions. By the end of this meeting, the goals for access to healthcare were set.

April 29, 2022: Mental Health Goal Setting Meeting

During this focus group session, the Core Team invited a small but diverse group of subject matter experts to discuss the priority area of mental health. Initial discussions about where the goals should be focused were based on data and were focused on evidence-based approaches. The group was intentional about setting a solid direction, while still being broad enough to welcome a variety of strategy suggestions. By the end of this meeting, the goals for mental health were set.

May 3, 2022: CHIP Meeting #2 (in-person)

During the second CHIP Community meeting, we reviewed all previous steps in the MAPP process, as well as the goals that were determined by the Core Team and select partners in separate goalsetting meetings. We then split the large group into the three priority areas, each of which was facilitated by a member of the Core Team. During these small group discussions, community partners were reminded of the goals and were provided with three different colored suggestion forms, with each color representing a different level of strategy suggestion. Those who had strategy suggestions that were based on work that was already being done, and who felt that their work could contribute to the goals that had been set, would fill out the green suggestion form. Those who had an idea for a strategy that was based on something that hadn't been implemented yet, but was very close to being ready, would fill out the yellow suggestion form. Those who had an “outside of the box” idea that needed a lot more support,

funding, etc., would fill out the blue form. Robust discussion was had in each group, and by the end of the meeting, our team had approximately 100 strategy suggestions from the community.

Series of Core Team Meetings

Once the Core Team reviewed all of the strategy suggestions, they were categorized based on the goals for each priority that they would work toward and the color of the form, the team then removed any that did not have sufficient information to move forward as well as those that did not address the goals that had already been established. After that, the team began reaching out to those persons whose strategies passed the initial review in order to determine if they would be feasible. The PEARL Test from NACCHO, which is a simple rubric to help quickly narrow down a long list of strategies to the most likely to succeed, was adapted and used (see Appendix A) to further narrow down the strategies. An effort was made to balance the number of green, blue, and yellow forms. A series of meetings were held to get all of the strategies finalized before the last CHIP Community meeting.

June 21, 2022: CHIP Meeting #3 (hybrid)

The third and final CHIP Community meeting was a hybrid meeting. The purpose of this meeting was to conduct a final overview of all of the steps that had been taken to determine the priorities, goals, objectives, and strategies and to receive any feedback to review before the finalization of the document. The group split into three small groups as well as a virtual group. The groups reviewed all of the strategies and provided any thoughts or feedback. Specifically, the Core Team requested feedback on the populations served (did we miss anyone?) as well as the language used (are we being as inclusive as we can be?). Feedback was recorded for review at a later time. The group then reconvened to celebrate the effort put forth by the community so far and to specifically recognize those who were selected to implement the CHIP.

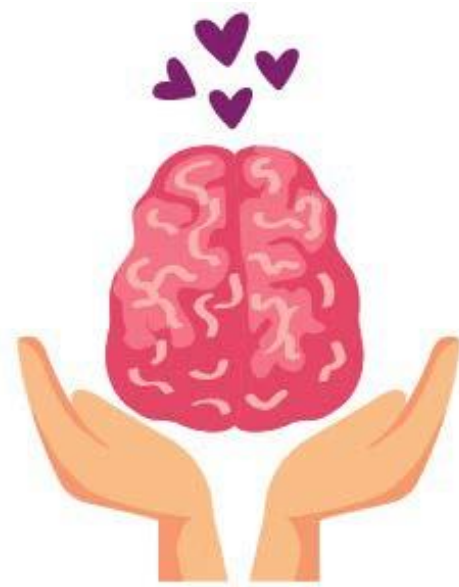
June 30, 2022: Post-CHIP Core Team Meeting

During this Core Team meeting, each of the suggestions gathered from the last CHIP community meeting was reviewed. Those who pointed out how a marginalized group could be included in the existing strategies were noted, and the organizations who agreed to carry out the strategy were contacted to discuss the possible changes. Suggestions that covered brand new strategies were noted, and those who recommended the new strategy were contacted to set up a meeting to discuss the process for adding a strategy. Some suggestions were not feasible or actionable, and those were noted, but no changes were made. A final health equity review was also conducted and recommendations were made to make the plan more equitable.

