** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **and ending**

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

C Name of organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2300 FALL HILL AVENUE 418

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

F Name and address of principal officer: MICHAEL P. MCDERMOTT MD
SAME AS C ABOVE

D Employer identification number
20-1106426

E Telephone number
540-741-2513

G Gross receipts $ 635,198,376.

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

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

H(c) Group exemption number ▶ 4243

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

J Website: ▶ WWW.MARYWASHINGTONHEALTHCARE.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983 **M** State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES WE SERVE. THROUGH OUR

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	73
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	67
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3598
6	Total number of volunteers (estimate if necessary)	6	509
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,016,180.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,918,708.	6,726,475.
9	Program service revenue (Part VIII, line 2g)	575,335,320.	623,475,101.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,187,584.	5,281,303.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,092,068.	-874,711.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	593,533,680.	634,608,168.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,894,345.	6,509,902.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	193,490,486.	202,308,849.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 364,872.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	386,055,375.	405,810,735.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	586,440,206.	614,629,486.
19	Revenue less expenses. Subtract line 18 from line 12	7,093,474.	19,978,682.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	432,162,264.	418,378,312.
21	Total liabilities (Part X, line 26)	290,289,760.	285,473,197.
22	Net assets or fund balances. Subtract line 21 from line 20	141,872,504.	132,905,115.

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ SEAN BARDEN, EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JENNIFER N. FRENCH	JENNIFER N. FRENCH	10/12/17	☒	P00659678

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

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

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 597,967,009. including grants of $ 6,509,902.) (Revenue $ 619,962,479.)
PROVISION OF INPATIENT AND OUTPATIENT GENERAL ACUTE CARE HOSPITAL, PSYCHIATRIC HOSPITAL SERVICES, HOME HEALTH AND HOSPICE SERVICES, IMAGING AND AMBULATORY SURGERY SERVICES AND PHYSICIAN SERVICES. PRIMARY SERVICE AREAS ARE FREDERICKSBURG, PRINCE WILLIAM, STAFFORD, SPOTSYLVANIA, CAROLINE, KING GEORGE, AND WESTMORELAND COUNTIES IN VIRGINIA AND SECONDARY SERVICE AREAS INCLUDE MANASSAS, FAUQUIER, CULPEPER, ORANGE, LOUISA, HANOVER, ESSEX AND RICHMOND COUNTIES IN VIRGINIA. WE SERVED 116,107 PATIENTS IN OUR EMERGENCY ROOMS, 310,578 OUTPATIENTS, 18,801 SURGICAL CASES AND 30,411 PATIENT DISCHARGES.

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

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

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

4e Total program service expenses ▶ 597,967,009.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	306		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3598		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	73		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	67		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

JENNINGS D DAWSON, III - 540-741-2513
2300 FALL HILL AVENUE, NO. 418, FREDERICKSBURG, VA 22401

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IMRAN AHMAD, MD (UNTIL 10-2016)	2.00									
SH MEDICAL STAFF PRESIDENT	2.00	X						0.	0.	0.
(2) WILLIAM M. BOLDON, MBA	2.00									
VICE CHAIR AND BOARD TRUSTEE	2.00	X		X				0.	0.	0.
(3) RONALD W. BRANSCOME, MS	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(4) BRUCE L. DAVIS, BA	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(5) JANET C. ERKERT, APR	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(6) REV. ALLEN H. FISHER, JR. , BA,	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(7) JEFFREY A. FRAZIER, MD	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(8) DAVID M. GARTH, MD	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(9) KURT R. LARSON, MD	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(10) MICHAEL P. MCDERMOTT, MD, MBA	4.00									
PRESIDENT AND CEO	40.00	X		X				0.	993,935.	42,152.
(11) JOHN C. MCKEOWN, MA, MPA	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(12) SUDEEP J. MENACHERY, MD	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(13) FRED M. MESSING, MBA, LFACHE	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(14) CLARENCE A. ROBINSON, BS	2.00									
SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(15) JOHN F. ROWLEY, BS, JD	2.00									
BOARD TRUSTEE	2.00	X						0.	0.	0.
(16) KURIAN C. THOTT, MD	2.00									
SH MED STAFF PRESIDENT (AS OF 10-16)	2.00	X						0.	0.	0.
(17) ALDA L. WHITE, BA, JD	4.00									
CHAIR	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTIN A. WILDER, JR., ED.D.	2.00									
BOARD TRUSTEE	3.00	X						0.	0.	0.
(19) EDWARD V. ALLISON, JR.	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(20) SEAN T. BARDEN BSBA, MBA	4.00									
EXEC VP AND CFO	40.00	X		X				0.	1,029,668.	38,906.
(21) DANIEL W. CLENDENIN	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(22) JASON COHEN	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(23) R. DONALD DOHERTY, JR., MD	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(24) JOHN F. FICK, III. RPH	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(25) R. LEIGH FRACKELTON, JR., JD, M	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(26) ADAM M. FRIED	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
1b Sub-total ▶								0.	2,023,603.	81,058.
c Total from continuation sheets to Part VII, Section A ▶								4,562,463.	5,193,342.	707,711.
d Total (add lines 1b and 1c) ▶								4,562,463.	7,216,945.	788,769.

