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|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Form <b>990</b><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)<br>Do not enter social security numbers on this form as it may be made public.<br>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. | OMB No. 1545-0047<br><div style="border: 2px solid black; padding: 5px; font-size: 24pt; font-weight: bold;">2025</div> Open to Public Inspection |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>A For the 2025 calendar year, or tax year beginning</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>and ending</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>MARY WASHINGTON HEALTHCARE<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1340 CENTRAL PARK BLVD. 100<br>City or town, state or province, country, and ZIP or foreign postal code<br>FREDERICKSBURG, VA 22401-4940<br><b>F Name and address of principal officer:</b> THOMAS MATHEWS<br>SAME AS C ABOVE |  |  | <b>D Employer identification number</b><br>54-1240646<br><b>E Telephone number</b><br>540-741-2507<br><b>G Gross receipts \$</b> 160,637,533.<br><b>H(a) Is this a group return</b> for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c) Group exemption number</b> |  |  |
| <b>I Tax-exempt status:</b> <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                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| <b>J Website:</b> WWW.MARYWASHINGTONHEALTHCARE.COM/                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>L Year of formation:</b> 1983                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>M State of legal domicile:</b> VA                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |

|                       |                                                                                                                                                             |            |     |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>Part I Summary</b> |                                                                                                                                                             |            |     |
| <b>1</b>              | Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE. |            |     |
| <b>2</b>              | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                     |            |     |
| <b>3</b>              | Number of voting members of the governing body (Part VI, line 1a)                                                                                           | <b>3</b>   | 13  |
| <b>4</b>              | Number of independent voting members of the governing body (Part VI, line 1b)                                                                               | <b>4</b>   | 11  |
| <b>5</b>              | Total number of individuals employed in calendar year 2025 (Part V, line 2a)                                                                                | <b>5</b>   | 550 |
| <b>6</b>              | Total number of volunteers (estimate if necessary)                                                                                                          | <b>6</b>   | 13  |
| <b>7a</b>             | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                        | <b>7a</b>  | 0.  |
| <b>7b</b>             | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                                      | <b>7b</b>  | 0.  |
| <b>8</b>              | Contributions and grants (Part VIII, line 1h)                                                                                                               | <b>8</b>   | 13  |
| <b>9</b>              | Program service revenue (Part VIII, line 2g)                                                                                                                | <b>9</b>   | 11  |
| <b>10</b>             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                               | <b>10</b>  | 550 |
| <b>11</b>             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                    | <b>11</b>  | 13  |
| <b>12</b>             | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                          | <b>12</b>  | 13  |
| <b>13</b>             | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                            | <b>13</b>  | 11  |
| <b>14</b>             | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                               | <b>14</b>  | 550 |
| <b>15</b>             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                           | <b>15</b>  | 13  |
| <b>16a</b>            | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                               | <b>16a</b> | 13  |
| <b>16b</b>            | Total fundraising expenses (Part IX, column (D), line 25)                                                                                                   | <b>16b</b> | 13  |
| <b>17</b>             | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                | <b>17</b>  | 13  |
| <b>18</b>             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                   | <b>18</b>  | 13  |
| <b>19</b>             | Revenue less expenses. Subtract line 18 from line 12                                                                                                        | <b>19</b>  | 13  |
| <b>20</b>             | Total assets (Part X, line 16)                                                                                                                              | <b>20</b>  | 13  |
| <b>21</b>             | Total liabilities (Part X, line 26)                                                                                                                         | <b>21</b>  | 13  |
| <b>22</b>             | Net assets or fund balances. Subtract line 21 from line 20                                                                                                  | <b>22</b>  | 13  |

|                                                                                                                                                                                                                                                                                                                       |                                                                             |                                             |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                                                             |                                             |                                                                              |
| 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. |                                                                             |                                             |                                                                              |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer<br>THOMAS MATHEWS, EVP AND CFO                         |                                             | Date                                                                         |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                         | Preparer's name<br>JENNIFER N. FRENCH, CPA                                  | Preparer's signature<br>JENNIFER N. FRENCH, | Date<br>10/16/26                                                             |
|                                                                                                                                                                                                                                                                                                                       | Firm's name<br>PBMARES, LLP                                                 | Firm's EIN<br>54-0737372                    | Check if self-employed <input checked="" type="checkbox"/> PTIN<br>P00659678 |
|                                                                                                                                                                                                                                                                                                                       | Firm's address<br>725 JACKSON STREET, SUITE 210<br>FREDERICKSBURG, VA 22401 | Phone no. 540-371-3566                      |                                                                              |

**Part III** Statement of Program Service AccomplishmentsCheck 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 THE PEOPLE IN THE COMMUNITIES WE SERVE. THROUGH OUR SUBSIDIARIES WE PROVIDE INPATIENT AND OUTPATIENT HOSPITAL SERVICES AND OTHER MEDICAL SERVICES.**

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **109,408,630.** including grants of \$ **324,514.** ) (Revenue \$ **103,010,532.** )

**AS THE PARENT CORPORATION OF THE MWHC AFFILIATED GROUP, MWHC PROVIDES STRATEGIC DIRECTION, MANAGEMENT AND CORPORATE SUPPORT SERVICES TO MEMBERS OF THE AFFILIATED GROUP.**

**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 **109,408,630.**

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes          | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions                                                                                                                                                                                                          | <b>2</b>     | X  |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                      | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                       | <b>4</b> X   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>                                                                                      | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>                                                    | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i>         | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                               | <b>10</b>    | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                                |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                       | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                  | <b>11b</b> X |    |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                  | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                     | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>                                                            | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    | <b>14a</b>   | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>                                                                                             | <b>17</b>    | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                           | <b>18</b>    | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     | <b>20b</b>   |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                            | <b>21</b> X  |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                                                                                        | <b>22</b>  | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                                                                                                                            | <b>23</b>  | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                                                                                                  | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  | <b>24d</b> |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                                                                                      | <b>25a</b> | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                               | <b>25b</b> | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                                       | <b>26</b>  | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                           |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              | <b>28a</b> | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                      | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                                                                                             | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                                                                                             | <b>33</b>  | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                                                                                         | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | <b>35a</b> | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                 | <b>35b</b> | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                         | <b>36</b>  | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                                                                                                    | <b>37</b>  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....                                                                                                                                                                                                                                                                          | <b>38</b>  | X  |

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|                                                                                                                                                                         | Yes       | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> | 351 |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> | 0   |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | X   |

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

|                                                                                                                                                                                                                                                      |               | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                              | <b>2a</b> 550 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              | <b>2b</b>     | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b>     | X   |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                 | <b>3b</b>     | X   |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>     |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |               |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>     |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | <b>5b</b>     |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           | <b>5c</b>     |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>     |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | <b>6b</b>     |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |               |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             | <b>7a</b>     |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | <b>7b</b>     |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | <b>7c</b>     |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           | <b>7d</b>     |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | <b>7e</b>     |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | <b>7f</b>     |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | <b>7g</b>     |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | <b>7h</b>     |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | <b>8</b>      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |               |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | <b>9a</b>     |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | <b>9b</b>     |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |               |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    | <b>10a</b>    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 | <b>10b</b>    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |               |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                   | <b>11a</b>    |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b>    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | <b>12a</b>    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                       | <b>12b</b>    |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |               |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            | <b>13a</b>    |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                   | <b>13b</b>    |     |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                        | <b>13c</b>    |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | <b>14a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                   | <b>14b</b>    |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>     | X   |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               | <b>16</b>     |     | X  |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.      | <b>17</b>     |     |    |

**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

☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                          | 1a | 1b | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 13 |    |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....                                                                                                                                                                                                                        |    | 11 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....                                                                                                                                     |    |    |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....                                                                                         |    |    |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....                                                                                                                                                                                          |    |    |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....                                                                                                                                                                                                |    |    |     | X  |
| <b>6</b> Did the organization have members or stockholders? .....                                                                                                                                                                                                                                                        |    |    |     | X  |
| <b>7a</b> 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  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....                                                                                                                                                 |    |    |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                               |    |    |     |    |
| <b>a</b> The governing body? .....                                                                                                                                                                                                                                                                                       |    |    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....                                                                                                                                                                                                                                     |    |    | X   |    |
| <b>9</b> 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.)

|                                                                                                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .....                                                                                                                                                                                                                         |     | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....                                                                   |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....                                                                                                                                                                | X   |    |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                      |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....                                                                                                                                                                                                    | X   |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....                                                                                                                                                          | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....                                                                                                                                           | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy? .....                                                                                                                                                                                                                                   | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? .....                                                                                                                                                                                                              | X   |    |
| <b>15</b> 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?                                                                              |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official .....                                                                                                                                                                                                                       | X   |    |
| <b>b</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.                                                                                                                                                                                                                          |     |    |
| <b>16a</b> 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  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed 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.  
☒ Own website    ☐ Another's website    ☒ 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  
**BRITTANY GRAY - 540-741-3461**  
**1340 CENTRAL PARK BLVD #100, FREDERICKSBURG, VA 22401-4940**

**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)<br>Name and title                                            | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) CHRISTOPHER NEWMAN, MD<br>PRESIDENT AND CEO                  | 40.00<br>2.00                                                                       | X                                                                                                            |                       | X       |              |                              |        | 1,817,531.                                                                    | 0.                                                                                 | 48,025.                                                                                       |
| (2) SEAN T. BARDEN BSBA, MBA<br>EVP & CFO (THRU 09/25)           | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 1,524,587.                                                                    | 0.                                                                                 | 33,286.                                                                                       |
| (3) MICHAEL P. MCDERMOTT, MD, MBA<br>PRESIDENT & CEO (THRU 3/25) | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 1,507,716.                                                                    | 0.                                                                                 | 10,249.                                                                                       |
| (4) REGGIE PEARSON<br>VICE PRESIDENT                             | 2.00<br>40.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 682,212.                                                                           | 23,891.                                                                                       |
| (5) JOANNE HUBER-STURANS<br>SVP & CHRO                           | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 607,319.                                                                      | 0.                                                                                 | 42,078.                                                                                       |
| (6) RENUKA GUPTA<br>VICE PRESIDENT & CQO                         | 2.00<br>40.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 588,617.                                                                           | 41,937.                                                                                       |
| (7) STEPHANIE GOLDBERG<br>VICE PRESIDENT                         | 2.00<br>40.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 607,720.                                                                           | 12,139.                                                                                       |
| (8) SUMMER HUGHES<br>EVP & COO                                   | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 599,752.                                                                      | 0.                                                                                 | 19,158.                                                                                       |
| (9) CATHLEEN YABLONSKI, BS, MS<br>SVP & CAO                      | 2.00<br>40.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 557,244.                                                                           | 39,446.                                                                                       |
| (10) TRAVIS TURNER<br>VICE PRESIDENT                             | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 523,003.                                                                      | 0.                                                                                 | 45,441.                                                                                       |
| (11) XAVIER RICHARDSON BA, MBA<br>SVP & CDO                      | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 533,022.                                                                      | 0.                                                                                 | 23,683.                                                                                       |
| (12) TONJA THIGPEN<br>SVP & CNO                                  | 2.00<br>40.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 529,166.                                                                           | 16,814.                                                                                       |
| (13) DANIEL WOODFORD<br>VICE PRESIDENT (THRU 3/24)               | 2.00<br>40.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 496,994.                                                                           | 44,331.                                                                                       |
| (14) LAUREN BLALOCK<br>VICE PRESIDENT                            | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 440,634.                                                                      | 0.                                                                                 | 48,039.                                                                                       |
| (15) CHETAN B. PAI, DO<br>VICE PRESIDENT                         | 2.00<br>40.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 454,925.                                                                           | 11,272.                                                                                       |
| (16) SANDRA BROWN, CPA<br>VICE PRESIDENT                         | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 429,359.                                                                      | 0.                                                                                 | 36,656.                                                                                       |
| (17) ERIC FLETCHER<br>SVP & CSO (THRU 7/25)                      | 40.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 434,299.                                                                      | 0.                                                                                 | 28,809.                                                                                       |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) CHRISTOPHER LEWIS<br>SVP & CMO                            | 40.00<br>2.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 427,874.                                                                      | 0.                                                                                 | 35,018.                                                                                       |
| (19) CODY BLANKENSHIP<br>VICE PRESIDENT                        | 2.00<br>40.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 0.                                                                            | 385,876.                                                                           | 43,435.                                                                                       |
| (20) M. MANDELL<br>VICE PRESIDENT (THRU 7/25)                  | 2.00<br>40.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 0.                                                                            | 396,294.                                                                           | 24,965.                                                                                       |
| (21) ALAN EDWARDS<br>VICE PRESIDENT                            | 40.00<br>2.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 368,012.                                                                      | 0.                                                                                 | 44,409.                                                                                       |
| (22) SARAH OGLE<br>VICE PRESIDENT (THRU 12/24)                 | 40.00<br>2.00                                                                       |                                                                                                           |                       |         |              |                              | X      | 365,571.                                                                      | 0.                                                                                 | 46,539.                                                                                       |
| (23) TINA ERVIN<br>VICE PRESIDENT                              | 40.00<br>2.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 367,489.                                                                      | 0.                                                                                 | 21,728.                                                                                       |
| (24) STEPHEN HUGHES<br>SVP & CTO                               | 40.00<br>2.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 342,216.                                                                      | 0.                                                                                 | 24,741.                                                                                       |
| (25) GEOFF LAWSON<br>VICE PRESIDENT (THRU 4/25)                | 40.00<br>2.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 344,889.                                                                      | 0.                                                                                 | 9,129.                                                                                        |
| (26) THOMAS MATHEWS<br>EVP & CFO                               | 40.00<br>2.00                                                                       |                                                                                                           |                       | X       |              |                              |        | 328,088.                                                                      | 0.                                                                                 | 16,680.                                                                                       |
| <b>1b Subtotal</b>                                             |                                                                                     |                                                                                                           |                       |         |              |                              |        | 10,961,361.                                                                   | 4,699,048.                                                                         | 791,898.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                           |                       |         |              |                              |        | 1,494,276.                                                                    | 602,254.                                                                           | 202,926.                                                                                      |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 12,455,637.                                                                   | 5,301,302.                                                                         | 994,824.                                                                                      |

**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

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- 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*
- 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*
- 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*

|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 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)<br>Name and business address                                                     | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------------------|--------------------------------|---------------------|
| ENSEMBLE HEALTH PARTNERS HOLDINGS LLC,<br>11511 REED HARTMAN HIGHWAY, CINCINNATI, OH | BILLING SERVICES               | 39,041,285.         |
| HANCOCK DANIEL JOHNSON & NAGLE PC<br>PO BOX 72050, RICHMOND, VA 23255                | LEGAL SERVICES                 | 2,343,761.          |
| THE COCHRAN FIRM DC PLLC, 1666 K STREET NW<br>SUITE 1150, WASHINGTON, DC 20006       | LEGAL SERVICES                 | 1,700,000.          |
| THE GREELEY COMPANY LLC<br>PO BOX 733715, DALLAS, TX 75373                           | CONSULTING SERVICES            | 860,409.            |
| BAKER TILLY US LLP<br>PO BOX 7398, MADISON, WI 53707                                 | AUDIT & CONSULTING SERVICES    | 542,099.            |

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2025)

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

| (A)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DR. MARY AILIS AIKEN, DO<br>BOARD TRUSTEE            | 2.00<br>40.00                                                                       |                                        |                       | X       |              |                              |        | 0.                                                                   | 331,402.                                                                  | 10,974.                                                                                       |
| (28) DALTON HASLAM<br>PHYSICIAN ADVISOR                   | 40.00                                                                               |                                        |                       |         | X            |                              |        | 251,295.                                                             | 0.                                                                        | 52,462.                                                                                       |
| (29) SCOTT SELL<br>VICE PRESIDENT (THRU 3/24)             | 2.00<br>40.00                                                                       |                                        |                       |         |              | X                            |        | 0.                                                                   | 270,852.                                                                  | 21,943.                                                                                       |
| (30) DAVID YI, MD<br>VICE PRESIDENT (THRU 5/24)           | 40.00<br>2.00                                                                       |                                        |                       |         |              | X                            |        | 224,951.                                                             | 0.                                                                        | 7,998.                                                                                        |
| (31) JADEN HYDE<br>ASSOCIATE VICE PRESIDENT               | 40.00                                                                               |                                        |                       |         | X            |                              |        | 179,431.                                                             | 0.                                                                        | 48,209.                                                                                       |
| (32) ANNE JERNIGAN<br>DIRECTOR                            | 40.00                                                                               |                                        |                       |         | X            |                              |        | 204,458.                                                             | 0.                                                                        | 19,866.                                                                                       |
| (33) KARIN HAYNES<br>DIRECTOR                             | 40.00                                                                               |                                        |                       |         | X            |                              |        | 203,433.                                                             | 0.                                                                        | 9,235.                                                                                        |
| (34) SHEILA SINCLAIR<br>DIRECTOR                          | 40.00                                                                               |                                        |                       |         | X            |                              |        | 189,522.                                                             | 0.                                                                        | 18,883.                                                                                       |
| (35) JIM GRIFFITH<br>SVP & SCO                            | 40.00<br>2.00                                                                       |                                        |                       | X       |              |                              |        | 179,762.                                                             | 0.                                                                        | 9,643.                                                                                        |
| (36) KENDRA GERLACH<br>VICE PRESIDENT                     | 40.00<br>2.00                                                                       |                                        |                       | X       |              |                              |        | 61,424.                                                              | 0.                                                                        | 3,713.                                                                                        |
| (37) BRUCE L. DAVIS, BA<br>BOARD CHAIR                    | 2.00<br>2.00                                                                        | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (38) CATHERINE M. WACK<br>BOARD VICE CHAIR                | 2.00<br>2.00                                                                        | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (39) DERMAINE A. LEWIS, BACC<br>BOARD SECRETARY/TREASURER | 2.00<br>2.00                                                                        | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (40) NICHOLAS J. CADWALLENDER<br>BOARD TRUSTEE            | 2.00<br>2.00                                                                        | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (41) MARGARET F. HARDY, RN, MBA, JD<br>BOARD TRUSTEE      | 2.00<br>2.00                                                                        | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (42) RICHMOND MCDANIEL, BS<br>BOARD TRUSTEE               | 2.00<br>2.00                                                                        | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (43) HOWARD C. OWEN, BA<br>BOARD TRUSTEE                  | 2.00<br>2.00                                                                        | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (44) AGOSTINO J. VISIINI, MD<br>BOARD TRUSTEE             | 2.00<br>2.00                                                                        | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (45) ALDA J. WHITE, BS, JD<br>BOARD TRUSTEE               | 2.00<br>2.00                                                                        | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (46) MARTIN WILDER, JR., ED.D.<br>BOARD TRUSTEE           | 2.00<br>2.00                                                                        | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| Total to Part VII, Section A, line 1c                     |                                                                                     |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