ACTION PLAN

The following pages contain the action plan of the CHIP. The goals, objectives, and strategies found on these pages are the result of countless meetings, discussions, and deliberations from a large variety of organizations. Every effort was made to ensure that this action plan targets Social Determinants of Health (see Appendix E) and as many underserved and marginalized communities as possible, while also aiming for the largest impact. A list of available resources in PD16 that can be accessed can be found in the appendices (see Appendix B).

This CHIP is a living document that will change over time. As periodic changes are made, they will be recorded in the Record of Adoptions and Changes, which can be found in the appendices (see Appendix C).



PRIORITY I: MENTAL HEALTH

PRIORITY I: MENTAL HEALTH

Goal 1: To enhance collaboration among traditional and non-traditional partners to address mental health.

Objective 1: Provide students and staff with resources that facilitate awareness about behavioral health that align with each school and/or division's suicide prevention plans by June 30, 2025.

Strategy 1: Mental Health America of Fredericksburg (MHAfred) will present Signs of Suicide (SOS), an evidence-based suicide prevention education program for middle schoolers and high schoolers, at each school district within PD16 that partners with MHAfred through June 30, 2025. During this same timeframe, MHAfred will also present SOS to other entities such as youth groups, private schools, several homeschools, juvenile detention centers, and underserved communities. Where SOS has been presented, MHAfred will partner with other organizations to support student or youth led clubs that promote mental wellness.

Strategy 2: Rappahannock Area Community Services Board (RACSB) will provide Mental Health First Aid training to a minimum of 10% of personnel in each interested school within PD16 by June 30, 2025.

Strategy 3: By June 30, 2025, RACSB and MHAfred will coordinate the implementation of teen Mental Health First Aid within one high school in PD16 where the criteria set forth by Mental Health First Aid USA is met. Additionally, another high school or school division will be in the implementation process by June 30, 2025.

Strategy 4: Through March 14, 2023, RACSB will pilot the provision of behavioral health services through the Children and Adolescent Behavioral Health Pandemic Supports program to over 100 children in a PD16 school district. The focus will be on children who currently do not receive these services through other mechanisms. **[COMPLETED]**

Strategy 5: By July 31, 2023, RACSB will evaluate results from the Children and Adolescent Behavioral Health Pandemic Supports program pilot and modify the program as needed. Results will be communicated to other PD16 school districts looking for expansion opportunities. **[COMPLETED]**

Strategy 6: NAMIrapp will offer the evidence-based suicide prevention programs, Say It Out Loud (SOL) and Ending the Silence (ETS), to local schools and youth groups through June 30, 2025. Where SOL and ETS have been presented, NAMIrapp will partner with other organizations to support students or youth-led clubs that promote mental wellness (Added 01/22/2024).

Social Determinants of Health Addressed in this Goal

Education Access and Quality and Social and Community Context

Responsible Partners

Mental Health America Fredericksburg (MHAfred) and Rappahannock Area Community Services Board (RACSB), NAMIrapp

PRIORITY I: MENTAL HEALTH

Goal 2: To improve access to behavioral health services, including prevention, treatment, and recovery.

Objective 1: Expand access to, and awareness of, telehealth behavioral health services in at least one rural community within PD16 by March 31, 2023.

Strategy 1: Starting July 1, 2022 and ending December 31, 2023, MHAfred will work with Caroline County stakeholders to evaluate strategies for overcoming barriers to accessing telehealth mental health services for residents without internet and with limited transportation options. The evaluation results will determine additional strategies. **[TENTATIVELY COMPLETED]**

Objective 2: Increase normalization of, and education about, currently available mental health resources, especially to underserved populations by June 30, 2025.

Strategy 1: Through June 30, 2025, RACSB, MHAfred, **and NAMIrapp (Added 01/22/2024)** will partner to promote existing services, such as counseling, emergency services, telehealth, grief counseling, support groups, and new 988 services through social media, websites, community partners, and tabling events, in English and at least one additional language.

Strategy 2: Through June 30, 2025, RACSB will continue to promote and host evidenced-based curriculums including but not limited to: ACE Interface; Mental Health First Aid; safeTALK; Applied Suicide Intervention Skills Training (ASIST); and REVIVE! to stakeholders and interested community members (including African-American, Asian, disabled, Latinx, and LGBTQIA+ communities).

Strategy 3: Starting July 1, 2022 to June 30, 2025 MHAfred and RAHD will partner to market the HELPLINE using print media, social media, and outreach to underserved population groups and primary care physicians. MHAfred will increase the number of HELPLINE follow-ups per year from 1,200 to 10,000.

Objective 3: Increase the number of available licensed mental health providers in PD16 area by December 31, 2023.

Rappahannock Area Health District // Mary Washington Healthcare

Community Health Improvement Plan FY23-FY25

Strategy 1: The Fredericksburg Christian Health Center (FCHC) will obtain grants and local funding/donations in the amount of \$95,000 in order to employ a full-time Licensed Professional Counselor by February 2023. **[COMPLETED]**

Strategy 2: FCHC's counselor will provide behavioral health services to FCHC clients, with the aim of providing 230-250 sessions to 70 clients through December 31, 2023. The result of these sessions will be reduced PHQ-9 and Zung Anxiety Index Scores, from first counseling session to the last session. **[COMPLETED]**

Objective 4: Increase the number of available NAMI-trained, peer-led support groups and community education presentations available in PD16 by June 30, 2025 (Added 01/22/2024).

Strategy 1: NAMIrapp will work to increase the number of NAMI-trained, active, peer-led support groups (virtually and in-person) by 200% by June 30, 2025 (Added 01/22/2024).

Strategy 2: A NAMIrapp volunteer will obtain national NAMI certification to train peer leaders, and at least one additional program will be established to increase free leader and resource availability (Added 01/22/2024).

Strategy 3: Teams of NAMIrapp volunteers will present "In Our Own Voice" to local organizations that serve people with mental health conditions/are in unusually stressful living situations (Added 01/22/2024).

Social Determinants of Health Addressed in this Goal

Education Access and Quality; Health Care and Quality; and Social and Community Context

Responsible Partners

Mental Health America Fredericksburg (MHAfred) and Rappahannock Area Services Board (RACSB), Fredericksburg Christian Health Center, NAMIrapp



PRIORITY 2: AFFORDABLE HOUSING

PRIORITY 2: AFFORDABLE HOUSING

Goal 1: To develop and promote policies that ensure equitable housing opportunities for all.

Objective 1: Form a diverse group of advocates to address the issue of Affordable Housing in PD16 by December 31, 2022.

Strategy 1: By July 1, 2022, George Washington Regional Commission (GWRC) will identify members of the community with a vested interest in the issue of affordable housing to participate in the group. **[COMPLETED]**

Strategy 2: GWRC will create a framework document, which will include assigning roles and responsibilities and identifying top priorities of the group, by December 31, 2022.

[COMPLETED]

Objective 2: Develop and implement strategies to address top priorities of the group by June 30, 2025.

Strategy 1: Develop strategies to address top priorities of the group by December 31, 2023.

[COMPLETED]

Strategy 2: Have at least 1 meeting with each local government, including rural localities, to discuss the identified priorities of the group by June 30, 2025.

Strategy 3: Meet with state representatives to discuss the identified priorities of the group by June 30, 2025.

Social Determinants of Health Addressed in this Goal

Neighborhood and Built Environment; Social and Community Context; and Economic Stability

Responsible Partners

George Washington Regional Commission, Fredericksburg Area Association of Realtors, Caroline County Habitat for Humanity, Greater Fredericksburg Habitat for Humanity, Healthy Generations, Micah Ecumenical Ministries, Tricord Inc, and private citizens

PRIORITY 2: AFFORDABLE HOUSING

Goal 2: Increase the number of safe, sustainable communities with affordable housing options throughout PD16.