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

2025.04030 MARY WASHINGTON HEALTHCAR F8573-31

**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 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1 a</b>                                                                                                                     | Federated campaigns .....                                                          | <b>1a</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>b</b>                                                                                                                       | Membership dues .....                                                              | <b>1b</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                                                                                       | Fundraising events .....                                                           | <b>1c</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                                                                                       | Related organizations .....                                                        | <b>1d</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>e</b>                                                                                                                       | Government grants (contributions) .....                                            | <b>1e</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>f</b>                                                                                                                       | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>                                                                          | 165,162.      |                                    |                            |                                                    |
|                                                               | <b>g</b>                                                                                                                       | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>                                                                          | \$            |                                    |                            |                                                    |
|                                                               | <b>h</b>                                                                                                                       | <b>Total.</b> Add lines 1a-1f .....                                                |                                                                                    | 165,162.      |                                    |                            |                                                    |
| <b>Program Service Revenue</b>                                | <b>2 a</b>                                                                                                                     | MANAGEMENT SERVICES REVENUE                                                        | Business Code                                                                      | 561000        | 92,650,862.                        | 92650862.                  |                                                    |
|                                                               | <b>b</b>                                                                                                                       | MWHA PHYSICIAN PROGRAMS                                                            | 561000                                                                             | 5,621,217.    | 5,621,217.                         |                            |                                                    |
|                                                               | <b>c</b>                                                                                                                       | AFFILIATE CAPTIVE INSURANCE                                                        | 561000                                                                             | 3,977,608.    | 3,977,608.                         |                            |                                                    |
|                                                               | <b>d</b>                                                                                                                       | PHOTOCOPY INCOME                                                                   | 561000                                                                             | 230,960.      | 230,960.                           |                            |                                                    |
|                                                               | <b>e</b>                                                                                                                       | OTHER OPERATING INCOME                                                             | 561000                                                                             | 184,869.      | 184,869.                           |                            |                                                    |
|                                                               | <b>f</b>                                                                                                                       | All other program service revenue .....                                            | 561000                                                                             | 345,016.      | 345,016.                           |                            |                                                    |
|                                                               | <b>g</b>                                                                                                                       | <b>Total.</b> Add lines 2a-2f .....                                                |                                                                                    | 103010532.    |                                    |                            |                                                    |
|                                                               | <b>Other Revenue</b>                                                                                                           | <b>3</b>                                                                           | Investment income (including dividends, interest, and other similar amounts) ..... |               | 8,193,959.                         |                            |                                                    |
| <b>4</b>                                                      |                                                                                                                                | Income from investment of tax-exempt bond proceeds .....                           |                                                                                    |               |                                    |                            |                                                    |
| <b>5</b>                                                      |                                                                                                                                | Royalties .....                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>6 a</b>                                                    |                                                                                                                                | Gross rents .....                                                                  | (i) Real                                                                           | (ii) Personal |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    | 217,324.                                                                           |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    | <b>6a</b>                                                                          |               |                                    |                            |                                                    |
| <b>b</b>                                                      |                                                                                                                                | Less: rental expenses ...                                                          | <b>6b</b>                                                                          | 0.            |                                    |                            |                                                    |
| <b>c</b>                                                      |                                                                                                                                | Rental income or (loss)                                                            | <b>6c</b>                                                                          | 217,324.      |                                    |                            |                                                    |
| <b>d</b>                                                      |                                                                                                                                | Net rental income or (loss) .....                                                  |                                                                                    | 217,324.      |                                    |                            | 217,324.                                           |
| <b>7 a</b>                                                    |                                                                                                                                | Gross amount from sales of assets other than inventory .....                       | (i) Securities                                                                     | (ii) Other    |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    | 48,508,447.                                                                        |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    | <b>7a</b>                                                                          |               |                                    |                            |                                                    |
| <b>b</b>                                                      |                                                                                                                                | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>                                                                          | 50,022,672.   |                                    |                            |                                                    |
| <b>c</b>                                                      |                                                                                                                                | Gain or (loss) .....                                                               | <b>7c</b>                                                                          | -1,514,225.   |                                    |                            |                                                    |
| <b>d</b>                                                      | Net gain or (loss) .....                                                                                                       |                                                                                    | -1,514,225.                                                                        |               |                                    | -1514225.                  |                                                    |
| <b>8 a</b>                                                    | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                | <b>8b</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
| <b>c</b>                                                      | Net income or (loss) from fundraising events .....                                                                             |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>9 a</b>                                                    | Gross income from gaming activities. See Part IV, line 19 .....                                                                | <b>9a</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                | <b>9b</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
| <b>c</b>                                                      | Net income or (loss) from gaming activities .....                                                                              |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>10 a</b>                                                   | Gross sales of inventory, less returns and allowances .....                                                                    | <b>10a</b>                                                                         |                                                                                    |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                | <b>10b</b>                                                                         |                                                                                    |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                | <b>c</b>                                                                           | Net income or (loss) from sales of inventory .....                                 |               |                                    |                            |                                                    |
| <b>Miscellaneous Revenue</b>                                  | <b>11 a</b>                                                                                                                    | BOND DEFEASANCE INCOME                                                             | Business Code                                                                      | 900099        | 542,109.                           |                            | 542,109.                                           |
|                                                               | <b>b</b>                                                                                                                       |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                                                                                       |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                                                                                       | All other revenue .....                                                            |                                                                                    |               |                                    |                            |                                                    |
|                                                               | <b>e</b>                                                                                                                       | <b>Total.</b> Add lines 11a-11d .....                                              |                                                                                    | 542,109.      |                                    |                            |                                                    |
| <b>12</b>                                                     | <b>Total revenue.</b> See instructions .....                                                                                   |                                                                                    | 110614861.                                                                         | 103010532.    | 0.                                 | 7439167.                   |                                                    |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                    | 324,514.              | 324,514.                        |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                                                        |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                | 11,982,520.           | 11,728,490.                     | 189,324.                               | 64,706.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                            |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                | 36,496,042.           | 35,722,326.                     | 576,637.                               | 197,079.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      | 1,827,245.            | 1,788,508.                      | 28,870.                                | 9,867.                      |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                 | 3,607,180.            | 3,530,708.                      | 56,993.                                | 19,479.                     |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                          | 3,307,180.            | 3,237,068.                      | 52,253.                                | 17,859.                     |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                              | 601,628.              | 588,873.                        | 9,506.                                 | 3,249.                      |
| <b>b</b> Legal                                                                                                                                                                                                                                   | 1,370,763.            | 1,341,703.                      | 21,658.                                | 7,402.                      |
| <b>c</b> Accounting                                                                                                                                                                                                                              | 382,116.              | 374,016.                        | 6,037.                                 | 2,063.                      |
| <b>d</b> Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                                                              | 458,139.              | 448,426.                        | 7,239.                                 | 2,474.                      |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 16,018,038.           | 15,678,456.                     | 253,085.                               | 86,497.                     |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                              | 2,301,534.            | 2,252,742.                      | 36,364.                                | 12,428.                     |
| <b>13</b> Office expenses                                                                                                                                                                                                                        | 2,658,965.            | 2,602,595.                      | 42,012.                                | 14,358.                     |
| <b>14</b> Information technology                                                                                                                                                                                                                 | 16,227,461.           | 15,883,439.                     | 256,394.                               | 87,628.                     |
| <b>15</b> Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                              | 2,466,147.            | 2,413,865.                      | 38,965.                                | 13,317.                     |
| <b>17</b> Travel                                                                                                                                                                                                                                 | 1,003,703.            | 982,424.                        | 15,859.                                | 5,420.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>20</b> Interest                                                                                                                                                                                                                               | 73,731.               | 72,168.                         | 1,165.                                 | 398.                        |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                              | 6,501,647.            | 6,363,812.                      | 102,726.                               | 35,109.                     |
| <b>23</b> Insurance                                                                                                                                                                                                                              | 3,604,979.            | 3,528,553.                      | 56,959.                                | 19,467.                     |
| <b>24</b> 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.)                                    |                       |                                 |                                        |                             |
| <b>a</b> LICENSES & PERMITS                                                                                                                                                                                                                      | 378,175.              | 370,158.                        | 5,975.                                 | 2,042.                      |
| <b>b</b> REPAIRS & MAINTENANCE                                                                                                                                                                                                                   | 141,064.              | 138,073.                        | 2,229.                                 | 762.                        |
| <b>c</b> BAD DEBT EXPENSE                                                                                                                                                                                                                        | 38,516.               | 37,699.                         | 609.                                   | 208.                        |
| <b>d</b> COLLECTION COSTS                                                                                                                                                                                                                        | 14.                   | 14.                             |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 111,771,301.          | 109,408,630.                    | 1,760,859.                             | 601,812.                    |
| <b>26</b> 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)<br>Beginning of year |              | (B)<br>End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 80,949,738.              | <b>1</b>     | 75,695,045.        |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          | 6,351,243.               | <b>2</b>     | 5,284,974.         |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>     |                    |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 11,101,711.              | <b>4</b>     | 5,237,874.         |
|                                                                                  | <b>5</b> 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 ..... |                          | <b>5</b>     |                    |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>     |                    |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                          | <b>7</b>     |                    |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     | 1,568,014.               | <b>8</b>     | 1,743,910.         |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 12,023,698.              | <b>9</b>     | 14,495,721.        |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 154,064,292.  |              |                    |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 145,353,290.  |              |                    |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       | 265,091,846.             | <b>11</b>    | 334,216,042.       |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           | 352,372,622.             | <b>12</b>    | 512,419,210.       |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>    |                    |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>14</b>    |                    |
|                                                                                  | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             | 8,471,635.               | <b>15</b>    | 13,577,120.        |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 752,053,784.                                                                                                                                                                                                                   | <b>16</b>                | 971,380,898. |                    |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 47,569,017.              | <b>17</b>    | 43,812,425.        |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>    |                    |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                          | <b>19</b>    |                    |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>    |                    |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b>    |                    |
|                                                                                  | <b>22</b> 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 .....     |                          | <b>22</b>    |                    |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 | 75,161,214.              | <b>23</b>    | 223,813,214.       |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>    |                    |
|                                                                                  | <b>25</b> 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 .....                                          | 4,774,741.               | <b>25</b>    | 5,730,013.         |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                              | 127,504,972.             | <b>26</b>    | 273,355,652.       |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |              |                    |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 607,572,070.             | <b>27</b>    | 681,080,226.       |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             | 16,976,742.              | <b>28</b>    | 16,945,020.        |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |              |                    |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b>    |                    |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b>    |                    |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b>    |                    |
|                                                                                  | <b>32</b> <b>Total net assets or fund balances</b> .....                                                                                                                                                                       | 624,548,812.             | <b>32</b>    | 698,025,246.       |
|                                                                                  | <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....                                                                                                                                                          | 752,053,784.             | <b>33</b>    | 971,380,898.       |

Form 990 (2025)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                                |           |              |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 110,614,861. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 111,771,301. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -1,156,440.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 624,548,812. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 40,089,984.  |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |              |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 34,542,890.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 698,025,246. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                                 | No                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |                                     |                                     |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | <input checked="" type="checkbox"/> |                                     |
| <b>3a</b> 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? _____                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> |                                     |
| <b>b</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 _____                                                                                                                                                                                                       | <input checked="" type="checkbox"/> |                                     |

Form 990 (2025)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2025**

Open to Public  
Inspection

Name of the organization

MARY WASHINGTON HEALTHCARE

Employer identification number

54-1240646

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

2

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

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|------------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |            |                                                                               | Yes                                                         | No |                                                   |                                                 |
| MARY WASHINGTON HOSPITAL, INC.     | 54-0519577 | 3                                                                             | X                                                           |    | 0.                                                |                                                 |
| STAFFORD HOSPITAL, LLC             | 13-4316364 | 3                                                                             | X                                                           |    | 0.                                                |                                                 |
|                                    |            |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |            |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |            |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |            |                                                                               |                                                             |    | 0.                                                | 0.                                              |

**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) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                    |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                 |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                   |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                   |          |          |          |          |          |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |          |          |          |          | 12       |           |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | <b>14</b> | % |
| <b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | <b>15</b> | % |
| <b>16a 33 1/3% support test - 2025.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |           |   |
| <b>b 33 1/3% support test - 2024.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |           |   |
| <b>17a 10% -facts-and-circumstances test - 2025.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |   |
| <b>b 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                              |           |   |

Schedule A (Form 990) 2025

**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) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2024 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                              |           |   |
|--------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2024 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2025.** 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 - 2024.** 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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>                                                                                                                                                                                                                    | X   |    |
| <b>2</b> 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>                                                                                                                                                                                                                                                 |     | X  |
| <b>3a</b> 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>                                                                                                                                                                                                                                                                                                                                                                                       |     | X  |
| <b>b</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>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> 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>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> 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>                                                                                                                                                                                                                                                                                                                                    |     | X  |
| <b>b</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>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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>                                                                                                                                                                               |     |    |
| <b>5a</b> 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> |     | X  |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> 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>                                                              |     | X  |
| <b>7</b> 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>                                                                                                                                                                                                  |     | X  |
| <b>8</b> 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>                                                                                                                                                                                                                                                                                                                                                            |     | X  |
| <b>9a</b> 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>                                                                                                                                                                                                                                         |     | X  |
| <b>b</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>                                                                                                                                                                                                                                                                                                                              |     | X  |
| <b>c</b> 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>                                                                                                                                                                                                                                                                                                   |     | X  |
| <b>10a</b> 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>                                                                                                                                                                                                                                                  |     | X  |
| <b>b</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       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |          |
| <b>a</b> 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>X</b> |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     | <b>X</b> |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     | <b>X</b> |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? If "No," describe in <b>Part VI</b> 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. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental supported organization. Describe in <b>Part VI</b> how you supported a governmental supported organization (see instructions).                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                               |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <b>a</b> Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>b</b> Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>c</b> Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                             |  |  |  |
| <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> 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). |   |              |

Schedule A (Form 990) 2025

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

|                                                                                                                                                              |          | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b> |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b> |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b> |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b> |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b> |              |
| <b>6 Total annual distributions.</b> Add lines 1 through 5.                                                                                                  | <b>6</b> |              |
| <b>7</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>7</b> |              |
| <b>8</b> Distributable amount for 2025 from Section C, line 6                                                                                                | <b>8</b> |              |
| <b>9</b> Line 7 amount divided by line 8 amount                                                                                                              | <b>9</b> |              |

| <b>Section E - Distribution Allocations</b> (see instructions)                                                                                                                           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2025 | (iii)<br>Distributable<br>Amount for 2025 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2025 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2025                                                                                                                                 |                             |                                        |                                           |
| <b>a</b> From 2020                                                                                                                                                                       |                             |                                        |                                           |
| <b>b</b> From 2021                                                                                                                                                                       |                             |                                        |                                           |
| <b>c</b> From 2022                                                                                                                                                                       |                             |                                        |                                           |
| <b>d</b> From 2023                                                                                                                                                                       |                             |                                        |                                           |
| <b>e</b> From 2024                                                                                                                                                                       |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through 3e                                                                                                                                                    |                             |                                        |                                           |
| <b>g</b> Applied to under distributions of prior years                                                                                                                                   |                             |                                        |                                           |
| <b>h</b> Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b> Carryover from 2020 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b> Distributions for 2025 from Section D, line 6: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2026.</b> Add lines 3j and 4c.                                                                                                                    |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b> Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| <b>b</b> Excess from 2022                                                                                                                                                                |                             |                                        |                                           |
| <b>c</b> Excess from 2023                                                                                                                                                                |                             |                                        |                                           |
| <b>d</b> Excess from 2024                                                                                                                                                                |                             |                                        |                                           |
| <b>e</b> Excess from 2025                                                                                                                                                                |                             |                                        |                                           |

Schedule A (Form 990) 2025

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

PART IV, LINE 1

SUPPORTED ORGANIZATION, MARY WASHINGTON HOSPITAL, INC. IS LISTED BY  
NAME IN THE ORGANIZATION'S GOVERNING DOCUMENTS.

SUPPORTED ORGANIZATION, STAFFORD HOSPITAL, LLC IS LISTED BY NAME IN THE  
ORGANIZATION'S GOVERNING DOCUMENTS.

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2025**

**Open to Public  
Inspection**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**MARY WASHINGTON HEALTHCARE**

Employer identification number (EIN)

**54-1240646**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.

**2** Political campaign activity expenditures ..... \$ .....

**3** Volunteer hours for political campaign activities ..... ..

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ .....

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ .....

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

**4a** Was a correction made? ..... ☐ Yes ☐ No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ .....

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$ .....

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$ .....

**4** Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

**5** Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |

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

**Schedule C (Form 990) 2025** Created 7/1/25

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    | (a) Filing organization's totals        | (b) Affiliated group totals |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table> | IF the amount on line 1e, column (a) or (b), is:   | THEN the lobbying nontaxable amount is: | not over \$500,000          | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. |  |  |  |
| IF the amount on line 1e, column (a) or (b), is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THEN the lobbying nontaxable amount is:            |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20% of the amount on line 1e.                      |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$100,000 plus 15% of the excess over \$500,000.   |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$175,000 plus 10% of the excess over \$1,000,000. |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$225,000 plus 5% of the excess over \$1,500,000.  |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$1,000,000.                                       |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2022 | (b) 2023 | (c) 2024 | (d) 2025 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2025

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                         | (a) |    | (b)      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
|                                                                                                                                                                                                                                         | Yes | No | Amount   |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |          |
| <b>a</b> Volunteers?                                                                                                                                                                                                                    | X   |    |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                   | X   |    |          |
| <b>c</b> Media advertisements?                                                                                                                                                                                                          |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                               | X   |    |          |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                            |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                           |     | X  |          |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                    | X   |    | 120,000. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                      | X   |    |          |
| <b>i</b> Other activities?                                                                                                                                                                                                              | X   |    |          |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                 |     |    | 120,000. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?                                                                                                                                 |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                              |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                     |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                   |     |    |          |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                                        | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

|                                                                                                                                                                                                                                                      |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| <b>1</b> Dues, assessments, and similar amounts from members                                                                                                                                                                                         | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):                                                                                  |    |  |
| <b>a</b> Current year                                                                                                                                                                                                                                | 2a |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                    | 2b |  |
| <b>c</b> Total                                                                                                                                                                                                                                       | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                             | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions                                                                                                                                                                     | 5  |  |

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:****PART II-B**

LOBBYING EXPENDITURES INCLUDE BOTH DIRECT AND INDIRECT EXPENDITURES.

MWHC HAS A COST CODE SPECIFICALLY FOR LOBBYING EXPENDITURES. ALL AMOUNTS FROM THAT COST CODE ARE INCLUDED IN THIS SECTION. IN ADDITION, AN ALLOCABLE SHARE OF SALARIES OF THE ORGANIZATION'S ASSOCIATES ENGAGED IN THE ACTIVITY ARE ALSO INCLUDED. LOBBYING FOR MEDICAL SCHOOL WAS PAID \$120,000 IN 2025.