Objective 1: By June 30, 2025, increase the number of new homes built in PD16 for underserved populations.

Strategy 1: A collaborative, comprised of Micah Ecumenical Ministries, Virginia Supportive Housing, Mary Washington Healthcare, and the City of Fredericksburg, will evaluate potential housing sites and recruit partners for a multi-faceted housing development for the street and chronic homeless population. Site control and zoning permission will be in place by March 2025. The development will include 60-80 multifamily units developed by Virginia Supportive Housing and 30-50 small, single-family detached or duplex homes known as the Jeremiah Community, which will be developed by Micah Ecumenical Ministries.

Strategy 2: The collaborative will obtain necessary resources and approvals for site development for construction to begin by Fall 2024.

Strategy 3: The collaborative will develop a robust network of support services targeted for the people moving into the housing development by June 20, 2025.

Social Determinants of Health Addressed in this Goal

Neighborhood and Built Environment; Social and Community Context; and Economic Stability

Responsible Partners

Micah Eumenical Ministries, Virginia Supportive Housing, Mary Washington Healthcare (MWHC), and City of Fredericksburg



PRIORITY 3: ACCESS TO HEALTHCARE

PRIORITY 3: ACCESS TO HEALTHCARE

Goal 1: To improve access and collaboration for preventative services for all members of the community.

Objective 1: Expand Diabetes Prevention and Blood Pressure Self-Monitoring programs into the community by leveraging collaborations with traditional and non-traditional partners, focusing on population groups with existing disparities (e.g. African Americans, Hispanics, Native Americans, Seniors, low income) by June 30, 2025.

Strategy 1: The Rappahannock Area Young Men's Christian Association (YMCA) will join the Unite Us network of community providers to streamline the referral process for the Diabetes Prevention and Blood Pressure Self-Monitoring programs by December 31, 2022.

[COMPLETED]

Strategy 2: The Rappahannock Area YMCA, MWHC, and other organizations will educate and provide program awareness to healthcare providers, Care Coordinators, Community Health Workers, and community leaders by providing periodic presentations starting by November 30, 2022 and continuing on a quarterly basis.

Strategy 3: The Rappahannock Area YMCA, MWHC, and other organizations will train one additional facilitator per locality, including correctional staff, to support the Diabetes Prevention and Blood Pressure Self-Monitoring programs by June 30, 2025.

Objective 2: Provide opportunities for patients throughout PD16 to improve their health literacy by June 30, 2025.

Strategy 1: RAHD will train two RAHD staff and two Healthy Generations staff to be trainers of the Health Education and Literacy (HEAL) program by September 30, 2022.

[COMPLETED]

Strategy 2: By December 31, 2022, RAHD will create a training schedule to improve health literacy by working with organizations that serve the elderly, lower income neighborhoods, Spanish speaking communities, and the incarcerated and recently released population, while expanding the training to other populations impacted by health disparities and inequities. **[COMPLETED]**

Strategy 3: From January 1, 2023 through June 30, 2025, RAHD will host at least four HEAL trainings per quarter at public libraries and other community locations throughout PD16, including rural and underserved communities.

PRIORITY 3: ACCESS TO HEALTHCARE

Objective 3: Increase utilization of the Unite US platform in PD16 from 90 programs by 25% (approximately 23 programs) related to top three identified CHIP priorities (mental health, affordable housing and access to healthcare) in PD16 by June 30, 2025.

Strategy 1: RAHD and MWHC will increase awareness of the Unite US user group by providing quarterly educational sessions starting October 1, 2022 to improve equitable access to services through June 30, 2025.

Strategy 2: RAHD and MWHC will work with providers to increase the number of service episodes for the Unite Us platform specific to mental health, affordable housing, and access to healthcare in PD16 from 151 by 20% (approximately 30 service episodes) each year through June 30, 2025.

Objective 4: Through June 30, 2025 train residents of PD16 on how to use the regional transit system to ensure transportation to healthcare appointments is more achievable.

Strategy 1: Through June 30, 2025, Healthy Generations will use their Transit Travel Training program to train 50 residents of PD16 per year, especially the elderly and disabled, how to utilize FVBGO! Fredericksburg Regional Transit.

Strategy 2: Through June 30, 2025, Healthy Generations will train 36 members of the public per year how to use FVBGO! Fredericksburg Regional Transit to ensure that they can then train others.

Objective 5: Provide support to HIV positive residents and continue to work on HIV prevention initiatives through June 30, 2023.

PRIORITY 3: ACCESS TO HEALTHCARE

Strategy 1: From July 1, 2022 to December 31, 2022, through “COVID Safe Outreach and Testing Events” Fredericksburg Area Health and Support Services (FAHASS) will provide HIV testing to 100 people from remote, low-income communities, and screen, refer, and connect 25 people to other services they may need, including mental health, housing, and the insurance marketplace. **[COMPLETED]**

Strategy 2: FAHASS will work with Mosaic Care Center to enroll 20 new people in the PrEP program, which includes monitoring and targeted PrEP treatment from January 1, 2023 to December 31, 2023. **[COMPLETED]**

Strategy 3: Starting July 1, 2022 until June 30, 2023, FAHASS will continue to expand Medical and Non-Medical Case Management to HIV+ individuals, ensuring that they are in care and improving the viral suppression rate of the agency from 94% to 96%. FAHASS will also work with Mosaic Care Center to access people living in remote areas via telemedicine. **[COMPLETED]**

Social Determinants of Health Addressed in this Goal

Education Quality and Access; Health Care Quality and Access; Social and Community Context; and Economic Stability

Responsible Partners

Rappahannock Area YMCA, Mary Washington Healthcare (MWHC), Rappahannock Area Health District (RAHD), Healthy Generations, Fredericksburg Area Health and Support Services (FAHASS), Mosaic Care Center

PRIORITY 3: ACCESS TO HEALTHCARE

Goal 2: To support the development of a comprehensive strategy and pipeline to increase the community's healthcare workforce.

Objective 1: Create a new Patient Care Technician (PCT) position that would allow students to acquire both Certified Nurse Aide (CNA) and Clinical Medical Assistant (CMA) certifications in 12 weeks and sit for a single certification by January 31, 2024.

Strategy 1: Germanna Community College (GCC) will secure funding for PCT instruction and student support by June 30, 2023. **[COMPLETED]**

Strategy 2: GCC will develop PCT curriculum, which will include health equity and cultural humility training, by June 30, 2023. **[COMPLETED]**

Strategy 3: GCC will implement PCT program by January 31, 2024. **[COMPLETED]**

Objective 2: Expand Dual Enrollment offering for CNA and RMA programs within high schools throughout the service area by June 30, 2025

Strategy 1: GCC will increase the number of dual enrolled students in area high schools, which will include those in rural and underserved areas, by establishing two additional Nurse Assistant/Medication Aide programs within the college service by January 31, 2025

Strategy 2: GCC and other philanthropic organizations will assist with a minimum of \$50,000 in student fees through grants and scholarships (with at least 5% of students being minorities or from underserved areas) through June 30, 2025. **[COMPLETED]**

Strategy 3: GCC will help develop a minimum of seven hiring contracts between students and clinical agencies through June 30, 2025. When possible, these contracts will be associated with tuition payment in exchange for a designated amount of service at the facility. At least one contract will be for a minority or disabled student. **[COMPLETED]**

PRIORITY 3: ACCESS TO HEALTHCARE

Objective 3: Build a career ladder for mental health providers by June 30, 2024

Strategy 1: GCC, in partnership with RACSB, will develop a career plan for mental health jobs with course offerings, training, certifications, and degree programs by GCC, professional organizations, and local organizations, including health equity and cultural humility training, by June 30, 2023. **[COMPLETED]**

Strategy 2: GCC, in partnership with RACSB, will secure any necessary approvals and funding for the courses, certifications, and degree programs by December 21, 2023. **[COMPLETED]**