# 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](http://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

Employer identification number

54-1240646

### 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)

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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

**Part VI Land, Buildings, and Equipment**

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

| Description of property                                                                         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                         |                                      | 50,000.                         |                              | 50,000.        |
| b Buildings                                                                                     |                                      | 1,561,202.                      | 989,092.                     | 572,110.       |
| c Leasehold improvements                                                                        |                                      | 2,905,736.                      | 2,024,036.                   | 881,700.       |
| d Equipment                                                                                     |                                      | 143,354,009.                    | 139,087,331.                 | 4,266,678.     |
| e Other                                                                                         |                                      | 6,193,345.                      | 3,252,831.                   | 2,940,514.     |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). |                                      |                                 |                              | 8,711,002.     |

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

**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) INVEST-VHA, INC.                                                    | 200,000.       | COST                                                      |
| (B) INVEST IN SUB-MWH                                                   | 370,931,276.   | COST                                                      |
| (C) INVEST IN SUB-SHC                                                   | -3,536,780.    | COST                                                      |
| (D) INVEST IN SUB-MPI                                                   | 116,050,789.   | COST                                                      |
| (E) INVEST IN SUB-MSI                                                   | -6,955,218.    | COST                                                      |
| (F) INVEST IN SUB-REX                                                   | 12,133,848.    | COST                                                      |
| (G) INVEST IN MCS                                                       | 16,470,535.    | COST                                                      |
| (H) INVEST IN SUB-MWHP                                                  | 7,124,760.     | COST                                                      |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 512,419,210.   |                                                           |

**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)                                                                     |                |                                                           |
| <b>Total.</b> (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)                                                                       |                |
| <b>Total.</b> (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) IBNR                                                                  | 5,730,013.     |
| (3)                                                                       |                |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 5,730,013.     |

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 ... ☒

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

**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.

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

**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.

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

**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 X, LINE 2:**

MWHC WAS RECOGNIZED AS A PUBLIC CHARITY GENERALLY EXEMPT FROM FEDERAL INCOME TAXATION UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE PURSUANT TO A DETERMINATION LETTER ISSUED BY THE IRS IN MARCH 1992. MWHC IS ENTITLED TO RELY ON THIS DETERMINATION AS LONG AS THERE ARE NO SUBSTANTIAL CHANGES IN ITS CHARACTER, PURPOSES, OR METHODS OF OPERATION. MANAGEMENT HAS CONCLUDED THAT THERE HAVE BEEN NO SUCH CHANGES AND, THEREFORE, MWHC'S STATUS AS A PUBLIC CHARITY EXEMPT FROM FEDERAL INCOME TAXATION REMAINS IN EFFECT. THE STATE IN WHICH MWHC OPERATES ALSO PROVIDES GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXATION.

HOWEVER, MWHC IS SUBJECT TO BOTH FEDERAL AND STATE INCOME TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAXES, IS SEPARATELY DETERMINED. CERTAIN ENTITIES UNDER MWHC ARE TAXABLE ENTITIES.

MWHC HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES, OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED. FOR TAX PERIODS WITH RESPECT TO WHICH NO UNRELATED BUSINESS INCOME WAS RECOGNIZED, NO TAX RETURN WAS REQUIRED. TAX PERIODS FOR WHICH NO RETURN IS FILED REMAIN OPEN FOR EXAMINATION INDEFINITELY. GENERALLY, TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2022, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES. ALL REQUIRED TAX FILINGS HAVE BEEN FILED ON A TIMELY BASIS.

|                  |                                                    |
|------------------|----------------------------------------------------|
| <b>Part XIII</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|------------------|----------------------------------------------------|

[illegible]

**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](http://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**

**Employer identification number**  
**54-1240646**

**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.

| <b>1 (a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| WASHINGTON HERITAGE MUSEUMS<br>1300 CHARLES STREET<br>FREDERICKSBURG, VA 22401                 | 46-0803504     | 501(C)(3)                              | 42,167.                         | 0.                                      |                                                              |                                              | HISTORIC PRESERVATION                     |
| GERMANNA COMMUNITY COLLEGE<br>EDUCATIONAL FOUNDATION - PO BOX<br>1430 - LOCUST GROVE, VA 22508 | 54-1379348     | 501(C)(3)                              | 33,500.                         | 0.                                      |                                                              |                                              | GENERAL SUPPORT; EVENT SPONSORSHIP        |
| FREDERICKSBURG FREE PRESS, INC<br>401 PRINCESS ANNE ST, SUITE 100<br>FREDERICKSBURG, VA 22401  | 92-2461450     | 501(C)(3)                              | 33,333.                         | 0.                                      |                                                              |                                              | GENERAL SUPPORT; EVENT SPONSORSHIP        |
| VA HEALTH CARE FOUNDATION<br>707 EAST MAINE STREET, SUITE 1350<br>RICHMOND, VA 23219           | 54-1639924     | 501(C)(3)                              | 25,000.                         | 0.                                      |                                                              |                                              | GENERAL SUPPORT                           |
| FREDERICKSBURG REGIONAL CHAMBER OF<br>COMMERCE - PO BOX 7476 -<br>FREDERICKSBURG, VA 22404     | 54-0216400     | 501(C)(6)                              | 19,800.                         | 0.                                      |                                                              |                                              | GENERAL SUPPORT; EVENT SPONSORSHIP        |
| RAPPAHANNOCK UNITED WAY<br>3310 SHANNON PARK DR<br>FREDERICKSBURG, VA 22408                    | 54-6042936     | 501(C)(3)                              | 10,000.                         | 0.                                      |                                                              |                                              | ENRICHMENT                                |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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 |
|---------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FREDERICKSBURG VA MAIN STREET INC<br>904 PRINCESS ANNE ST #303B<br>FREDERICKSBURG, VA 22401 | 47-2044595 | 501(C)(3)                     | 10,000.                  | 0.                               |                                                       |                                        | GENERAL SUPPORT; EVENT SPONSORSHIP |
| VIRGINIA HOSPITAL AND HEALTHCARE ASSOCIATION - PO BOX 31394 -<br>RICHMOND, VA 23294         | 54-0701665 | 501(C)(6)                     | 10,000.                  | 0.                               |                                                       |                                        | GENERAL SUPPORT; EVENT SPONSORSHIP |
| GEORGE WASHINGTON REGIONAL COMMISSION - 406 PRINCESS ANNE STREET - FREDERICKSBURG, VA 22401 | 54-0715969 | GOVERNMENT                    | 10,000.                  | 0.                               |                                                       |                                        | GENERAL SUPPORT; SPONSORSHIP       |
| HARAMBEE 360 EXPERIMENTAL THEATRE INC - 10415 EDINBURGH DRIVE -<br>SPOTSYLVANIA, VA 22553   | 23-7424836 | 501(C)(3)                     | 7,500.                   | 0.                               |                                                       |                                        | EVENT SPONSORSHIP                  |
| FAIRY GODMOTHER PROJECT<br>600 LAFAYETTE BLVD STE 101<br>FREDERICKSBURG, VA 22401           | 45-4299835 | 501(C)(3)                     | 5,300.                   | 0.                               |                                                       |                                        | GENERAL SUPPORT; EVENT SPONSORSHIP |
|                                                                                             |            |                               |                          |                                  |                                                       |                                        |                                    |
|                                                                                             |            |                               |                          |                                  |                                                       |                                        |                                    |
|                                                                                             |            |                               |                          |                                  |                                                       |                                        |                                    |
|                                                                                             |            |                               |                          |                                  |                                                       |                                        |                                    |
|                                                                                             |            |                               |                          |                                  |                                                       |                                        |                                    |

### Part III

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

## Part IV

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

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](http://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

Employer identification number

54-1240646

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) CHRISTOPHER NEWMAN, MD<br>PRESIDENT AND CEO                  | (i)  | 1,211,029.                                                         | 424,332.                            | 182,170.                            | 10,500.                                        | 37,525.                 | 1,865,556.                      | 73,432.                                                               |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) SEAN T. BARDEN BSBA, MBA<br>EVP & CFO (THRU 09/25)           | (i)  | 553,967.                                                           | 337,196.                            | 633,424.                            | 10,500.                                        | 22,786.                 | 1,557,873.                      | 621,651.                                                              |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (3) MICHAEL P. MCDERMOTT, MD, MBA<br>PRESIDENT & CEO (THRU 3/25) | (i)  | 385,140.                                                           | 600,818.                            | 521,758.                            | 3,847.                                         | 6,402.                  | 1,517,965.                      | 465,171.                                                              |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (4) REGGIE PEARSON<br>VICE PRESIDENT                             | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                                  | (ii) | 517,802.                                                           | 126,000.                            | 38,410.                             | 10,500.                                        | 13,391.                 | 706,103.                        | 0.                                                                    |
| (5) JOANNE HUBER-STURANS<br>SVP & CHRO                           | (i)  | 468,597.                                                           | 115,501.                            | 23,221.                             | 10,500.                                        | 31,578.                 | 649,397.                        | 0.                                                                    |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (6) RENUKA GUPTA<br>VICE PRESIDENT & CQO                         | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                                  | (ii) | 490,306.                                                           | 93,873.                             | 4,438.                              | 10,500.                                        | 31,437.                 | 630,554.                        | 0.                                                                    |
| (7) STEPHANIE GOLDBERG<br>VICE PRESIDENT                         | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                                  | (ii) | 483,586.                                                           | 95,174.                             | 28,960.                             | 10,163.                                        | 1,976.                  | 619,859.                        | 0.                                                                    |
| (8) SUMMER HUGHES<br>EVP & COO                                   | (i)  | 496,892.                                                           | 65,813.                             | 37,047.                             | 5,898.                                         | 13,260.                 | 618,910.                        | 15,597.                                                               |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (9) CATHLEEN YABLONSKI, BS, MS<br>SVP & CAO                      | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                                  | (ii) | 396,314.                                                           | 95,921.                             | 65,009.                             | 9,423.                                         | 30,023.                 | 596,690.                        | 45,135.                                                               |
| (10) TRAVIS TURNER<br>VICE PRESIDENT                             | (i)  | 382,768.                                                           | 74,448.                             | 65,787.                             | 10,500.                                        | 34,941.                 | 568,444.                        | 59,377.                                                               |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (11) XAVIER RICHARDSON BA, MBA<br>SVP & CDO                      | (i)  | 345,059.                                                           | 88,299.                             | 99,664.                             | 10,500.                                        | 13,183.                 | 556,705.                        | 65,030.                                                               |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (12) TONJA THIGPEN<br>SVP & CNO                                  | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                                  | (ii) | 410,808.                                                           | 103,167.                            | 15,191.                             | 0.                                             | 16,814.                 | 545,980.                        | 0.                                                                    |
| (13) DANIEL WOODFORD<br>VICE PRESIDENT (THRU 3/24)               | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                                  | (ii) | 392,899.                                                           | 79,734.                             | 24,361.                             | 9,368.                                         | 34,963.                 | 541,325.                        | 22,393.                                                               |
| (14) LAUREN BLALOCK<br>VICE PRESIDENT                            | (i)  | 341,037.                                                           | 67,101.                             | 32,496.                             | 10,456.                                        | 37,583.                 | 488,673.                        | 26,164.                                                               |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (15) CHETAN B. PAI, DO<br>VICE PRESIDENT                         | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                                  | (ii) | 430,784.                                                           | 20,000.                             | 4,141.                              | 10,500.                                        | 772.                    | 466,197.                        | 0.                                                                    |
| (16) SANDRA BROWN, CPA<br>VICE PRESIDENT                         | (i)  | 332,782.                                                           | 64,812.                             | 31,765.                             | 9,445.                                         | 27,211.                 | 466,015.                        | 27,684.                                                               |
|                                                                  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |

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 |                                                |                         |                                 |                                                                       |
| (17) ERIC FLETCHER            | (i)  | 253,414.                                                           | 109,085.                            | 71,800.                             | 7,598.                                         | 21,211.                 | 463,108.                        | 67,504.                                                               |
| SVP & CSO (THRU 7/25)         | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (18) CHRISTOPHER LEWIS        | (i)  | 375,000.                                                           | 50,000.                             | 2,874.                              | 10,500.                                        | 24,518.                 | 462,892.                        | 0.                                                                    |
| SVP & CMO                     | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (19) CODY BLANKENSHIP         | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| VICE PRESIDENT                | (ii) | 294,291.                                                           | 59,409.                             | 32,176.                             | 8,698.                                         | 34,737.                 | 429,311.                        | 28,986.                                                               |
| (20) M. MANDELL               | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| VICE PRESIDENT (THRU 7/25)    | (ii) | 232,120.                                                           | 90,527.                             | 73,647.                             | 7,193.                                         | 17,772.                 | 421,259.                        | 63,682.                                                               |
| (21) ALAN EDWARDS             | (i)  | 280,009.                                                           | 57,426.                             | 30,577.                             | 7,876.                                         | 36,533.                 | 412,421.                        | 27,038.                                                               |
| VICE PRESIDENT                | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (22) SARAH OGLE               | (i)  | 293,446.                                                           | 60,575.                             | 11,550.                             | 8,898.                                         | 37,641.                 | 412,110.                        | 18,304.                                                               |
| VICE PRESIDENT (THRU 12/24)   | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (23) TINA ERVIN               | (i)  | 278,011.                                                           | 54,700.                             | 34,778.                             | 7,897.                                         | 13,831.                 | 389,217.                        | 29,039.                                                               |
| VICE PRESIDENT                | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (24) STEPHEN HUGHES           | (i)  | 316,980.                                                           | 0.                                  | 25,236.                             | 4,557.                                         | 20,184.                 | 366,957.                        | 0.                                                                    |
| SVP & CTO                     | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (25) GEOFF LAWSON             | (i)  | 125,646.                                                           | 111,368.                            | 107,875.                            | 3,899.                                         | 5,230.                  | 354,018.                        | 52,431.                                                               |
| VICE PRESIDENT (THRU 4/25)    | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (26) THOMAS MATHEWS           | (i)  | 277,121.                                                           | 50,000.                             | 967.                                | 0.                                             | 16,680.                 | 344,768.                        | 0.                                                                    |
| EVP & CFO                     | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (27) DR. MARY AILIS AIKEN, DO | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| BOARD TRUSTEE                 | (ii) | 254,883.                                                           | 7,875.                              | 68,644.                             | 8,122.                                         | 2,852.                  | 342,376.                        | 0.                                                                    |
| (28) DALTON HASLAM            | (i)  | 251,295.                                                           | 0.                                  | 0.                                  | 8,012.                                         | 44,450.                 | 303,757.                        | 0.                                                                    |
| PHYSICIAN ADVISOR             | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (29) SCOTT SELL               | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| VICE PRESIDENT (THRU 3/24)    | (ii) | 198,334.                                                           | 72,408.                             | 110.                                | 5,623.                                         | 16,320.                 | 292,795.                        | 0.                                                                    |
| (30) DAVID YI, MD             | (i)  | 0.                                                                 | 0.                                  | 224,951.                            | 6,719.                                         | 1,279.                  | 232,949.                        | 0.                                                                    |
| VICE PRESIDENT (THRU 5/24)    | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (31) JADEN HYDE               | (i)  | 179,431.                                                           | 0.                                  | 0.                                  | 5,449.                                         | 42,760.                 | 227,640.                        | 0.                                                                    |
| ASSOCIATE VICE PRESIDENT      | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (32) ANNE JERNIGAN            | (i)  | 192,244.                                                           | 12,214.                             | 0.                                  | 5,767.                                         | 14,099.                 | 224,324.                        | 0.                                                                    |
| DIRECTOR                      | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |

|                |                                                                                                                                             |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</b> 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.

[illegible]

**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:**

CHRISTOPHER NEWMAN RECEIVED A 457(F) DISTRIBUTION OF \$73,432  
SEAN BARDEN RECEIVED A 457(F) DISTRIBUTION OF \$621,651  
MIKE MCDERMOTT RECEIVED A 457(F) DISTRIBUTION OF \$465,171  
SUMMER HUGHES RECEIVED A 457(F) DISTRIBUTION OF \$15,597  
CATHY YABLONSKI RECEIVED A 457(F) DISTRIBUTION OF \$45,135  
XAVIER RICHARDSON RECEIVED A 457(F) DISTRIBUTION OF \$65,030  
TRAVIS TURNER RECEIVED A 457(F) DISTRIBUTION OF \$59,377  
DANIEL WOODFORD RECEIVED A 457(F) DISTRIBUTION OF \$22,393  
LAUREN BLALOCK RECEIVED A 457(F) DISTRIBUTION OF \$26,164  
ERIC FLETCHER RECEIVED A 457(F) DISTRIBUTION OF \$67,504  
SANDRA BROWN RECEIVED A 457(F) DISTRIBUTION OF \$27,684  
M. MANDELL RECEIVED A 457(F) DISTRIBUTION OF \$63,682  
CODY BLANKENSHIP RECEIVED A 457(F) DISTRIBUTION OF \$28,986  
ALAN EDWARDS RECEIVED A 457(F) DISTRIBUTION OF \$27,038  
TINA ERVIN RECEIVED A 457(F) DISTRIBUTION OF \$29,039  
SARAH OGLE RECEIVED A 457(F) DISTRIBUTION OF \$18,304  
GEOFF LAWSON RECEIVED A 457(F) DISTRIBUTION OF \$52,431

**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.

**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](http://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

Employer identification number

54-1240646

**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.MWHC.COM](http://WWW.MWHC.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 COMPLETE COMPENSATION FOR THE CEO AND EXECUTIVE LEADERSHIP. IN ORDER TO ENSURE COMPENSATION PAID IS SET AT FAIR MARKET VALUE, THE EXECUTIVE COMPENSATION COMMITTEE UTILIZES COMPENSATION SURVEY DATA AND FORM 990 INFORMATION FROM COMPARABLE HEALTH SYSTEMS AND THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT. SUCH INDEPENDENT THIRD PARTY DATA PROVIDES ASSURANCE THAT EXECUTIVE COMPENSATION IS COMMERCIALY REASONABLE AND AT A FAIR MARKET VALUE.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

**CONTRACT PERSONNEL:**

|                                 |            |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES        | 2,168,124. |
| MANAGEMENT AND GENERAL EXPENSES | 34,998.    |
| FUNDRAISING EXPENSES            | 11,961.    |
| TOTAL EXPENSES                  | 2,215,083. |

|                                                          |                            |                                |            |
|----------------------------------------------------------|----------------------------|--------------------------------|------------|
| Name of the organization                                 | MARY WASHINGTON HEALTHCARE | Employer identification number | 54-1240646 |
| <b>CONSULTING SERVICES:</b>                              |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 4,476,016.                     |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 72,253.                        |            |
| FUNDRAISING EXPENSES                                     |                            | 24,694.                        |            |
| TOTAL EXPENSES                                           |                            | 4,572,963.                     |            |
| <b>BILLING AND COLLECTION SERVICES:</b>                  |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 108,140.                       |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 1,746.                         |            |
| FUNDRAISING EXPENSES                                     |                            | 597.                           |            |
| TOTAL EXPENSES                                           |                            | 110,483.                       |            |
| <b>ASP SERVICES:</b>                                     |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 7,251,638.                     |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 117,058.                       |            |
| FUNDRAISING EXPENSES                                     |                            | 40,007.                        |            |
| TOTAL EXPENSES                                           |                            | 7,408,703.                     |            |
| <b>STORAGE SERVICES:</b>                                 |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 123,481.                       |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 1,993.                         |            |
| FUNDRAISING EXPENSES                                     |                            | 681.                           |            |
| TOTAL EXPENSES                                           |                            | 126,155.                       |            |
| <b>WASTE DISPOSAL SERVICES:</b>                          |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 15,563.                        |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 251.                           |            |
| FUNDRAISING EXPENSES                                     |                            | 86.                            |            |
| TOTAL EXPENSES                                           |                            | 15,900.                        |            |
| <b>MAINTENANCE CONTRACTS:</b>                            |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 742,109.                       |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 11,979.                        |            |
| FUNDRAISING EXPENSES                                     |                            | 4,094.                         |            |
| TOTAL EXPENSES                                           |                            | 758,182.                       |            |
| <b>PHYSICIAN SERVICES:</b>                               |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 676,711.                       |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 10,924.                        |            |
| FUNDRAISING EXPENSES                                     |                            | 3,733.                         |            |
| TOTAL EXPENSES                                           |                            | 691,368.                       |            |
| <b>MISCELLANEOUS SERVICES:</b>                           |                            |                                |            |
| PROGRAM SERVICE EXPENSES                                 |                            | 116,674.                       |            |
| MANAGEMENT AND GENERAL EXPENSES                          |                            | 1,883.                         |            |
| FUNDRAISING EXPENSES                                     |                            | 644.                           |            |
| TOTAL EXPENSES                                           |                            | 119,201.                       |            |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A   |                            | 16,018,038.                    |            |
| <b>FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:</b> |                            |                                |            |
| MINIMUM PENSION LIABILITY                                |                            | 6,398,187.                     |            |
| INCOME (LOSS) OF SUBSIDIARIES                            |                            | 38,978,380.                    |            |
| INCOME (LOSS) ATTRIBUTABLE TO NONCONTROLLING INTEREST    |                            | -10,833,677.                   |            |
| TOTAL TO FORM 990, PART XI, LINE 9                       |                            | 34,542,890.                    |            |
| <b>FORM 990, PART XII, LINE 2C</b>                       |                            |                                |            |

Name of the organization

MARY WASHINGTON HEALTHCARE

Employer identification number

54-1240646

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AUDITORS  
RESTS WITH THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES

## FORM 990, PART III, LINE 1 - ORG. MISSION

PROVISION OF HEALTH CARE. MARY WASHINGTON HEALTHCARE WAS ORGANIZED TO  
ACT AS THE PARENT CORPORATION IN THE MARY WASHINGTON HEALTHCARE  
AFFILIATED GROUP, AND TO ENGAGE IN SUCH ACTIVITIES FOR THE BENEFIT OF,  
TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSE OF MARY  
WASHINGTON HOSPITAL, STAFFORD HOSPITAL AND ITS AFFILIATED ORGANIZATIONS  
IN THE SYSTEM.

## FORM 990, SCHEDULE R

## ABBREVIATIONS:

MWHC - MARY WASHINGTON HEALTHCARE

MWAHA - MARY WASHINGTON HEALTH ALLIANCE

MPI - MEDICORP PROPERTIES, INC.

MWHC CLINICAL - MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.

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

MEDIDOCTORS HOLDING COMPANY IS NOW RENAMED MARY WASHINGTON HEALTHCARE  
SPECIALTY SERVICES, LLC

## UNRELATED BUSINESS INCOME

MWHC AS A PART OF ITS MISSION PROVIDES STRATEGIC PLANNING AND DIRECTION  
FOR ALL OF ITS AFFILIATES. IRS REGULATIONS TREAT MANAGEMENT FEES  
RECEIVED FROM TAXABLE SUBSIDIARIES AS UNRELATED BUSINESS INCOME. AS A  
RESULT, THE REVENUE REPORTED ON LINE 7A IS INCOME FROM TAXABLE  
SUBSIDIARIES FOR PROVISION OF MANAGEMENT FEES AND LOSS SUSTAINED IS A  
RESULT FROM ALLOCATIONS OF CORPORATE SERVICES PROVIDED IN EXCESS OF THE  
REVENUE RECEIVED. NO SUCH MANGEMENT FEES WERE RECEIVED IN 2025.

**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](http://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**Employer identification number  
**54-1240646****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                                              | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
| MWHC SIR, LLC - 45-2931630<br>1340 CENTRAL PARK BLVD, STE. 100<br>FREDERICKSBURG, VA 22401                          | MEDICAL MALPRACTICE<br>SELF-INSURANCE SYSTEM | VIRGINIA                                            | 3,999,285.          | 0.                        | MWHC                                |
| MARY WASHINGTON HEALTH ALLIANCE, LLC -<br>46-3055639, 1340 CENTRAL PARK BLVD, STE.<br>100, FREDERICKSBURG, VA 22401 | PHYSICIAN'S NETWORK                          | VIRGINIA                                            | 5,983,717.          | 11,093,376.               | MWHC                                |
|                                                                                                                     |                                              |                                                     |                     |                           |                                     |
|                                                                                                                     |                                              |                                                     |                     |                           |                                     |
|                                                                                                                     |                                              |                                                     |                     |                           |                                     |
|                                                                                                                     |                                              |                                                     |                     |                           |                                     |
|                                                                                                                     |                                              |                                                     |                     |                           |                                     |

**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)<br>Name, address, and EIN<br>of related organization                                                                 | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                                                                                          |                                      |                                                     |                               |                                                           |                                     | Yes                                                | No |
| STAFFORD HOSPITAL LLC - 13-4316364<br>1340 CENTRAL PARK BLVD, STE. 100<br>FREDERICKSBURG, VA 22401                       | HOSPITAL SERVICES                    | VIRGINIA                                            | 501(C)(3)                     | LINE 3                                                    | MWHC                                | X                                                  |    |
| MARY WASHINGTON HEALTHCARE PHYSICIANS -<br>26-2546097, 1340 CENTRAL PARK BLVD, STE.<br>100, FREDERICKSBURG, VA 22401     | PHYSICIAN SERVICES                   | VIRGINIA                                            | 501(C)(3)                     | LINE 12A, I                                               | MWHC CLINICAL<br>SERVICES           | X                                                  |    |
| MARY WASHINGTON HOSPITAL FOUNDATION, INC. -<br>52-1342371, 1340 CENTRAL PARK BLVD, STE.<br>100, FREDERICKSBURG, VA 22401 | INVESTMENT<br>MANAGEMENT/FUNDRAISING | VIRGINIA                                            | 501(C)(3)                     | LINE 12A, I                                               | MARY WASHINGTON<br>HOSPITAL INC.    | X                                                  |    |
| MARY WASHINGTON HOSPITAL INC. - 54-0519577<br>1340 CENTRAL PARK BLVD, STE. 100<br>FREDERICKSBURG, VA 22401               | HOSPITAL SERVICES                    | VIRGINIA                                            | 501(C)(3)                     | LINE 3                                                    | MWHC                                | X                                                  |    |

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

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

**SEE PART VII FOR CONTINUATIONS**

[illegible]

**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)<br>Name, address, and EIN<br>of related organization                                                             | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                      |                         |                                                              |                                     |                                                                                                   |                                 |                                          | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| COMMONWEALTH IMAGING, LLC -<br>05-0622704, 10401<br>SPOTSYLVANIA AVENUE, SUITE<br>200, FREDERICKSBURG, VA            | IMAGING                 | VA                                                           | MWHC SERVICES,<br>INC.              | RELATED                                                                                           | 42,598.                         | 46,408.                                  |                                         | X  | N/A                                                                     |                                           | X  | 33.33%                         |
| COWAN INVESTMENT PARTNERS,<br>LLC - 65-1294835, 6308 FIVE<br>MILE CENTRE PARK #215,<br>FREDERICKSBURG, VA 22407      | REAL ESTATE             | VA                                                           | MEDICORP<br>PROPERTIES,<br>INC.     | RELATED                                                                                           | 21,180.                         | 136,964.                                 |                                         | X  | N/A                                                                     |                                           | X  | 12.50%                         |
| FREDERICKSBURG AMBULATORY<br>SURGERY CENTER - 56-2322548,<br>1340 CENTRAL PARK BLVD, STE.<br>100, FREDERICKSBURG, VA | SURGERY CTR             | VA                                                           | MWHC CLINICAL<br>SERVICES INC.      | RELATED                                                                                           | 2,409,683.                      | 1,335,384.                               |                                         | X  | N/A                                                                     |                                           | X  | 64.00%                         |
| FREDERICKSBURG ENDOSCOPY<br>CENTER, LLC - 83-4398314, 569<br>BROOKWOOD VILLAGE,<br>BIRMINGHAM, AL 35209              | ENDOSCOPY               | VA                                                           | MWHC ENDOSCOPY<br>HOLDINGS, LLC     | RELATED                                                                                           | 1,858,233.                      | 1,400,762.                               |                                         | X  | N/A                                                                     |                                           | X  | 67.24%                         |

**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)<br>Name, address, and EIN<br>of related organization                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                | Yes                                                   | No |
| FREDERICKSBURG PROFESSIONAL RISK EXCHANGE -<br>33-1095356, 1340 CENTRAL PARK BLVD, STE.<br>100, FREDERICKSBURG, VA 22401 | CAPTIVE INSURANCE       | VA                                                        | MWHC                                | C CORP                                                 | 1,487,115.                      | 17,204,119.                              | 100%                           |                                                       | X  |
| MARY WASHINGTON HEALTHCARE SERVICES, INC. -<br>54-1244509, 1340 CENTRAL PARK BLVD, STE.<br>100, FREDERICKSBURG, VA 22401 | RETAIL MEDICAL          | VA                                                        | MWHC                                | C CORP                                                 | 1,547,629.                      | 709,933.                                 | 100%                           |                                                       | X  |
| MARY WASHINGTON HEALTH PLAN, INC. -<br>82-3693765, 1340 CENTRAL PARK BLVD, STE.<br>100, FREDERICKSBURG, VA 22401         | HEALTH MAINTENANCE      | VA                                                        | MWHC                                | C CORP                                                 | -345,449.                       | 8,992,369.                               | 100%                           |                                                       | X  |
| PINNACLE HEALTH CORPORATION - 31-1636492<br>1340 CENTRAL PARK BLVD, STE. 100<br>FREDERICKSBURG, VA 22401                 | HEALTH MANAGEMENT       | VA                                                        | MWHA                                | C CORP                                                 | -4,022.                         | 268,514.                                 | 100%                           |                                                       | X  |
|                                                                                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                                                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                                                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|                                                                                                                                                                                       | Yes       | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....                                                                        | <b>1a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                                                                                        | <b>1b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                                                                                                      | <b>1c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                                                                                             | <b>1d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                                                                                                    | <b>1e</b> | X  |
| <b>f</b> Dividends from related organization(s) .....                                                                                                                                 | <b>1f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) .....                                                                                                                              | <b>1g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) .....                                                                                                                        | <b>1h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) .....                                                                                                                        | <b>1i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                                                                                             | <b>1j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                                                                                           | <b>1k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                                                                         | <b>1l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                                                                          | <b>1m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                                                                          | <b>1n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                                                                                                 | <b>1o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                                                                                             | <b>1p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                                                                                             | <b>1q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                                                                                          | <b>1r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                                                                                        | <b>1s</b> | X  |
| <b>2</b> 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)<br>Name of related organization           | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) FREDERICKSBURG AMBULATORY SURGERY CENTER  | L                                | 923,362.               | CORP BOOKS/RECORDS                           |
| (2) FREDERICKSBURG PROFESSIONAL RISK EXCHANGE | L                                | 78,195.                | CORP BOOKS/RECORDS                           |
| (3) FREDERICKSBURG PROFESSIONAL RISK EXCHANGE | M                                | 343,648.               | CORP BOOKS/RECORDS                           |
| (4) MARY WASHINGTON EYE CARE CENTER           | L                                | 110,972.               | CORP BOOKS/RECORDS                           |
| (5) MARY WASHINGTON HOSPITAL                  | L                                | 67,999,964.            | CORP BOOKS/RECORDS                           |
| (6) MEDICAL IMAGING OF FREDERICKSBURG         | L                                | 1,050,072.             | CORP BOOKS/RECORDS                           |

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization          | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|--------------------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (7) MEDICORP PROPERTIES, INC.              | L                                | 1,667,488.             | CORP BOOKS/RECORDS                              |
| (8) MEDICORP PROPERTIES, INC.              | K                                | 2,024,856.             | CORP BOOKS/RECORDS                              |
| (9) MWH FOUNDATION                         | L                                | 607,705.               | CORP BOOKS/RECORDS                              |
| (10) SHC FOUNDATION                        | L                                | 145,192.               | CORP BOOKS/RECORDS                              |
| (11) STAFFORD HOSPITAL                     | L                                | 15,543,880.            | CORP BOOKS/RECORDS                              |
| MARY WASHINGTON HEALTHCARE CLINICAL        |                                  |                        |                                                 |
| (12) SERVICES, INC.                        | L                                | 1,123,494.             | CORP BOOKS/RECORDS                              |
| (13) MARY WASHINGTON HEALTHCARE PHYSICIANS | L                                | 2,780,043.             | CORP BOOKS/RECORDS                              |
| (14) MARY WASHINGTON URGENT CARE           | L                                | 276,239.               | CORP BOOKS/RECORDS                              |
| (15)                                       |                                  |                        |                                                 |
| (16)                                       |                                  |                        |                                                 |
| (17)                                       |                                  |                        |                                                 |
| (18)                                       |                                  |                        |                                                 |
| (19)                                       |                                  |                        |                                                 |
| (20)                                       |                                  |                        |                                                 |
| (21)                                       |                                  |                        |                                                 |
| (22)                                       |                                  |                        |                                                 |
| (23)                                       |                                  |                        |                                                 |
| (24)                                       |                                  |                        |                                                 |

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

[illegible]

**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:****NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.

EIN: 54-1552324

1340 CENTRAL PARK BLVD, STE. 100

FREDERICKSBURG, VA 22401

**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



Type and Entity: MANAGEMENT SERVICES POST-2017 NOL F  
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

|   | Year Originated |  | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|-----------------|--|---------------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|   |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| A | 2018            |  | 217,094.                  |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| B | 2019            |  | 40,576.                   |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| C | 2020            |  | 24,372.                   |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| D | 2021            |  | 245,537.                  |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| E | 2022            |  | 352,731.                  |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| F | 2023            |  | 425,691.                  |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| G |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| H |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| I |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| J |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| K |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| L |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| M |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| N |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| O |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| P |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| Q |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| R |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| S |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| T |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| U |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| V |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| W |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
|   | Detail Type     |  | Amount Used for           | Amount Used for   | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|   |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| A |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| B |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| C |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| D |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| E |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| F |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| G |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| H |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| I |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| J |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| K |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| L |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| M |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| N |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| O |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| P |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| Q |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| R |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| S |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| T |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| U |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| V |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |
| W |                 |  |                           |                   |                 |                 |                 |                 |                 |                 |                 |                 |

FEIN: 54-1240646

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Type and Entity: PRE-2018 NOL FED

## DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

| Year<br>Origin-<br>ated | Original<br>Carryover<br>Amount | Total<br>Amount<br>Used     | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ |
|-------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| A 2005                  | 303,205.                        |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| B 2006                  | 168,922.                        |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| C 2007                  | 724,374.                        |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| D 2008                  | 887,265.                        |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| E 2009                  | 1,181,395.                      |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| F 2010                  | 1,704,791.                      |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| G 2011                  | 1,794,426.                      |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| H 2012                  | 189,487.                        |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| I 2013                  | 113,895.                        |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| J 2014                  | 102,526.                        |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| K 2015                  | 89,157.                         |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| L 2016                  | 4,332.                          |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| M 2017                  | 47,807.                         |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| N                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| O                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| P                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| Q                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| R                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| S                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| T                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| U                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| V                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| W                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| Detail<br>Type          | E<br>S<br>B<br>C                | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ | Amount<br>Used for<br>_____ |
| A                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| B                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| C                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| D                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| E                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| F                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| G                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| H                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| I                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| J                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| K                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| L                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| M                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| N                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| O                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| P                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| Q                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| R                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| S                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| T                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| U                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| V                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
| W                       |                                 |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**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](http://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**

|                                                                                                           |                                                                                                                             |                                                               |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Type or Print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions.<br><br><b>MARY WASHINGTON HEALTHCARE</b>           | Taxpayer identification number (TIN)<br><br><b>54-1240646</b> |
|                                                                                                           | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>C/O PBMARES - 725 JACKSON ST, #210</b>         |                                                               |
|                                                                                                           | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>FREDERICKSBURG, VA 22401</b> |                                                               |

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 **BRITTANY GRAY - 1340 CENTRAL PARK BLVD #100 -  
FREDERICKSBURG, VA 22401-4940**

Telephone No. **540-741-3461**

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) \_\_\_\_\_. 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 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 **25** 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

|                                                                                                                                                                                               |           |    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</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. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0.</b> |

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

Form **8868** (Rev. 1-2025)

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**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](http://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**

|                                                                                            |                                                                                                                             |                                                           |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Type or Print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions.<br><b>MARY WASHINGTON HEALTHCARE</b>               | Taxpayer identification number (TIN)<br><b>54-1240646</b> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>C/O PBMARES - 725 JACKSON ST, #210</b>         |                                                           |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>FREDERICKSBURG, VA 22401</b> |                                                           |

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

| 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 **BRITTANY GRAY - 1340 CENTRAL PARK BLVD #100 -  
FREDERICKSBURG, VA 22401-4940**

Telephone No. **540-741-3461** 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) \_\_\_\_\_. 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 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 **25** 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

|                                                                                                                                                                                               |           |    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</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. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0.</b> |

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

Form **8868** (Rev. 1-2025)

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2025**Department of the Treasury  
Internal Revenue Service

For calendar year 2025 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                |  |  |                                 |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------|-------------------------------------------------------------------------|
| <b>A</b> <input type="checkbox"/> Check box if address changed.                                                                                                                                                                                                                                                     | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)                                                                                                                               |  |  |                                 | <b>D</b> Employer identification number                                 |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A                                    | MARY WASHINGTON HEALTHCARE<br>Number and street. If a P.O. box, see instructions.<br><b>1340 CENTRAL PARK BLVD.</b><br>City or town<br><b>FREDERICKSBURG</b><br>State or province<br><b>VA</b><br>Country<br><b>22401-4940</b> |  |  | Room or suite no.<br><b>100</b> | <b>54-1240646</b><br><b>E</b> Group exemption number (see instructions) |
| <b>C</b> Book value of all assets at end of year <b>971,380,898.</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |  |                                 | <b>F</b> <input type="checkbox"/> Check box if an amended return.       |
| <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity |                                                                                                                                                                                                                                |  |  |                                 |                                                                         |

|                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800                                                                        |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>                                                                                                                                      |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>1</b>                                                                                                                                                                                                         |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the name and identifying number of the parent corporation |
| <b>L</b> The books are in care of <b>BRITTANY GRAY</b> Telephone number <b>540-741-3461</b>                                                                                                                                                                                     |