Strategy 3: GCC, in partnership with RACSB, will begin offering courses leading to mental health certifications, licensing, and/or degrees by June 30, 2024, ensuring these programs will be available to those in underserved areas. **[COMPLETED]**

Objective 4: Expand GCC nursing program to graduate 220 registered nursing candidates per year by June 30, 2025

Strategy 1: GCC will expand the current nursing facilities by January 31, 2024 to allow for the admission of an additional 130 nursing students annually, with at least 5% of students being either minority, disabled, or individuals over 60 years old. **[COMPLETED]**

Strategy 2: GCC will hire nine additional full-time nursing faculty, including at least one minority, disabled, or over 60 years old faculty member, by June 30, 2025 to provide didactic and clinical instruction for incoming students. **[COMPLETED]**

Strategy 3: By June 30, 2025, GCC will secure additional clinic sites throughout the region, including rural and underserved areas, to accommodate additional clinicals for students.

Strategy 4: By June 30, 2025, GCC will hire adjunct faculty to provide clinical instruction for nursing students unable to be facilitated by full time faculty. **[COMPLETED]**

PRIORITY 3: ACCESS TO HEALTHCARE

Objective 5: Support current mental health providers within PD16 and students working towards mental health credentials by March 31, 2025.

Strategy 1: Starting July 1, 2022 and ending March 31, 2025, MHAfred will provide additional support to providers listed in MHAfred's HELPLINE, including networking opportunities, monthly newsletters, expanding the number of providers offering supervision to students seeking a degree and graduates seeking licensure by 50.

Strategy 2: Starting July 1, 2022 and ending March 31, 2025, MHAfred and GCC will partner and work to offer 240 volunteer hours per year to students enrolled in Germanna's Paraprofessional Counseling Career Studies Certificate program and need direct and indirect service hours. The volunteer hours will come from working on the HELPLINE and support programs.

Objective 6: Partners on the PD16 Black Maternal and Infant Health Steering Committee will increase the number of community doulas and the overall utilization of community doula services by July 2025 (Added 07/26/2024).

Strategy 1: GCC will offer a Virginia Board Certified Doula Program by December 2024 (Added 07/26/2024).

Strategy 2: RAHD and the BMIH Steering Committee will promote doula services among pregnant people and their families through July 2025, particularly among Black and African American families (Added 07/26/2024).

Strategy 3: BMIH Steering Committee will collaborate with OB-GYN's, pediatricians, and midwives to integrate doulas into birthing care teams (Added 07/26/2024).

Social Determinants of Health Addressed in this Goal

Education Quality and Access; Health Care Quality and Access; Social and Community Context; and Economic Stability

Responsible Partners

Germanna Community College (GCC), Rappahannock Area Community Services Board (RACSB), Mental Health America of Fredericksburg (MHAfred), PD16 Black Maternal and Infant Health Steering Committee

APPENDICES

APPENDIX A: PEARL TEST

The PEARL Test is a prioritization tool that is provided by the National Association of City and County Officials (NACCHO). This tool is used in the MAPP process to narrow down a long list of strategies based on logic and reason. This allows us to remove bias and to implement strategies based on a set of standards. This has been adapted to our needs.

For each strategy suggestion, ask:
Is the strategy consistent with the <u>essential services and public health principles</u> ? (Yes/No)
Is the strategy financially feasible? (Yes/No)
Does it make economic sense to apply this strategy? (Yes/No)
Will the stakeholders and the community accept the strategy? (Yes/No)
Is funding likely to be available to apply this strategy? (Yes/No)
Are organizations able to offer personnel time and expertise or space needed to implement this strategy? (Yes/No)
Do current laws allow the strategy to be implemented? (Yes/No)
What is the potential impact on the strategic goal? (Low/Medium/High)
What is the cost of this strategy in terms of dollars, people, and time? (Low/Medium/High)
Is it likely that the strategy can be successfully implemented? (Yes/No)
Does the strategy address inequities? (Yes/No)

Source: <https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf>

APPENDIX B: ASSET LIST

A full list of resources available to community members and organizations throughout PD16 can be found [here](#)

This list will be updated annually. If you would like to make an addition to the list or if you see a correction that needs to be made, please [contact us](#). Just specify that you are interested in making a change to the asset list and someone will be in contact with you to discuss your suggestion.



APPENDIX C: RECORD OF ADOPTIONS AND CHANGES

This plan was initially adopted on: 07/29/2022		
Changes Made	Person Responsible	Date of Change
Added link to CHIP Dashboard	Allison Balmes-John	7/17/2023
<p>Mental Health Priority:</p> <ol style="list-style-type: none"> Goal 1 – Objective 1 – Strategy 5: June 30, 2023 July 31, 2023 Goal 2 – Objective 1 – Strategy 1: March 31, 2023 December 31, 2023 Goal 2 – Objective 3 – Strategies 1 & 2: Added after 07/29/2022 Goal 2 – Objective 3 – Strategy 2: FCHC’s counselor will provide behavioral health services to FCHC clients, with the aim of providing at least 600 counseling sessions to 100 clients through December 31, 2023 (and eventually up to 1200 sessions/year once the position is fully established) 230-250 sessions to 70 clients through December 31, 2023. The result of these sessions will be reduced PHQ-9 and Zung Anxiety Index Scores, from first 	Ellen Justesen	07/19/2023

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<p>counseling session to the last session.</p>		
<p>Access to Healthcare Priority:</p> <ol style="list-style-type: none"> 1. Goal 2 – Objective 5 – Strategy 1: Starting July 1, 2022 and ending March 31, 2025, MHAFred will provide additional support to providers listed in MHAFred’s HELPLINE, including networking opportunities, monthly newsletters, expanding the number of providers offering supervision to students seeking a degree and graduates seeking licensure by 50, and increasing the number of providers using the UniteUS platform by 50%. 	<p>Ellen Justesen</p>	<p>07/26/2023</p>
<p>Mental Health Priority:</p> <ol style="list-style-type: none"> 1. Goal 1 – Objective 1 – Strategy 4: Through March 14, 2023-2024... 2. Goal 1 – Objective 1: Strategy 6: NAMIrapp will offer the evidence-based suicide prevention programs, Say It Out Loud (SOL) and Ending the Silence (ETS), to local schools and youth groups through June 30, 2025. Where SOL and ETS have been presented, NAMIrapp will partner with other organizations to support students or youth-led clubs that 	<p>Ellen Justesen</p>	<p>07/29/2024</p>

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<p>promote mental wellness.</p> <p>3. Goal 2 – Objective 2 – Strategy 1: Through June 30, 2025, RACSB, MHAFred, and NAMIrapp...</p> <p>4. Goal 2 – Objective 4 – Strategies 1-3:</p> <p>a. (1) NAMIrapp will work to increase the number of NAMI-trained, active, peer-led support groups (virtually and in-person) by 200% by June 30, 2025.</p> <p>b. (2) A NAMIrapp volunteer will obtain national NAMI certification to train peer leaders, and at least one additional program will be established to increase free leader and resource availability.</p> <p>c. (3) Teams of NAMIrapp volunteers will present “In Our Own Voice” to local organizations that serve people with mental health conditions/are in unusually stressful living situations.</p>		
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<p>Access to Healthcare Priority:</p> <p>1. Goal 2 – Objective 6 – Strategies 1-3:</p> <p>a. GCC will offer a Virginia Board Certified Doula Program by December 2024.</p> <p>b. RAHD and the BMIH Steering Committee will promote doula services among pregnant people and their families through July 2025, particularly among Black and African American families.</p> <p>c. BMIH Steering Committee will collaborate with OB-GYN's, pediatricians, and midwives to integrate doulas into birthing care teams.</p>	<p>Ellen Justesen</p>	<p>07/29/2024</p>
<p>Affordable Housing Priority:</p> <p>1. Goal 2 – Objective 1 – Strategy 1: Site control and zoning permission will be in place by March 2023-2024 2025.</p> <p>2. Goal 2 – Objective 1 – Strategy 2: The collaborative will obtain necessary resources and approvals for site development for construction to begin by Spring-Summer Fall 2024</p>	<p>Ellen Justesen</p>	<p>07/30/2024</p>

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Added a status update to completed strategies: [COMPLETED] .	Ellen Justesen	07/29/2024
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This table is to be used by RAHD and MWHC staff only. The original copy will be updated as continuously as needed, however the online version will only be updated quarterly. All records of change may not be visible if viewing the online version.