**Part I Total Unrelated Business Taxable Income**

|                                                                                                                                          |           |               |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...              | <b>1</b>  | <b>0.</b>     |
| <b>2</b> Reserved for future use                                                                                                         | <b>2</b>  |               |
| <b>3</b> Add lines 1 and 2                                                                                                               | <b>3</b>  |               |
| <b>4</b> Charitable contributions (see instructions for limitation rules)                                                                | <b>4</b>  | <b>0.</b>     |
| <b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                                | <b>5</b>  |               |
| <b>6</b> Deduction for net operating loss. See instructions                                                                              | <b>6</b>  | <b>0.</b>     |
| <b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction.<br>Subtract line 6 from line 5 | <b>7</b>  |               |
| <b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions)                                                     | <b>8</b>  | <b>1,000.</b> |
| <b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions                                                                         | <b>9</b>  |               |
| <b>10</b> <b>Total deductions.</b> Add lines 8 and 9                                                                                     | <b>10</b> | <b>1,000.</b> |
| <b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero          | <b>11</b> | <b>0.</b>     |

**Part II Tax Computation**

|                                                                                                                                                                                                                                       |           |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21)                                                                                                                                         | <b>1</b>  | <b>0.</b> |
| <b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | <b>2</b>  |           |
| <b>3</b> <b>Proxy tax.</b> See instructions                                                                                                                                                                                           | <b>3</b>  |           |
| <b>4a</b> Amount from Form 4255, Part I, line 3, column (q)                                                                                                                                                                           | <b>4a</b> |           |
| <b>b</b> Other tax amounts. See instructions                                                                                                                                                                                          | <b>4b</b> |           |
| <b>5</b> Alternative minimum tax                                                                                                                                                                                                      | <b>5</b>  |           |
| <b>6</b> <b>Tax on noncompliant facility income.</b> See instructions                                                                                                                                                                 | <b>6</b>  |           |
| <b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies                                                                                                                                                        | <b>7</b>  | <b>0.</b> |

**Part III Tax and Payments**

|                                                                                                                                                                                |           |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                          | <b>1a</b> |           |
| <b>b</b> Other credits (see instructions)                                                                                                                                      | <b>1b</b> |           |
| <b>c</b> General business credit. Attach Form 3800 (see instructions)                                                                                                          | <b>1c</b> |           |
| <b>d</b> Credit for prior-year minimum tax (attach Form 8801 or 8827)                                                                                                          | <b>1d</b> |           |
| <b>e</b> <b>Total credits.</b> Add lines 1a through 1d                                                                                                                         | <b>1e</b> |           |
| <b>2</b> Subtract line 1e from Part II, line 7                                                                                                                                 | <b>2</b>  | <b>0.</b> |
| <b>3a</b> Amount from Form 4255, Part I, line 3, column (r) (see instructions)                                                                                                 | <b>3a</b> |           |
| <b>b</b> Amount due from Form 8611                                                                                                                                             | <b>3b</b> |           |
| <b>c</b> Amount due from Form 8697                                                                                                                                             | <b>3c</b> |           |
| <b>d</b> Amount due from Form 8866                                                                                                                                             | <b>3d</b> |           |
| <b>e</b> Other amounts due (see instructions)                                                                                                                                  | <b>3e</b> |           |
| <b>f</b> Total amounts due. Add lines 3a through 3e                                                                                                                            | <b>3f</b> | <b>0.</b> |
| <b>4</b> <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | <b>4</b>  | <b>0.</b> |

**Part III Tax and Payments** (continued)

|            |                                                                                                          |           |           |
|------------|----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>5 a</b> | Current net 965 tax liability paid from Form 965-A, Part II, column (k)                                  | <b>5a</b> | <b>0.</b> |
| <b>b</b>   | First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15     | <b>5b</b> |           |
| <b>6 a</b> | Payments: Preceding year's overpayment credited to the current year                                      | <b>6a</b> |           |
| <b>b</b>   | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | <b>6b</b> |           |
| <b>c</b>   | Tax deposited with Form 8868                                                                             | <b>6c</b> |           |
| <b>d</b>   | Foreign organizations: Tax paid or withheld at source (see instructions)                                 | <b>6d</b> |           |
| <b>e</b>   | Backup withholding (see instructions)                                                                    | <b>6e</b> |           |
| <b>f</b>   | Credit for small employer health insurance premiums (attach Form 8941)                                   | <b>6f</b> |           |
| <b>g</b>   | Elective payment election amount from Form 3800                                                          | <b>6g</b> |           |
| <b>h</b>   | Payment from Form 2439                                                                                   | <b>6h</b> |           |
| <b>i</b>   | Credit from Form 4136                                                                                    | <b>6i</b> |           |
| <b>j</b>   | Other (see instructions)                                                                                 | <b>6j</b> |           |
| <b>k</b>   | Section 1062 applicable net tax liability. Enter amount from 1062, line 14                               | <b>6k</b> |           |
| <b>7</b>   | <b>Total payments and section 1062 applicable net tax liability.</b> Add lines 6a through 6k             | <b>7</b>  |           |
| <b>8</b>   | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>        | <b>8</b>  |           |
| <b>9</b>   | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed         | <b>9</b>  |           |
| <b>10</b>  | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid  | <b>10</b> |           |
| <b>11</b>  | Enter the amount of line 10 you want: <b>Credited to 2026 estimated tax</b> <b>Refunded</b>              | <b>11</b> |           |

For Refunded amount, also complete and attach Form 8050. See instructions.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

|            |                                                                                                                                                                                                                                                                                                                                                                    |                                   |           |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| <b>1</b>   | At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | <b>Yes</b>                        | <b>No</b> |
| <b>2</b>   | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.                                                                                                                                                  |                                   | <b>X</b>  |
| <b>3</b>   | Enter the amount of tax-exempt interest received or accrued during the tax year \$                                                                                                                                                                                                                                                                                 |                                   |           |
| <b>4</b>   | Enter available pre-2018 NOL carryovers here \$ <b>7,311,582.</b> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.                                                                                                                              |                                   |           |
| <b>5</b>   | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.                                                                                                                                |                                   |           |
|            | Business Activity Code                                                                                                                                                                                                                                                                                                                                             | Available post-2017 NOL carryover |           |
|            | <b>561000</b>                                                                                                                                                                                                                                                                                                                                                      | \$ <b>1,306,001.</b>              |           |
|            |                                                                                                                                                                                                                                                                                                                                                                    | \$                                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                    | \$                                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                    | \$                                |           |
| <b>6 a</b> | Reserved for future use                                                                                                                                                                                                                                                                                                                                            |                                   |           |
| <b>b</b>   | Reserved for future use                                                                                                                                                                                                                                                                                                                                            |                                   |           |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                               |                                                                                                                                                                                                                                                                                                                        |                                |                     |                                                            |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|------------------------------------------------------------|
| <b>Sign Here</b>              | 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 taxpayer) is based on all information of which preparer has any knowledge. |                                |                     |                                                            |
|                               | Signature of officer                                                                                                                                                                                                                                                                                                   | Date                           | Title               |                                                            |
| <b>Paid Preparer Use Only</b> | Enter preparer's name                                                                                                                                                                                                                                                                                                  | Preparer's signature           | Date                | Check <input checked="" type="checkbox"/> if self-employed |
|                               | <b>JENNIFER N. FRENCH, CPA</b>                                                                                                                                                                                                                                                                                         | <b>JENNIFER N. FRENCH, CPA</b> | <b>10/16/26</b>     | PTIN <b>P00659678</b>                                      |
|                               | Firm's name                                                                                                                                                                                                                                                                                                            | Firm's EIN                     |                     |                                                            |
|                               | Firm's address                                                                                                                                                                                                                                                                                                         | Phone no.                      |                     |                                                            |
|                               | <b>PBMARES, LLP</b>                                                                                                                                                                                                                                                                                                    | <b>54-0737372</b>              | <b>540-371-3566</b> |                                                            |

Form **990-T** (2025)

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR                          | LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 12/31/05                          | 303,205.       | 0.                            | 303,205.          | 303,205.               |
| 12/31/06                          | 168,922.       | 0.                            | 168,922.          | 168,922.               |
| 12/31/07                          | 724,374.       | 0.                            | 724,374.          | 724,374.               |
| 12/31/08                          | 887,265.       | 0.                            | 887,265.          | 887,265.               |
| 12/31/09                          | 1,181,395.     | 0.                            | 1,181,395.        | 1,181,395.             |
| 12/31/10                          | 1,704,791.     | 0.                            | 1,704,791.        | 1,704,791.             |
| 12/31/11                          | 1,794,426.     | 0.                            | 1,794,426.        | 1,794,426.             |
| 12/31/12                          | 189,487.       | 0.                            | 189,487.          | 189,487.               |
| 12/31/13                          | 113,895.       | 0.                            | 113,895.          | 113,895.               |
| 12/31/14                          | 102,526.       | 0.                            | 102,526.          | 102,526.               |
| 12/31/15                          | 89,157.        | 0.                            | 89,157.           | 89,157.                |
| 12/31/16                          | 4,332.         | 0.                            | 4,332.            | 4,332.                 |
| 12/31/17                          | 47,807.        | 0.                            | 47,807.           | 47,807.                |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                               | 7,311,582.        | 7,311,582.             |

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2025**

Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                            |                                                              |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A</b> Name of the organization<br><b>MARY WASHINGTON HEALTHCARE</b>     | <b>B</b> Employer identification number<br><b>54-1240646</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>561000</b> | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business **MANAGEMENT SERVICES**

| <b>Part I</b> Unrelated Trade or Business Income                                                  |                  | (A) Income   | (B) Expenses | (C) Net |
|---------------------------------------------------------------------------------------------------|------------------|--------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales                                                                |                  |              |              |         |
| <b>b</b> Less returns and allowances                                                              | <b>c</b> Balance | <b>1c</b>    |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                    |                  | <b>2</b>     |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                               |                  | <b>3</b>     |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |                  | <b>4a</b>    |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                         |                  | <b>4b</b>    |              |         |
| <b>c</b> Capital loss deduction for trusts                                                        |                  | <b>4c</b>    |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)                  |                  | <b>5</b>     |              |         |
| <b>6</b> Rent income (Part IV)                                                                    |                  | <b>6</b>     |              |         |
| <b>7</b> Unrelated debt-financed income (Part V)                                                  |                  | <b>7</b>     |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)       |                  | <b>8</b>     |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)            |                  | <b>9</b>     |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII)                                            |                  | <b>10</b>    |              |         |
| <b>11</b> Advertising income (Part IX)                                                            |                  | <b>11</b>    |              |         |
| <b>12</b> Other income (see instructions; attach statement)                                       |                  | <b>12</b>    |              |         |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12                                                |                  | <b>13</b> 0. |              |         |

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|                                                                                                                            |           |           |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        | <b>1</b>  |           |
| <b>2</b> Salaries and wages                                                                                                | <b>2</b>  |           |
| <b>3</b> Repairs and maintenance                                                                                           | <b>3</b>  |           |
| <b>4</b> Bad debts                                                                                                         | <b>4</b>  |           |
| <b>5</b> Interest (attach statement). See instructions                                                                     | <b>5</b>  |           |
| <b>6</b> Taxes and licenses                                                                                                | <b>6</b>  |           |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | <b>7</b>  |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | <b>8a</b> | <b>8b</b> |
| <b>9</b> Depletion                                                                                                         | <b>9</b>  |           |
| <b>10</b> Contributions to deferred compensation plans                                                                     | <b>10</b> |           |
| <b>11</b> Employee benefit programs                                                                                        | <b>11</b> |           |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               | <b>12</b> |           |
| <b>13</b> Excess readership costs (Part IX)                                                                                | <b>13</b> |           |
| <b>14</b> Other deductions (attach statement)                                                                              | <b>14</b> |           |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14                                                                  | <b>15</b> | 0.        |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b> | 0.        |
| <b>17</b> Deduction for net operating loss. See instructions                                                               | <b>17</b> | 0.        |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          | <b>18</b> |           |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2025

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|   |                                                                                                                          |   |                                                          |
|---|--------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------|
| 1 | Inventory at beginning of year .....                                                                                     | 1 |                                                          |
| 2 | Purchases .....                                                                                                          | 2 |                                                          |
| 3 | Cost of labor .....                                                                                                      | 3 |                                                          |
| 4 | Additional section 263A costs (attach statement) .....                                                                   | 4 |                                                          |
| 5 | Other costs (attach statement) .....                                                                                     | 5 |                                                          |
| 6 | <b>Total.</b> Add lines 1 through 5 .....                                                                                | 6 |                                                          |
| 7 | Inventory at end of year .....                                                                                           | 7 |                                                          |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....                           | 8 |                                                          |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

|   |                                                                                                                                                 |    |   |   |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.                                |    |   |   |   |
| A | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| B | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| C | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| D | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| 2 | Rent received or accrued                                                                                                                        | A  | B | C | D |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |    |   |   |   |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |    |   |   |   |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....                                                     |    |   |   |   |
| 3 | Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                           | 0. |   |   |   |
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement) .....                                                       |    |   |   |   |
| 5 | <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....                                    | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

|    |                                                                                                                        |    |   |   |   |
|----|------------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 1  | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  |    |   |   |   |
| A  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| B  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| C  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| D  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| 2  | Gross income from or allocable to debt-financed property .....                                                         | A  | B | C | D |
| 3  | Deductions directly connected with or allocable to debt-financed property                                              |    |   |   |   |
| a  | Straight line depreciation (attach statement) .....                                                                    |    |   |   |   |
| b  | Other deductions (attach statement) .....                                                                              |    |   |   |   |
| c  | Total deductions (add lines 3a and 3b, columns A through D) .....                                                      |    |   |   |   |
| 4  | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                  |    |   |   |   |
| 5  | Average adjusted basis of or allocable to debt-financed property (attach statement) .....                              |    |   |   |   |
| 6  | Divide line 4 by line 5 .....                                                                                          | %  | % | % | % |
| 7  | Gross income reportable. Multiply line 2 by line 6 .....                                                               |    |   |   |   |
| 8  | <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....        | 0. |   |   |   |
| 9  | Allocable deductions. Multiply line 3c by line 6 .....                                                                 |    |   |   |   |
| 10 | <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... | 0. |   |   |   |
| 11 | <b>Total dividends - received deductions</b> included in line 10 .....                                                 | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization |  | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |                                                                                     | 6. Deductions directly connected with income in column 5 |
|------------------------------------|--|-----------------------------------|---------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                    |  |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income |                                                          |
| (1)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |
| (2)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |
| (3)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |
| (4)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |

  

| Nonexempt Controlled Organizations |                                                   |                                     |                                                                                      |                                                                     |
|------------------------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10          |
| (1)                                |                                                   |                                     |                                                                                      |                                                                     |
| (2)                                |                                                   |                                     |                                                                                      |                                                                     |
| (3)                                |                                                   |                                     |                                                                                      |                                                                     |
| (4)                                |                                                   |                                     |                                                                                      |                                                                     |
|                                    |                                                   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |
| <b>Totals</b>                      |                                                   |                                     | 0.                                                                                   | 0.                                                                  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                    | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------------|
| (1)                      |                                                                        |                                                     |                                  |                                                                        |
| (2)                      |                                                                        |                                                     |                                  |                                                                        |
| (3)                      |                                                                        |                                                     |                                  |                                                                        |
| (4)                      |                                                                        |                                                     |                                  |                                                                        |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
|                          |                                                                        | 0.                                                  |                                  | 0.                                                                     |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                |   |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Description of exploited activity: _____                                                                                                       |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income _____                                                                         | 5 |  |
| 6 | Expenses attributable to income entered on line 5 _____                                                                                        | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 |  |

Schedule A (Form 990-T) 2025

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income .....

| A | B | C | D |
|---|---|---|---|
|   |   |   |   |

a Add columns A through D. Enter here and on Part I, line 11, column (A) ..... 0.

3 Direct advertising costs by periodical .....

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

5 Readership costs .....

6 Circulation income .....

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 ..... 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|-------------------------------------------|----------------------------------------------------|
| (1)     |          | %                                         |                                                    |
| (2)     |          | %                                         |                                                    |
| (3)     |          | %                                         |                                                    |
| (4)     |          | %                                         |                                                    |

Total. Enter here and on Part II, line 1 ..... 0.

**Part XI Supplemental Information** (see instructions)

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990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 2

| TAX YEAR                          | LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 12/31/18                          | 217,094.       | 0.                            | 217,094.          | 217,094.               |
| 12/31/19                          | 40,576.        | 0.                            | 40,576.           | 40,576.                |
| 12/31/20                          | 24,372.        | 0.                            | 24,372.           | 24,372.                |
| 12/31/21                          | 245,537.       | 0.                            | 245,537.          | 245,537.               |
| 12/31/22                          | 352,731.       | 0.                            | 352,731.          | 352,731.               |
| 12/31/23                          | 425,691.       | 0.                            | 425,691.          | 425,691.               |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                               | 1,306,001.        | 1,306,001.             |

**Alternative Minimum Tax-Corporations**

OMB No. 1545-0123

Attach to your tax return.

Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2025**

Name of corporation

Employer identification number (EIN)

**MARY WASHINGTON HEALTHCARE**

**54-1240646**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ Yes ☒ No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).
- C** Has the corporation filing this form already determined it is an applicable corporation in current or prior years for purposes of the corporate alternative minimum tax (CAMT)? ☐ Yes ☒ No  
If "Yes," skip Part I and continue to Part II. If "No," complete Part I.

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)

|                                                                                                                                                                                                                                                                                           | (a)<br>First Preceding<br>Year Ended<br>12/31/2024 | (b)<br>Second Preceding<br>Year Ended<br>12/31/2023 | (c)<br>Third Preceding<br>Year Ended<br>12/31/2022 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):                                                                                                                                                                                                       |                                                    |                                                     |                                                    |
| <b>a</b> Consolidated net income or loss per the AFS of the corporation                                                                                                                                                                                                                   | <b>1a</b>                                          | -425,691.                                           | -352,731.                                          |
| <b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss)                                                                                                                                                                               | <b>1b</b>                                          |                                                     |                                                    |
| <b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)                                                                                                                                                                                     | <b>1c</b>                                          |                                                     |                                                    |
| <b>d</b> Adjustment for certain consolidating entries (see instructions)                                                                                                                                                                                                                  | <b>1d</b>                                          |                                                     |                                                    |
| <b>e</b> Specified additional net income or loss item B. Reserved for future use                                                                                                                                                                                                          | <b>1e</b>                                          |                                                     |                                                    |
| <b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d                                                                                                                                                                         | <b>1f</b>                                          | -425,691.                                           | -352,731.                                          |
| <b>2</b> Adjustments (see instructions):                                                                                                                                                                                                                                                  |                                                    |                                                     |                                                    |
| <b>a</b> Financial statements covering different tax years                                                                                                                                                                                                                                | <b>2a</b>                                          |                                                     |                                                    |
| <b>b</b> Corporations that are not included on the taxpayer's consolidated return                                                                                                                                                                                                         | <b>2b</b>                                          |                                                     |                                                    |
| <b>c</b> Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG) | <b>2c</b>                                          |                                                     |                                                    |
| <b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)                                                                                                                                  | <b>2d</b>                                          |                                                     |                                                    |
| <b>e</b> Certain taxes                                                                                                                                                                                                                                                                    | <b>2e</b>                                          |                                                     |                                                    |
| <b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)                                                                                                                                                                                                          | <b>2f</b>                                          |                                                     |                                                    |
| <b>g</b> Alaska native corporations                                                                                                                                                                                                                                                       | <b>2g</b>                                          |                                                     |                                                    |
| <b>h</b> Certain credits                                                                                                                                                                                                                                                                  | <b>2h</b>                                          |                                                     |                                                    |
| <b>i</b> Mortgage servicing income                                                                                                                                                                                                                                                        | <b>2i</b>                                          |                                                     |                                                    |
| <b>j</b> Tax-exempt entities (organizations subject to tax under section 511)                                                                                                                                                                                                             | <b>2j</b>                                          |                                                     |                                                    |
| <b>k</b> Depreciation                                                                                                                                                                                                                                                                     | <b>2k</b>                                          |                                                     |                                                    |
| <b>l</b> Qualified wireless spectrum                                                                                                                                                                                                                                                      | <b>2l</b>                                          |                                                     |                                                    |
| <b>m</b> Covered transactions                                                                                                                                                                                                                                                             | <b>2m</b>                                          |                                                     |                                                    |
| <b>n</b> Adjustments related to bankruptcy and insolvency                                                                                                                                                                                                                                 | <b>2n</b>                                          |                                                     |                                                    |
| <b>o</b> Certain insurance company adjustments                                                                                                                                                                                                                                            | <b>2o</b>                                          |                                                     |                                                    |
| <b>p</b> Adjustment P - Reserved for future use                                                                                                                                                                                                                                           | <b>2p</b>                                          |                                                     |                                                    |
| <b>q</b> Adjustment Q - Reserved for future use                                                                                                                                                                                                                                           | <b>2q</b>                                          |                                                     |                                                    |
| <b>r</b> Adjustment R - Reserved for future use                                                                                                                                                                                                                                           | <b>2r</b>                                          |                                                     |                                                    |
| <b>s</b> Adjustment S - Reserved for future use                                                                                                                                                                                                                                           | <b>2s</b>                                          |                                                     |                                                    |
| <b>z</b> Other                                                                                                                                                                                                                                                                            | <b>2z</b>                                          |                                                     |                                                    |
| <b>3</b> Specified adjustment. Reserved for future use                                                                                                                                                                                                                                    | <b>3</b>                                           |                                                     |                                                    |
| <b>4</b> Total adjustments. Combine lines 2a through 2z                                                                                                                                                                                                                                   | <b>4</b>                                           |                                                     |                                                    |
| <b>5</b> AFSI. Combine lines 1f and 4                                                                                                                                                                                                                                                     | <b>5</b>                                           | -425,691.                                           | -352,731.                                          |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2025) Created 3/27/25

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

|           |                                                                                                                                                                                                            |                                             |                                              |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| <b>6</b>  | AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 .....                                                                                                    | <b>6</b>                                    | -778,422.                                    |
| <b>7</b>  | 3-year average annual AFSI (see instructions) .....                                                                                                                                                        | <b>7</b>                                    | -259,474.                                    |
| <b>8</b>  | Is line 7 more than \$1 billion?<br><input type="checkbox"/> <b>Yes.</b> Continue to line 9.<br><input checked="" type="checkbox"/> <b>No.</b> STOP here and attach to your tax return.                    |                                             |                                              |
| <b>9</b>  | Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?<br><input type="checkbox"/> <b>Yes.</b> Continue to line 10.<br><input type="checkbox"/> <b>No.</b> Continue to Part II. |                                             |                                              |
|           |                                                                                                                                                                                                            | <b>(a)</b><br>First Preceding<br>Year Ended | <b>(b)</b><br>Second Preceding<br>Year Ended |
|           |                                                                                                                                                                                                            | <b>(c)</b><br>Third Preceding<br>Year Ended |                                              |
| <b>10</b> | AFSI for purposes of the \$100 million test before adjustments:                                                                                                                                            |                                             |                                              |
| <b>a</b>  | AFSI from line 5 .....                                                                                                                                                                                     | <b>10a</b>                                  |                                              |
| <b>b</b>  | Aggregation differences (see instructions) .....                                                                                                                                                           | <b>10b</b>                                  |                                              |
| <b>c</b>  | Total AFSI for purposes of the \$100 million test before adjustments.<br>Combine lines 10a and 10b .....                                                                                                   | <b>10c</b>                                  |                                              |
| <b>11</b> | Adjustments:                                                                                                                                                                                               |                                             |                                              |
| <b>a</b>  | Income not effectively connected to a U.S. trade or business .....                                                                                                                                         | <b>11a</b>                                  |                                              |
| <b>b</b>  | Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions) .....             | <b>11b</b>                                  |                                              |
| <b>c</b>  | Reserved for future use - Other adjustments 1 .....                                                                                                                                                        | <b>11c</b>                                  |                                              |
| <b>d</b>  | Reserved for future use - Other adjustments 2 .....                                                                                                                                                        | <b>11d</b>                                  |                                              |
| <b>12</b> | Total adjustments. Combine lines 11a and 11b .....                                                                                                                                                         | <b>12</b>                                   |                                              |
| <b>13</b> | Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....                                                                                                                          | <b>13</b>                                   |                                              |
| <b>14</b> | AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....                                                                                                   | <b>14</b>                                   |                                              |
| <b>15</b> | 3-year average annual AFSI for purposes of the \$100 million test .....                                                                                                                                    | <b>15</b>                                   |                                              |
| <b>16</b> | Is line 15 \$100 million or more?<br><input type="checkbox"/> <b>Yes.</b> Continue to Part II.<br><input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return.                                |                                             |                                              |

Form **4626** (2025)

**Part II Corporate Alternative Minimum Tax (CAMT)**

|                                                                                                                                                                                                                    |           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> Net income or loss per AFS (see instructions):                                                                                                                                                            |           |    |
| <b>a</b> Consolidated net income or loss per the AFS of the corporation .....                                                                                                                                      | <b>1a</b> | 0. |
| <b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....                                                                                                  | <b>1b</b> |    |
| <b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....                                                                                                        | <b>1c</b> |    |
| <b>d</b> Adjustment for certain consolidating entries (see instructions) .....                                                                                                                                     | <b>1d</b> |    |
| <b>e</b> Specified additional net income or loss item D. Reserved for future use .....                                                                                                                             | <b>1e</b> |    |
| <b>f</b> AFS net income or loss before adjustments. Combine lines 1a through 1d .....                                                                                                                              | <b>1f</b> |    |
| <b>2</b> Adjustments (see instructions):                                                                                                                                                                           |           |    |
| <b>a</b> Financial statements covering different tax years .....                                                                                                                                                   | <b>2a</b> |    |
| <b>b</b> Reserved for future use - Adjustment 2b .....                                                                                                                                                             | <b>2b</b> |    |
| <b>c</b> Corporations that are not included on the taxpayers - consolidated return (see instructions) .....                                                                                                        | <b>2c</b> |    |
| <b>d</b> The corporation's distributive share of adjusted financial statement income of partnerships .....                                                                                                         | <b>2d</b> |    |
| <b>e</b> Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 .....                                        | <b>2e</b> |    |
| <b>f</b> Amounts that are not effectively connected to a U.S. trade or business .....                                                                                                                              | <b>2f</b> |    |
| <b>g</b> Certain taxes. Enter the amount from Part III, line 7 .....                                                                                                                                               | <b>2g</b> |    |
| <b>h</b> Patronage dividends and per-unit retain allocations (cooperatives only) .....                                                                                                                             | <b>2h</b> |    |
| <b>i</b> Alaska native corporations .....                                                                                                                                                                          | <b>2i</b> |    |
| <b>j</b> Certain credits .....                                                                                                                                                                                     | <b>2j</b> |    |
| <b>k</b> Mortgage servicing income .....                                                                                                                                                                           | <b>2k</b> |    |
| <b>l</b> Covered benefit plans described in section 56A(c)(11)(B) .....                                                                                                                                            | <b>2l</b> |    |
| <b>m</b> Tax-exempt entities (organizations subject to tax under section 511) .....                                                                                                                                | <b>2m</b> |    |
| <b>n</b> Depreciation .....                                                                                                                                                                                        | <b>2n</b> |    |
| <b>o</b> Qualified wireless spectrum .....                                                                                                                                                                         | <b>2o</b> |    |
| <b>p</b> Covered transactions .....                                                                                                                                                                                | <b>2p</b> |    |
| <b>q</b> Adjustments related to bankruptcy and insolvency .....                                                                                                                                                    | <b>2q</b> |    |
| <b>r</b> Certain insurance company adjustments .....                                                                                                                                                               | <b>2r</b> |    |
| <b>s</b> AFSI adjustment S - Reserved for future use .....                                                                                                                                                         | <b>2s</b> |    |
| <b>t</b> AFSI adjustment T - Reserved for future use .....                                                                                                                                                         | <b>2t</b> |    |
| <b>u</b> AFSI adjustment U - Reserved for future use .....                                                                                                                                                         | <b>2u</b> |    |
| <b>z</b> Other .....                                                                                                                                                                                               | <b>2z</b> |    |
| <b>3</b> Total adjustments. Combine lines 2a through 2z .....                                                                                                                                                      | <b>3</b>  |    |
| <b>4</b> AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....                                                                                                                | <b>4</b>  | 0. |
| <b>5</b> Financial statement net operating loss (FSNOL) (see instructions) .....                                                                                                                                   | <b>5</b>  |    |
| <b>6</b> AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....                                                                                                                                       | <b>6</b>  |    |
| <b>7</b> Multiply line 6 by 15% (0.15) .....                                                                                                                                                                       | <b>7</b>  |    |
| <b>8</b> Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....                                                                            | <b>8</b>  |    |
| <b>9</b> Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....                                                                                                                      | <b>9</b>  |    |
| <b>10</b> Regular tax liability (see instructions) .....                                                                                                                                                           | <b>10</b> |    |
| <b>11</b> Base erosion minimum tax (see instructions) .....                                                                                                                                                        | <b>11</b> |    |
| <b>12</b> Combine lines 10 and 11 .....                                                                                                                                                                            | <b>12</b> |    |
| <b>13</b> Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return ..... | <b>13</b> |    |

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

|                                                                                      |           |  |
|--------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Current income tax provision - Foreign .....                                | <b>1</b>  |  |
| <b>2</b> Current income tax provision - Federal .....                                | <b>2</b>  |  |
| <b>3</b> Deferred income tax provision - Foreign .....                               | <b>3</b>  |  |
| <b>4</b> Deferred income tax provision - Federal .....                               | <b>4</b>  |  |
| <b>5</b> Income taxes included in equity method investment income .....              | <b>5</b>  |  |
| <b>6a</b> Adjustment A - Reserved for future use .....                               | <b>6a</b> |  |
| <b>b</b> Adjustment B - Reserved for future use .....                                | <b>6b</b> |  |
| <b>c</b> Adjustment C - Reserved for future use .....                                | <b>6c</b> |  |
| <b>d</b> Adjustment D - Reserved for future use .....                                | <b>6d</b> |  |
| <b>e</b> Adjustment E - Reserved for future use .....                                | <b>6e</b> |  |
| <b>f</b> Adjustment F - Reserved for future use .....                                | <b>6f</b> |  |
| <b>g</b> Adjustment G - Reserved for future use .....                                | <b>6g</b> |  |
| <b>h</b> Adjustment H - Reserved for future use .....                                | <b>6h</b> |  |
| <b>z</b> Income taxes in other places .....                                          | <b>6z</b> |  |
| <b>7</b> Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g ..... | <b>7</b>  |  |

**Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit****Section I - CAMT Foreign Tax Credit**

|          |                                                                                                                                                                                       |           |           |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Domestic corporation CAMT foreign income taxes:                                                                                                                                       |           |           |  |
| <b>a</b> | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....                                                                                   | <b>1a</b> |           |  |
| <b>b</b> | Adjustment .....                                                                                                                                                                      | <b>1b</b> |           |  |
| <b>c</b> | Adjustment .....                                                                                                                                                                      | <b>1c</b> |           |  |
| <b>d</b> | Adjustment .....                                                                                                                                                                      | <b>1d</b> |           |  |
| <b>e</b> | Adjustment .....                                                                                                                                                                      | <b>1e</b> |           |  |
| <b>f</b> | Adjustment .....                                                                                                                                                                      | <b>1f</b> |           |  |
| <b>g</b> | Adjustment .....                                                                                                                                                                      | <b>1g</b> |           |  |
| <b>2</b> | Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....                                                                                                |           | <b>2</b>  |  |
| <b>3</b> | Allowable CFC CAMT foreign income taxes:                                                                                                                                              |           |           |  |
| <b>a</b> | Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n) .....                                                                                   | <b>3a</b> |           |  |
| <b>b</b> | Other .....                                                                                                                                                                           | <b>3b</b> |           |  |
| <b>c</b> | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....                                                                                             | <b>3c</b> |           |  |
| <b>d</b> | Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c .....                                                                                                                   |           | <b>3d</b> |  |
| <b>e</b> | Percentage specified in section 55(b)(2)(A)(i) .....                                                                                                                                  | <b>3e</b> | 15%       |  |
| <b>f</b> | Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions) ..... | <b>3f</b> |           |  |
| <b>g</b> | CFC CAMT FTC limitation (multiply line 3e by line 3f) .....                                                                                                                           |           | <b>3g</b> |  |
| <b>h</b> | Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g) .....                                                                                                          |           | <b>3h</b> |  |
| <b>4</b> | CAMT FTC Line 4 - Reserved for future use .....                                                                                                                                       |           | <b>4</b>  |  |
| <b>5</b> | CAMT FTC Line 5 - Reserved for future use .....                                                                                                                                       |           | <b>5</b>  |  |
| <b>6</b> | Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8 .....                                                                                   |           | <b>6</b>  |  |

Form **4626** (2025)

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**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](http://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**

|                                                                                            |                                                                                                                             |                                                           |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Type or Print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions.<br><b>MARY WASHINGTON HEALTHCARE</b>               | Taxpayer identification number (TIN)<br><b>54-1240646</b> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>C/O PBMARES - 725 JACKSON ST, #210</b>         |                                                           |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>FREDERICKSBURG, VA 22401</b> |                                                           |

Enter the Return Code for the return that this application is for (file a separate application for each return) **09**

| 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 **BRITTANY GRAY - 1340 CENTRAL PARK BLVD #100 -  
FREDERICKSBURG, VA 22401-4940**

Telephone No. **540-741-3461** 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) \_\_\_\_\_. 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 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 **25** 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

|                                                                                                                                                                                               |           |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ <b>358,278.</b> |
| <b>b</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. | <b>3b</b> | \$ <b>0.</b>       |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ <b>358,278.</b> |

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

Form **8868** (Rev. 1-2025)

Form 8879-TE

IRS E-file Signature Authorization  
for a Tax-Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2025, or fiscal year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_, 20\_\_\_\_

2025

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

MARY WASHINGTON HEALTHCARE

EIN or SSN

54-1240646

Name and title of officer or person subject to tax  
THOMAS MATHEWS  
EVP AND CFO**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|                             |                                     |                                                                        |     |          |
|-----------------------------|-------------------------------------|------------------------------------------------------------------------|-----|----------|
| 1a Form 990 check here      | <input type="checkbox"/>            | b Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | 1b  |          |
| 2a Form 990-EZ check here   | <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9)                          | 2b  |          |
| 3a Form 1120-POL check here | <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22)                                   | 3b  |          |
| 4a Form 990-PF check here   | <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part V, line 5)         | 4b  |          |
| 5a Form 8868 check here     | <input type="checkbox"/>            | b Balance due (Form 8868, line 3c)                                     | 5b  |          |
| 6a Form 990-T check here    | <input type="checkbox"/>            | b Total tax (Form 990-T, Part III, line 4)                             | 6b  |          |
| 7a Form 4720 check here     | <input checked="" type="checkbox"/> | b Total tax (Form 4720, Part III, line 1)                              | 7b  | 358,278. |
| 8a Form 5227 check here     | <input type="checkbox"/>            | b FMV of assets at end of tax year (Form 5227, Item D)                 | 8b  |          |
| 9a Form 5330 check here     | <input type="checkbox"/>            | b Tax due (Form 5330, Part II, line 19)                                | 9b  |          |
| 10a Form 8038-CP check here | <input type="checkbox"/>            | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |          |

**Part II** Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize PBMARES LLP to enter my PIN 39256  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54563623456

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PBMARES LLPDate 10/16/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2025) Created 5/1/25

Form

**4720**Department of the Treasury  
Internal Revenue Service**Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code**(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944,  
4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

OMB No. 1545-0047

**2025**

For calendar year 2025 or other tax year beginning , 2025, and ending

Name of organization, entity, or person subject to tax

EIN or SSN

54-1240646

☐ Amended return**MARY WASHINGTON HEALTHCARE**

Number and street (or P.O. box if mail is not delivered to street address)

**1340 CENTRAL PARK BLVD.**

Room or suite no.