APPENDIX D: CORE TEAM AND STEERING TEAM LIST

The Core Team

Rappahannock Area Health District:

Allison Balmes-John, Population Health Manager

Ashish Shrestha, Population Health Data Analyst

Ellen Justesen, Community Engagement Specialist

Olugbenga Obasanjo, MD, District Health Director

Susie Hammock, Accreditation and Quality Improvement Coordinator

Mary Washington Healthcare:

Naomie Murdock, Manager of Community Programs

Phil Brown, Director of Corporate Strategy

Xavier Richardson, Senior Vice President and Chief Corporate Development Officer, Mary Washington Hospital; President of Mary Washington Hospital and Stafford Hospital Foundations

CHA/CHIP Steering Team Organizations

- Central VA Housing Coalition
- Community Foundation of the Rappahannock River Region
- Disability Resource Center
- Fredericksburg City Public Schools
- Fredericksburg Branch NAACP
- Fredericksburg Regional Food Bank
- Healthy Generations Area Agency on Aging
- Geico
- George Washington Regional Commission
- Germanna Community College
- Local Pediatrician
- Mary Washington Healthcare
- Mayfield Civic Association
- Rappahannock Area Community Services Board
- Rappahannock Area Health District
- Rappahannock EMS Council
- Rappahannock United Way
- Smart Beginnings Rappahannock Area
- Stafford County Government

APPENDIX E: ABBREVIATIONS // TERMINOLOGY

Abbreviations:

CHA – Community Health Assessment // interchangeable with CHNA, or, Community Health Needs Assessment

CHIP – Community Health Improvement Plan

MWHC – Mary Washington Healthcare

RAHD – Rappahannock Area Health District

Terminology:

Core Team – The Core Team is a small group of people from both RAHD and MWHC who worked collaboratively to produce both the CHA and the CHIP.

CHA/CHIP Steering Team – This team also assisted with both the CHA and the CHIP. During the CHIP process the Steering Team was vital in narrowing down the initial 14 priority areas to 8 priority areas.

Goal – A goal is a broad idea that we are working toward.

Objective – Less broad idea about what the strategies should lead up to, which also leads toward the goal. Our objectives are considered SMART. They are Specific, Measurable, Attainable, Realistic, and Time-Bound

PEARL Test - The PEARL Test is a tool that is provided by the National Association of City and County Officials (NACCHO). This tool is used in the MAPP process to narrow down a long list of strategies based on logic and reason. This allows us to remove bias and to implement strategies based on a set of standards.

Public Health 3.0 - Refers to the period from the late 19th century through much of the 20th century when modern public health became an essential governmental function with specialized federal, state, local, and tribal public health agencies.³ During this period, public health systematized sanitation, improved food and water safety, expanded our understanding of diseases, developed powerful prevention and treatment tools such as vaccines and antibiotics, and expanded capability in epidemiology and laboratory science.

³ Centers for Disease Control and Prevention. ([Link](#))

Terminology (continued):

Strategy – A very specific idea of how to achieve the objective and ultimately the goal. Strategies were determined by community partners and will be carried out by community partners. Our strategies are considered SMART. They are Specific, Measurable, Attainable, Realistic, and Time-Bound.

Social Determinants of Health – the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.⁴

Subject Matter Expert – A person who is considered an expert in their field, or at least in some part of their field. Subject matter experts were involved in the entire CHIP process, but were especially important in the goal setting phase.

⁴ Centers for Disease Control and Prevention. (Link)