**100**

Check box for type of annual return:

☒ Form 990 ☐ Form 990-EZ☐ Form 990-PF ☐ Other☐ Form 5227

City or town

**FREDERICKSBURG**

State or province

**VA**

Country

ZIP or foreign postal code

**22401-4940**

| Yes | No       |
|-----|----------|
|     | <b>X</b> |
|     |          |
|     | <b>X</b> |

**A** Is the organization a foreign organization described in section 4948(b)?

Show conversion rate to U.S. dollars. See instructions

**B** Entity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to

more than one organization in the current tax year? See instructions

If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

|    |                                                                                              |    |          |
|----|----------------------------------------------------------------------------------------------|----|----------|
| 1  | Tax on undistributed income - Schedule B, line 4                                             | 1  |          |
| 2  | Tax on excess business holdings - Schedule C, line 7                                         | 2  |          |
| 3  | Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)       | 3  |          |
| 4  | Tax on taxable expenditures - Schedule E, Part I, column (h)                                 | 4  |          |
| 5  | Tax on political expenditures - Schedule F, Part I, column (f)                               | 5  |          |
| 6  | Tax on excess lobbying expenditures - Schedule G, line 4                                     | 6  |          |
| 7  | Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)                  | 7  |          |
| 8  | Tax on premiums paid on personal benefit contracts                                           | 8  |          |
| 9  | Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) | 9  |          |
| 10 | Tax on taxable distributions - Schedule K, Part I, column (f)                                | 10 |          |
| 11 | Tax on a charitable remainder trust's unrelated business taxable income. Attach statement    | 11 |          |
| 12 | Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2   | 12 |          |
| 13 | Tax on excess executive compensation - Schedule N                                            | 13 | 358,278. |
| 14 | Tax on net investment income of private colleges and universities - Schedule O               | 14 |          |
| 15 | <b>Total</b> (add lines 1 - 14)                                                              | 15 | 358,278. |

**Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person**

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code

Employer identification number

|    |                                                                                                |    |  |
|----|------------------------------------------------------------------------------------------------|----|--|
| 1  | Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)                | 1  |  |
| 2  | Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)       | 2  |  |
| 3  | Tax on taxable expenditures - Schedule E, Part II, column (d)                                  | 3  |  |
| 4  | Tax on political expenditures - Schedule F, Part II, column (d)                                | 4  |  |
| 5  | Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)                   | 5  |  |
| 6  | Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d) | 6  |  |
| 7  | Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)  | 7  |  |
| 8  | Tax on taxable distributions - Schedule K, Part II, column (d)                                 | 8  |  |
| 9  | Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)         | 9  |  |
| 10 | <b>Total</b> - Add lines 1 through 9                                                           | 10 |  |

**Part III Tax Payments**

|   |                                                                                                                                                     |   |          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 | Total tax (Part I, line 15 or Part II, line 10)                                                                                                     | 1 | 358,278. |
| 2 | Total payments including amount paid with Form 8868 (see instructions)                                                                              | 2 | 358,278. |
| 3 | <b>Tax due.</b> If line 1 is larger than line 2, enter amount owed (see instructions)                                                               | 3 | 0.       |
| 4 | <b>Overpayment.</b> If line 1 is smaller than line 2, enter the difference. This is your refund.<br>Complete and attach Form 8050. See instructions | 4 |          |

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

Form 4720 (2025) Created 8/19/25

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

| <b>Part I Acts of Self-Dealing and Tax Computation</b>                                           |                 |                            |    |                                                                                       |
|--------------------------------------------------------------------------------------------------|-----------------|----------------------------|----|---------------------------------------------------------------------------------------|
| (a) Act number                                                                                   | (b) Date of act | (c) Correction made?       |    | (d) Description of act                                                                |
|                                                                                                  |                 | Yes                        | No |                                                                                       |
| 1                                                                                                |                 |                            |    |                                                                                       |
| 2                                                                                                |                 |                            |    |                                                                                       |
| 3                                                                                                |                 |                            |    |                                                                                       |
| 4                                                                                                |                 |                            |    |                                                                                       |
| 5                                                                                                |                 |                            |    |                                                                                       |
| (e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act |                 | (f) Amount involved in act |    | (g) Initial tax on self-dealer (10% of col. (f))                                      |
|                                                                                                  |                 |                            |    | (h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f)) |
|                                                                                                  |                 |                            |    |                                                                                       |
|                                                                                                  |                 |                            |    |                                                                                       |
|                                                                                                  |                 |                            |    |                                                                                       |
|                                                                                                  |                 |                            |    |                                                                                       |

| <b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b> |                                   |                                                   |                                                                                    |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------|
| (a) Names of self-dealers liable for tax                                          | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (g), or prorated amount | (d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions) |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |
|                                                                                   |                                   |                                                   |                                                                                    |

| <b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b> |                                   |                                                   |                                                                                |
|-------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|
| (a) Names of foundation managers liable for tax                                           | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (h), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |
|                                                                                           |                                   |                                                   |                                                                                |

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

|   |                                                                                                                                   |   |  |
|---|-----------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Undistributed income for years before 2024 (from Form 990-PF for 2025, Part XII, line 6d)                                         | 1 |  |
| 2 | Undistributed income for 2024 (from Form 990-PF for 2025, Part XII, line 6e)                                                      | 2 |  |
| 3 | Total undistributed income at end of current tax year beginning in 2025 and subject to tax under section 4942 (add lines 1 and 2) | 3 |  |
| 4 | Tax - Enter 30% of line 3 here and on Part I, line 1                                                                              | 4 |  |

Form 4720 (2025)

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise .....

Employer identification number .....

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) .....

|                                                                                                              |                                                                                                                                                        | (a)<br>Voting stock<br>(profits interest or<br>beneficial interest) | (b)<br>Value | (c)<br>Nonvoting stock<br>(capital interest) |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------|----------------------------------------------|
| 1                                                                                                            | Foundation holdings in business enterprise .....                                                                                                       | 1                                                                   |              |                                              |
| 2                                                                                                            | Permitted holdings in business enterprise .....                                                                                                        | 2                                                                   |              |                                              |
| 3                                                                                                            | Value of excess holdings in business enterprise .....                                                                                                  | 3                                                                   |              |                                              |
| 4                                                                                                            | Value of excess holdings disposed of within 90<br>days; or, other value of excess holdings not<br>subject to section 4943 tax (attach statement) ..... | 4                                                                   |              |                                              |
| 5                                                                                                            | Taxable excess holdings in business enterprise -<br>line 3 minus line 4 .....                                                                          | 5                                                                   |              |                                              |
| 6                                                                                                            | Tax - Enter 10% of line 5 .....                                                                                                                        | 6                                                                   |              |                                              |
| 7                                                                                                            | Total tax - Add amounts on line 6, columns (a), (b),<br>and (c); enter total here and on Part I, line 2 .....                                          | 7                                                                   |              |                                              |
| 8                                                                                                            | Did the organization dispose of excess holdings subject to tax reported on line 6? .....                                                               |                                                                     |              | Yes No                                       |
| Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken. |                                                                                                                                                        |                                                                     |              |                                              |

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)**Part I** Investments and Tax Computation

| (a)<br>Investment<br>number                                                                       | (b) Date of<br>investment | (c) Correction<br>made? |    | (d) Description of investment | (e) Amount of<br>investment | (f) Initial tax<br>on foundation<br>(10% of col. (e)) | (g) Initial tax on foundation<br>managers (if applicable) -<br>(lesser of \$10,000<br>or 10% of col. (e)) |
|---------------------------------------------------------------------------------------------------|---------------------------|-------------------------|----|-------------------------------|-----------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
|                                                                                                   |                           | Yes                     | No |                               |                             |                                                       |                                                                                                           |
| 1                                                                                                 |                           |                         |    |                               |                             |                                                       |                                                                                                           |
| 2                                                                                                 |                           |                         |    |                               |                             |                                                       |                                                                                                           |
| 3                                                                                                 |                           |                         |    |                               |                             |                                                       |                                                                                                           |
| 4                                                                                                 |                           |                         |    |                               |                             |                                                       |                                                                                                           |
| 5                                                                                                 |                           |                         |    |                               |                             |                                                       |                                                                                                           |
| Total - Column (f). Enter here and on Part I, line 3 .....                                        |                           |                         |    |                               |                             |                                                       |                                                                                                           |
| Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below ..... |                           |                         |    |                               |                             |                                                       |                                                                                                           |

**Part II** Summary of Tax Liability of Foundation Managers and Proration of Payments

| (a) Names of foundation managers liable for tax | (b) Investment<br>no. from Part I,<br>col. (a) | (c) Tax from Part I, col. (g),<br>or prorated amount | (d) Manager's total tax liability<br>(add amounts in col. (c))<br>(see instructions) |
|-------------------------------------------------|------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------|
|                                                 |                                                |                                                      |                                                                                      |
|                                                 |                                                |                                                      |                                                                                      |
|                                                 |                                                |                                                      |                                                                                      |
|                                                 |                                                |                                                      |                                                                                      |
|                                                 |                                                |                                                      |                                                                                      |
|                                                 |                                                |                                                      |                                                                                      |
|                                                 |                                                |                                                      |                                                                                      |

**SCHEDULE E - Initial Taxes on Taxable Expenditures** (Section 4945)

| Part I Expenditures and Computation of Tax                                                         |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
|----------------------------------------------------------------------------------------------------|------------|---------------------------|-------------------------------------|--|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| (a) Item number                                                                                    | (b) Amount | (c) Date paid or incurred | (d) Correction made?<br>Yes      No |  | (e) Name and address of recipient                                                                       |                                                         |                                                                                                        |
| 1                                                                                                  |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
| 2                                                                                                  |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
| 3                                                                                                  |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
| 4                                                                                                  |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
| 5                                                                                                  |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
| (f) Description of expenditure and purposes for which made                                         |            |                           |                                     |  | (g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure | (h) Initial tax imposed on foundation (20% of col. (b)) | (i) Initial tax imposed on foundation managers (if applicable)- (lesser of \$10,000 or 5% of col. (b)) |
|                                                                                                    |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
|                                                                                                    |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
|                                                                                                    |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
|                                                                                                    |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
|                                                                                                    |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
|                                                                                                    |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
| <b>Total</b> - Column (h). Enter here and on Part I, line 4                                        |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |
| <b>Total</b> - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below |            |                           |                                     |  |                                                                                                         |                                                         |                                                                                                        |

|                |                                                                                  |
|----------------|----------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Summary of Tax Liability of Foundation Managers and Proration of Payments</b> |
|----------------|----------------------------------------------------------------------------------|

**SCHEDULE F - Initial Taxes on Political Expenditures** (Section 4955)

| Part I Expenditures and Computation of Tax                                                  |            |                           |                      |    |                                          |                                                                         |                                                                                            |
|---------------------------------------------------------------------------------------------|------------|---------------------------|----------------------|----|------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (a) Item number                                                                             | (b) Amount | (c) Date paid or incurred | (d) Correction made? |    | (e) Description of political expenditure | (f) Initial tax imposed on organization or foundation (10% of col. (b)) | (g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) |
|                                                                                             |            |                           | Yes                  | No |                                          |                                                                         |                                                                                            |
| 1                                                                                           |            |                           |                      |    |                                          |                                                                         |                                                                                            |
| 2                                                                                           |            |                           |                      |    |                                          |                                                                         |                                                                                            |
| 3                                                                                           |            |                           |                      |    |                                          |                                                                         |                                                                                            |
| 4                                                                                           |            |                           |                      |    |                                          |                                                                         |                                                                                            |
| 5                                                                                           |            |                           |                      |    |                                          |                                                                         |                                                                                            |
| Total - Column (f). Enter here and on Part I, line 5                                        |            |                           |                      |    |                                          |                                                                         |                                                                                            |
| Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below |            |                           |                      |    |                                          |                                                                         |                                                                                            |

|                |  |                                                                                                           |
|----------------|--|-----------------------------------------------------------------------------------------------------------|
| <b>Part II</b> |  | <b>Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b> |
|----------------|--|-----------------------------------------------------------------------------------------------------------|

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

|   |                                                                                                                                                                                    |   |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.) | 1 |  |
| 2 | Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.)       | 2 |  |
| 3 | Excess lobbying expenditures - enter the larger of line 1 or line 2                                                                                                                | 3 |  |
| 4 | Tax - Enter 25% of line 3 here and on Part I, line 6                                                                                                                               | 4 |  |

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

| <b>Part I Expenditures and Computation of Tax</b>                                                  |            |                           |                                          |                                                  |                                                                             |
|----------------------------------------------------------------------------------------------------|------------|---------------------------|------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------|
| (a) Item number                                                                                    | (b) Amount | (c) Date paid or incurred | (d) Description of lobbying expenditures | (e) Tax imposed on organization (5% of col. (b)) | (f) Tax imposed on organization managers (if applicable) - (5% of col. (b)) |
| 1                                                                                                  |            |                           |                                          |                                                  |                                                                             |
| 2                                                                                                  |            |                           |                                          |                                                  |                                                                             |
| 3                                                                                                  |            |                           |                                          |                                                  |                                                                             |
| 4                                                                                                  |            |                           |                                          |                                                  |                                                                             |
| 5                                                                                                  |            |                           |                                          |                                                  |                                                                             |
| <b>Total</b> - Column (e). Enter here and on Part I, line 7                                        |            |                           |                                          |                                                  |                                                                             |
| <b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below |            |                           |                                          |                                                  |                                                                             |

| <b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b> |                                    |                                                   |                                                                                |
|--------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|
| (a) Names of organization managers liable for tax                                          | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c) (see instructions)) |
|                                                                                            |                                    |                                                   |                                                                                |
|                                                                                            |                                    |                                                   |                                                                                |
|                                                                                            |                                    |                                                   |                                                                                |
|                                                                                            |                                    |                                                   |                                                                                |
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|                                                                                            |                                    |                                                   |                                                                                |

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

| <b>Part I Excess Benefit Transactions and Tax Computation</b> |                         |                      |                                                           |                                |                                                                                          |
|---------------------------------------------------------------|-------------------------|----------------------|-----------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------|
| (a) Transaction number                                        | (b) Date of transaction | (c) Correction made? |                                                           | (d) Description of transaction |                                                                                          |
|                                                               |                         | Yes                  | No                                                        |                                |                                                                                          |
| 1                                                             |                         |                      |                                                           |                                |                                                                                          |
| 2                                                             |                         |                      |                                                           |                                |                                                                                          |
| 3                                                             |                         |                      |                                                           |                                |                                                                                          |
| 4                                                             |                         |                      |                                                           |                                |                                                                                          |
| 5                                                             |                         |                      |                                                           |                                |                                                                                          |
| (e) Amount of excess benefit                                  |                         |                      | (f) Initial tax on disqualified persons (25% of col. (e)) |                                | (g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e)) |
|                                                               |                         |                      |                                                           |                                |                                                                                          |
|                                                               |                         |                      |                                                           |                                |                                                                                          |
|                                                               |                         |                      |                                                           |                                |                                                                                          |
|                                                               |                         |                      |                                                           |                                |                                                                                          |
|                                                               |                         |                      |                                                           |                                |                                                                                          |

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958) *Continued***Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

| (a) Names of disqualified persons liable for tax | (b) Trans. no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions) |
|--------------------------------------------------|--------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                  |                                      |                                                   |                                                                                            |
|                                                  |                                      |                                                   |                                                                                            |
|                                                  |                                      |                                                   |                                                                                            |
|                                                  |                                      |                                                   |                                                                                            |
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|                                                  |                                      |                                                   |                                                                                            |
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|                                                  |                                      |                                                   |                                                                                            |
|                                                  |                                      |                                                   |                                                                                            |

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

| (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax | (b) Trans. no. from Part I, col. (a) | (c) Tax from Part I, col. (g), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|-------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|
|                                                                               |                                      |                                                   |                                                                                |
|                                                                               |                                      |                                                   |                                                                                |
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**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions** (Section 4965)**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**

(see instructions)

| (a)<br>Transaction number | (b) Transaction date | (c) Type of transaction<br>1 - Listed<br>2 - Subsequently listed<br>3 - Confidential<br>4 - Contractual protection | (d) Description of transaction |
|---------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1                         |                      |                                                                                                                    |                                |
| 2                         |                      |                                                                                                                    |                                |
| 3                         |                      |                                                                                                                    |                                |
| 4                         |                      |                                                                                                                    |                                |
| 5                         |                      |                                                                                                                    |                                |

| (e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? | (f) Net income attributable to the PTST | (g) 75% of proceeds attributable to the PTST | (h) Tax imposed on the tax-exempt entity (see instructions) |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| Yes                                                                                                                              |                                         |                                              |                                                             |
| No                                                                                                                               |                                         |                                              |                                                             |
|                                                                                                                                  |                                         |                                              |                                                             |
|                                                                                                                                  |                                         |                                              |                                                             |
|                                                                                                                                  |                                         |                                              |                                                             |
|                                                                                                                                  |                                         |                                              |                                                             |

**Total** - Column (h). Enter here and on Part I, line 9



SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

| Part I Prohibited Benefits and Tax Computation                                                         |                                    |                                                                                             |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a) Item number                                                                                        | (b) Date of prohibited benefit     | (c) Description of benefit                                                                  |                                                                                                                    |
| 1                                                                                                      |                                    |                                                                                             |                                                                                                                    |
| 2                                                                                                      |                                    |                                                                                             |                                                                                                                    |
| 3                                                                                                      |                                    |                                                                                             |                                                                                                                    |
| 4                                                                                                      |                                    |                                                                                             |                                                                                                                    |
| 5                                                                                                      |                                    |                                                                                             |                                                                                                                    |
| (d) Amount of prohibited benefit                                                                       |                                    | (e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions) | (f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)                |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
| Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments |                                    |                                                                                             |                                                                                                                    |
| (a) Names of donors, donor advisors, or related persons liable for tax                                 | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (e) or prorated amount                                            | (d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions) |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
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|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
| Part III Summary of Tax Liability of Fund Managers and Proration of Payments                           |                                    |                                                                                             |                                                                                                                    |
| (a) Names of fund managers liable for tax                                                              | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f) or prorated amount                                            | (d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)                                |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
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|                                                                                                        |                                    |                                                                                             |                                                                                                                    |
|                                                                                                        |                                    |                                                                                             |                                                                                                                    |

**Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs****Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

| <b>Part I Failures to Meet Section 501(r)(3)</b> |                               |                                |                                                      |                                                                        |
|--------------------------------------------------|-------------------------------|--------------------------------|------------------------------------------------------|------------------------------------------------------------------------|
| (a) Item number                                  | (b) Name of hospital facility | (c) Description of the failure | (d) Tax year hospital facility last conducted a CHNA | (e) Tax year hospital facility last adopted an implementation strategy |
| 1                                                |                               |                                |                                                      |                                                                        |
| 2                                                |                               |                                |                                                      |                                                                        |
| 3                                                |                               |                                |                                                      |                                                                        |
| 4                                                |                               |                                |                                                      |                                                                        |
| 5                                                |                               |                                |                                                      |                                                                        |

| <b>Part II Computation of Tax</b>                                                                                                                                       |  |  |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---|--|
| 1 Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) ..... |  |  | 1 |  |
| 2 Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 .....                                                                                           |  |  | 2 |  |

**SCHEDULE N - Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

| (a) Item number                                                      | (b) Name of covered employee                     | (c) Excess remuneration | (d) Excess parachute payment | (e) Total.<br>Add column (c) and (d) |
|----------------------------------------------------------------------|--------------------------------------------------|-------------------------|------------------------------|--------------------------------------|
| 1                                                                    |                                                  |                         |                              |                                      |
| 2                                                                    | SEE STATEMENT 1                                  |                         |                              |                                      |
| 3                                                                    |                                                  |                         |                              |                                      |
| 4                                                                    |                                                  |                         |                              |                                      |
| 5                                                                    |                                                  |                         |                              |                                      |
| 6                                                                    | Attachment, if necessary. See instructions ..... |                         |                              |                                      |
| Total (add column (e) items 1 - 6) .....                             |                                                  |                         |                              | 1,706,084.                           |
| Tax. Enter 21% of the amount above here and on Part I, line 13 ..... |                                                  |                         |                              | 358,278.                             |

**SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities**

(Section 4968)

|   | (a) Name                                                                                                | (b) EIN | (c) Gross investment income (See instructions.) | (d) Capital gain net income | (e) Administrative expenses allocable to income included in cols. (c) and (d) | (f) Net investment income (See instructions.) |
|---|---------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|
| 1 | Filing Organization                                                                                     |         |                                                 |                             |                                                                               |                                               |
| 2 | Related Organization                                                                                    |         |                                                 |                             |                                                                               |                                               |
| 3 | Related Organization                                                                                    |         |                                                 |                             |                                                                               |                                               |
| 4 | Related Organization                                                                                    |         |                                                 |                             |                                                                               |                                               |
| 5 | Total from attachment, if necessary .....                                                               |         |                                                 |                             |                                                                               |                                               |
| 6 | <b>Total</b> .....                                                                                      |         |                                                 |                             |                                                                               |                                               |
| 7 | Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14 ..... |         |                                                 |                             |                                                                               |                                               |

Form 4720 (2025)

|                               |                                                                                                                                                                                                                                                                                                                       |  |                                                    |                           |                                                                              |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|---------------------------|------------------------------------------------------------------------------|
| <b>Sign Here</b>              | 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 taxpayer) is based on all information of which preparer has any knowledge. |  |                                                    |                           |                                                                              |
|                               | Signature of officer or trustee                                                                                                                                                                                                                                                                                       |  |                                                    | Title                     |                                                                              |
|                               | Date                                                                                                                                                                                                                                                                                                                  |  |                                                    | Date                      |                                                                              |
| <b>Paid Preparer Use Only</b> | Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person                                                                                                                                                                       |  |                                                    |                           |                                                                              |
|                               | Date                                                                                                                                                                                                                                                                                                                  |  |                                                    |                           |                                                                              |
|                               | May the IRS discuss this return with the preparer shown below? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                    |                           |                                                                              |
|                               | Preparer's name<br>JENNIFER N. FRENCH,<br>CPA                                                                                                                                                                                                                                                                         |  | Preparer's signature<br>JENNIFER N.<br>FRENCH, CPA | Date<br>10/16/26          | Check <input checked="" type="checkbox"/> if self-employed PTIN<br>P00659678 |
|                               | Firm's name<br>PBMARES, LLP                                                                                                                                                                                                                                                                                           |  |                                                    | Firm's EIN<br>54-0737372  |                                                                              |
|                               | Firm's address<br>725 JACKSON STREET, SUITE 210<br>FREDERICKSBURG, VA 22401                                                                                                                                                                                                                                           |  |                                                    | Phone no.<br>540-371-3566 |                                                                              |

Form 4720 (2025)

FORM 4720

SCHEDULE N - TAX ON EXECUTIVE COMPENSATION

STATEMENT 1

| (A)<br>ITEM NO | (B)<br>NAME OF COVERED EMPLOYEE |
|----------------|---------------------------------|
| 1              | MICHAEL MCDERMOTT               |

| (C)<br>EXCESS<br>REMUNERATION |
|-------------------------------|
| 449,466.                      |

| (D)<br>EXCESS PARACHUTE<br>PAYMENT |
|------------------------------------|
|------------------------------------|

| (E)<br>TOTAL |
|--------------|
|--------------|

449,466.

| (A)<br>ITEM NO | (B)<br>NAME OF COVERED EMPLOYEE |
|----------------|---------------------------------|
| 2              | CHRISTOPHER NEWMAN              |

| (C)<br>EXCESS<br>REMUNERATION |
|-------------------------------|
| 763,031.                      |

| (D)<br>EXCESS PARACHUTE<br>PAYMENT |
|------------------------------------|
|------------------------------------|

| (E)<br>TOTAL |
|--------------|
|--------------|

763,031.

| (A)<br>ITEM NO | (B)<br>NAME OF COVERED EMPLOYEE |
|----------------|---------------------------------|
| 3              | SEAN BARDEN                     |

| (C)<br>EXCESS<br>REMUNERATION |
|-------------------------------|
| 493,587.                      |

| (D)<br>EXCESS PARACHUTE<br>PAYMENT |
|------------------------------------|
|------------------------------------|

| (E)<br>TOTAL |
|--------------|
|--------------|

493,587.

TOTAL EXCESS EXECUTIVE COMPENSATION

1,706,084.

# TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

**FOR THE YEAR ENDING**

December 31, 2025

---

**Prepared For:**

Mary Washington Healthcare  
1340 Central Park Blvd. 100  
Fredericksburg, VA 22401-4940

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**Prepared By:**

PBMares, LLP  
725 Jackson Street, Suite 210  
Fredericksburg, VA 22401

---

**To be Signed and Dated By:**

Not applicable

---

**Amount of Tax:**

|                              |    |   |
|------------------------------|----|---|
| Total Tax                    | \$ | 0 |
| Less: payments and credits   | \$ | 0 |
| Plus: other amount           |    | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required          | \$ |   |

---

**Overpayment:**

|                                |    |   |
|--------------------------------|----|---|
| Credited to your estimated tax | \$ | 0 |
| Other amount                   | \$ | 0 |
| Refunded to you                | \$ | 0 |

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the VADOT, please sign, date and return VA-8879C to our office. We will then submit your electronic return to the VADOT. Do not mail the paper copy of the return to the VADOT.

---

**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Corporation Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Federal ID Number</b> |
| <b>MARY WASHINGTON HEALTHCARE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>54-1240646</b>        |
| <b>Part I Tax Return Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| 1. Federal Taxable Income (Form 500, Page 2, Line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1.</b>                |
| 2. Virginia Taxable Income (Form 500, Page 2, Line 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>2.</b>                |
| 3. Income tax (Form 500, Page 2, Line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3.</b>                |
| 4. Total payments and credits (Form 500, Page 2, Line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4.</b>                |
| 5. Total due (Form 500, Page 2, Line 21)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5.</b>                |
| 6. Amount to be refunded (Form 500, Page 2, Line 24)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6.</b>                |
| <b>Part II Declaration and Signature Authorization of Officer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| <p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2025 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2025 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p> |                          |
| <p><b>Officer's e-File PIN: check one box only</b></p> <p><input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>39256</u> as my signature on the corporation's 2025 electronic Virginia corporation income tax return. <b>Do not enter all zeros</b></p> <p><b>PBMARES LLP</b></p> <p style="text-align: center;"><b>ERO Firm Name</b></p> <p><input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2025 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.</p> <p>Your Signature _____ Date _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <b>Part III Certification and Authentication</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| <p><b>ERO's EFIN/PIN:</b> Enter your six digit EFIN followed by your five digit self-selected PIN. <u>54563623456</u></p> <p style="text-align: center;"><b>Do not enter all zeros</b></p> <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2025 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p> <p>ERO's Signature <u>PBMARES LLP</u> Date <u>10/16/26</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |

**Form VA-8879C (REV 8/25)**

## Form 500

Virginia Department of Taxation  
P.O. Box 1500  
Richmond, VA 23218-1500

2025 Virginia Corporation  
Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.  
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or

SHORT Year Filer: Beginning Date

,2025;

Ending Date

☐ Short Year Return☐ Change in Accounting Period

|                                                                                                                                  |  |                                                                                                |                               |                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| FEIN<br><b>54-1240646</b>                                                                                                        |  | Name<br><b>MARY WASHINGTON HEALTHCARE</b>                                                      |                               | <b>Check all that apply:</b><br><input type="checkbox"/> Initial Filer<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Mailing Address Change<br><input type="checkbox"/> Physical Address Change |  |
| Mailing Address<br><b>1340 CENTRAL PARK BLVD., NO. 100</b>                                                                       |  |                                                                                                |                               |                                                                                                                                                                                                                       |  |
| City or Town<br><b>FREDERICKSBURG</b>                                                                                            |  | State<br><b>VA</b>                                                                             | ZIP Code<br><b>22401-4940</b> |                                                                                                                                                                                                                       |  |
| Physical Address (if different from Mailing Address)                                                                             |  |                                                                                                |                               |                                                                                                                                                                                                                       |  |
| Physical City or Town                                                                                                            |  | State                                                                                          | ZIP Code                      | Entity Type Code<br><b>NP</b>                                                                                                                                                                                         |  |
| Date Incorporated<br><b>05/31/1983</b>                                                                                           |  | State or Country of Incorporation<br><b>VIRGINIA</b>                                           |                               | NAICS Code<br><b>561000</b>                                                                                                                                                                                           |  |
|                                                                                                                                  |  | Description of Business Activity<br><b>MANAGEMENT SERVICES</b>                                 |                               |                                                                                                                                                                                                                       |  |
| <b>Check Applicable Boxes</b>                                                                                                    |  | <b>Final Return</b>                                                                            |                               | <b>Corporate Telecommunications Company</b>                                                                                                                                                                           |  |
| <input type="checkbox"/> Consolidated - Sch. 500AC Enclosed                                                                      |  | <input type="checkbox"/> Final Return / Close Account - Check here and applicable boxes below. |                               | Enter amount from Form 500T, Line 7:<br><b>.00</b>                                                                                                                                                                    |  |
| <input type="checkbox"/> Combined - Sch. 500AC Enclosed<br>Combined / Consolidated Filers -<br>Enter number of affiliates: _____ |  | <input type="checkbox"/> Withdrawn                                                             |                               | <b>Noncorporate Telecommunications Company</b>                                                                                                                                                                        |  |
| <input type="checkbox"/> Change in Filing Status                                                                                 |  | <input type="checkbox"/> Dissolved - No longer liable for tax.<br>Dissolved Date: _____        |                               | Check box and enter amount from Form 500T, Line 10:<br><input type="checkbox"/> <b>.00</b>                                                                                                                            |  |
| <input type="checkbox"/> Sch. 500A Enclosed                                                                                      |  | <input type="checkbox"/> Merged<br>Merger Date: _____                                          |                               | <b>Electric Supplier Company</b>                                                                                                                                                                                      |  |
| <input type="checkbox"/> Sch. 500AB Enclosed                                                                                     |  | <input type="checkbox"/> Merged FEIN: _____                                                    |                               | Enter amount from Sch. 500EL, Line 7 or 14:<br><b>.00</b>                                                                                                                                                             |  |
| <input checked="" type="checkbox"/> Nonprofit Corporation                                                                        |  | <input type="checkbox"/> S Corp Effective: _____                                               |                               | <b>Home Service Contract Provider</b>                                                                                                                                                                                 |  |
| <input type="checkbox"/> Amended Return (See instructions)<br>Enter reason code: _____                                           |  |                                                                                                |                               | Enter amount from Form 500HS, Line 10:<br><input type="checkbox"/> Check box if a noncorporate HSCP.<br><b>.00</b>                                                                                                    |  |

## QUESTIONS AND RELATED INFORMATION

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.

Enter exception amount from Schedule 500AB, Line 8.

A. **.00**

## B. RESERVED FOR FUTURE USE

B. **.00**

C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.

(1) Year of Loss

(2) Federal NOL

(3) Percent of federal

NOL used this year %

FEIN \_\_\_\_\_

(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2.

D. \_\_\_\_\_

E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).

Year E. \_\_\_\_\_

Year \_\_\_\_\_

Year \_\_\_\_\_

F. Location of corporation's books **1340 CENTRAL PARK BLVD #100,**Contact for corporation's books **BRITTANY GRAY**Contact Phone Number **540-741-3461**

2025 Virginia  
Form 500

Page 2

FEIN  
54-1240646



**INCOME**

|                                                                         |    |       |
|-------------------------------------------------------------------------|----|-------|
| 1. Federal taxable income (from enclosed federal return)                | 1. | 0 .00 |
| 2. Total additions from Schedule 500ADJ, Section A, Line 7              | 2. | .00   |
| 3. Total (add Lines 1 and 2)                                            | 3. | .00   |
| 4. Total subtractions from Schedule 500ADJ, Section B, Line 10          | 4. | .00   |
| 5. Balance (subtract Line 4 from Line 3)                                | 5. | .00   |
| 6. Savings and Loan Association's Bad Debt Deduction (see instructions) | 6. | .00   |
| 7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5)         | 7. | .00   |

**TAX COMPUTATION**

|                                                                                                             |       |       |
|-------------------------------------------------------------------------------------------------------------|-------|-------|
| 8. <b>Apportionable Income (Schedule 500A Filers)</b> - Complete Lines 8(a) through 8(d). See instructions. |       |       |
| (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)                                 | 8(a). | .00   |
| (b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)                      | 8(b). | %     |
| (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)                    | 8(c). | .00   |
| (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)                      | 8(d). | .00   |
| 9. <b>Income tax</b> (6% of Line 7 or 6% of Line 8(a))                                                      | 9.    | 0 .00 |

**PAYMENTS AND CREDITS**

|                                                                                                 |     |     |
|-------------------------------------------------------------------------------------------------|-----|-----|
| 10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B | 10. | .00 |
| 11. Adjusted corporate tax (subtract Line 10 from Line 9)                                       | 11. | .00 |
| 12. 2025 estimated Virginia income tax payments including overpayment credit from 2024          | 12. | .00 |
| 13. Extension payment                                                                           | 13. | .00 |
| 14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A                      | 14. | .00 |
| 15. Pass-through entity total withholding from Schedule 500ADJ, Section D                       | 15. | .00 |
| 16. <b>Total payments and credits</b> (add Lines 12 through 15)                                 | 16. | .00 |

**REFUND OR TAX DUE**

|                                                                                     |     |     |
|-------------------------------------------------------------------------------------|-----|-----|
| 17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)    | 17. | .00 |
| 18. Penalty (see instructions)                                                      | 18. | .00 |
| 19. Interest (see instructions)                                                     | 19. | .00 |
| 20. Additional charge from Form 500C, Line 17 (enclose Form 500C)                   | 20. | .00 |
| 21. <b>Total due</b> (add Lines 17 through 20)                                      | 21. | .00 |
| 22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) | 22. | .00 |
| 23. Amount to be credited to 2026 estimated tax                                     | 23. | .00 |
| 24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22)                    | 24. | .00 |

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. ☒

|                                                                                        |                                              |                                                                                      |
|----------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------|
| Date                                                                                   | Signature of Officer                         | Title<br><b>EVP AND CFO</b>                                                          |
| Printed Name of Officer<br><b>THOMAS MATHEWS</b>                                       | Phone Number<br><b>540-741-2507</b>          |                                                                                      |
| Print Preparer's Name and Firm Name<br><b>JENNIFER N. FRENCH, CPA<br/>PBMARES, LLP</b> | Preparer Phone Number<br><b>540-371-3566</b> |                                                                                      |
| Date<br><b>10/16/26</b>                                                                | Individual or Firm, Signature of Preparer    | Address of Preparer<br><b>725 JACKSON STREET, SUITE<br/>FREDERICKSBURG, VA 22401</b> |
| Preparer's FEIN, PTIN, or SSN<br><b>54-0737372</b>                                     | Approved Vendor Code<br><b>1019</b>          |                                                                                      |

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN**

2025 Virginia  
Schedule 500FED

Corporation Schedule of  
Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.  
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **MARY WASHINGTON HEALTHCARE**

FEIN **54-1240646**

**Form 1120 - Deductions and Taxable Income**

|                                                                   |         |          |
|-------------------------------------------------------------------|---------|----------|
| 1. Federal Taxable Income before NOL and Special Deductions ..... | 1. .... | .00      |
| 2. Net Operating Loss Deduction .....                             | 2. .... | .00      |
| 3. Special Deductions .....                                       | 3. .... | 1000 .00 |
| 4. Federal Taxable Income after NOL and Special Deductions .....  | 4. .... | .00      |

**Form 1120, Schedule C - Dividends and Special Deductions**

|                                                                     |         |     |
|---------------------------------------------------------------------|---------|-----|
| 5. Subpart F Income and/or Global Intangible Low-Taxed Income ..... | 5. .... | .00 |
| 6. Gross-Up for Foreign Taxes Deemed Paid .....                     | 6. .... | .00 |

**Form 1120, Schedule K or M-1**

|                              |         |     |
|------------------------------|---------|-----|
| 7. Tax Exempt Interest ..... | 7. .... | .00 |
|------------------------------|---------|-----|

**Form 5884 - Work Opportunity Credit**

|                                                          |         |     |
|----------------------------------------------------------|---------|-----|
| 8. Salaries and Wages not deducted due to the WOTC ..... | 8. .... | .00 |
|----------------------------------------------------------|---------|-----|

**Form 4562 - Special Depreciation Allowance and Other Depreciation**

|                                                                                                             |          |     |
|-------------------------------------------------------------------------------------------------------------|----------|-----|
| 9. Special depreciation allowance for qualified property placed in service during the<br>taxable year ..... | 9. ....  | .00 |
| 10. Property subject to 168(f)(1) election .....                                                            | 10. .... | .00 |
| 11. Other depreciation .....                                                                                | 11. .... | .00 |

**Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss**

|                                                                 |          |     |
|-----------------------------------------------------------------|----------|-----|
| 12. Total: Dividends .....                                      | 12. .... | .00 |
| 13. Reserved for future use .....                               | 13. .... |     |
| 14. Total: Inclusions (Exclude Gross-up) .....                  | 14. .... | .00 |
| 15. Total: Inclusions (Gross-up) .....                          | 15. .... | .00 |
| 16. Total: Interest .....                                       | 16. .... | .00 |
| 17. Total: Gross Rents, Royalties, and License Fees .....       | 17. .... | .00 |
| 18. Total: Gross Income from Performance of Services .....      | 18. .... | .00 |
| 19. Total: Other .....                                          | 19. .... | .00 |
| 20. Total: Total Gross Income or Loss from Outside the US ..... | 20. .... | .00 |

**Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions**

|                                                                                                                     |          |     |
|---------------------------------------------------------------------------------------------------------------------|----------|-----|
| 21. Total: Allocable - Rental, Royalty, and Licensing Expenses -<br>Depreciation, Depletion, and Amortization ..... | 21. .... | .00 |
| 22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses .....                               | 22. .... | .00 |
| 23. Total: Allocable - Expenses Related to Gross Income from Performance of Services .....                          | 23. .... | .00 |
| 24. Total: Allocable - Other Allocable Deductions .....                                                             | 24. .... | .00 |
| 25. Total: Total Allocable Deductions .....                                                                         | 25. .... | .00 |
| 26. Total: Apportioned Share of Deductions .....                                                                    | 26. .... | .00 |
| 27. Total: Net Operating Loss Deduction .....                                                                       | 27. .... | .00 |
| 28. Total: Total Deductions .....                                                                                   | 28. .... | .00 |

**Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income**

|                                                            |          |     |
|------------------------------------------------------------|----------|-----|
| 29. Total: Total Income or (Loss) Before Adjustments ..... | 29. .... | .00 |
|------------------------------------------------------------|----------|-----|