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 ▶ 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT, 5801 PEACHTREE DUNWOODY ROAD, ATLANTA, GA 30342	FOOD SERVICES	7,304,686.
CROTHALL SERVICES GROUP, 955 CHESTERBROOK BLVD, SUITE 300, WAYNE, PA 19087	ENVIRONMENTAL AND ENGINEERING	5,833,221.
RVA CONSTRUCTION INC., 8001 FRANKLIN FARMS DR, SUITE 138, RICHMOND, VA 23229	CONSTRUCTION SERVICES	2,882,655.
FREDERICKSBURG HOSPITALIST GROUP PC, 1101 SAM PERRY BLVD, SUITE 2017,	PHYSICIAN SERVICES	2,737,405.
OB HOSPITAL SPECIALIST GROUP, LLC 10 CENTIMETERS DR., MAULDIN, SC 29662	PHYSICIAN SERVICES	2,405,300.

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 ▶ 71

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) THOMAS G. GETTINGER, MHA	2.00									
EVP & COO	40.00	X		X				0.	346,820.	22,403.
(28) MARY KATHERINE GREENLAW	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(29) DANIEL M. HOFFMAN, MD, FACS	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(30) CHRISTOPHER T. HUESGEN, MD	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(31) REGIS L. KEDDIE, II	2.00									
MWH FOUNDATION SECRETARY/TREASURER	0.00	X		X				0.	0.	0.
(32) PATRICIA J. LYNCH	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(33) EDWARD O. MINNIEAR	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(34) BRADLEY A. REPP, MBA	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(35) XAVIER RICHARDSON BA, MBA	2.00									
MWHF AND SHF PRESIDENT / EXEC VP	40.00	X		X				0.	310,044.	32,017.
(36) JUDY TURNER	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(37) JON VAN ZANDT	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(38) JODIE M. VAUGHN	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(39) CATHERINE M. WACK	2.00									
MWH FOUNDATION VICE CHAIR	0.00	X		X				0.	0.	0.
(40) THOMAS F. WILLIAMS	2.00									
MWH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(41) JOSEPH R. WILSON, PMP	2.00									
MWH FOUNDATION CHAIR	0.00	X		X				0.	0.	0.
(42) MARGARET A. ALEXANDER	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(43) TIMOTHY J. BAROODY, MPA	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(44) KEVIN M. BREEN	2.00									
SH FOUNDATION SECRETARY/TREASURER	0.00	X		X				0.	0.	0.
(45) LT. GEN. G. RONALD CHRISTMAS	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(46) ELAINE F. FARMER	2.00									
SH FOUNDATION VICE CHAIR	0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JOEL GRIFFIN	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(48) CLAY S. HUBER	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(49) DOUGLAS R. JOHNSON, MD	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(50) WILLIAM R. JOHNSON	2.00									
SH FOUNDATION CHAIR	0.00	X		X				0.	0.	0.
(51) JO D. KNIGHT	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(52) H. CLARK LEMING	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(53) CHARLES W. MCDANIEL	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(54) DONALD H. NEWLIN, BA, MA	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(55) HOWARD C. OWEN, BA	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(56) MARK SAFFERSTONE	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(57) W. MALONE SCHOOLER	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(58) DAN SINGH, RPH	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(59) AMANDA TALBERT	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(60) REV. LUKE E. TORIAN	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(61) EUGENE J. ZEISZLER	2.00									
SH FOUNDATION BOARD TRUSTEE	0.00	X						0.	0.	0.
(62) KATHRYN WALL, BA, MA	2.00									
EVP, TRUSTEE MWHC SVCS INC	40.00	X		X				0.	702,239.	20,999.
(63) MARIE FREDRICK, R.T. (R), CRA,	2.00									
VICE PRESIDENT	40.00	X		X				0.	242,192.	27,870.
(64) JUSTIN BOX, MBA	2.00									
SVP & CIO	40.00			X				0.	229,848.	22,467.
(65) REBECCA M. BIGONEY, MD,BS,MA	2.00									
EVP & CMO	40.00			X				0.	511,379.	31,731.
(66) EILEEN DOHMANN, RN, BSN, MBA, N	2.00									
SVP & CNO	40.00			X				0.	326,103.	9,962.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) ERIC FLETCHER, MBA, APR	2.00									
SVP	40.00			X				0.	285,396.	34,873.
(68) TRAVIS TURNER, BS, MBA	2.00									
SVP	40.00			X				0.	266,232.	35,821.
(69) ELIESE K. BERNARD	40.00									
VICE PRESIDENT (EFF. 12/16)	2.00			X				46,886.	0.	0.
(70) LAUREN BLALOCK	2.00									
VICE PRESIDENT	40.00			X				0.	187,335.	36,319.
(71) KATHLEEN BOURGAULT, MS, CPAM	2.00									
VICE PRESIDENT	40.00			X				0.	225,266.	28,010.
(72) SANDRA BROWN, CPA	2.00									
VICE PRESIDENT	40.00			X				0.	224,179.	37,543.
(73) JAMES DANIEL, MD	40.00									
SENIOR MEDICAL DIRECTOR	2.00			X				285,291.	0.	30,317.
(74) ALAN EDWARDS	2.00									
VICE PRESIDENT	40.00			X				0.	209,828.	38,691.
(75) TINA ERVIN	2.00									
VICE PRESIDENT	40.00			X				0.	225,468.	27,777.
(76) JOYCE HANSCOME (UNTIL 05-2016)	2.00									
VICE PRESIDENT	40.00			X				0.	255,081.	18,474.
(77) STEPHEN MANDELL, MD	40.00									
VICE PRESIDENT	2.00			X				347,430.	0.	33,411.
(78) DOUGLAS SCHULTE, MD	2.00									
VICE PRESIDENT	40.00			X				0.	361,414.	10,279.
(79) CATHLEEN YABLONSKI, BS, MS	40.00									
VICE PRESIDENT	2.00			X				296,678.	0.	28,527.
(80) DAVID YI, MD	2.00									
VICE PRESIDENT	40.00			X				0.	284,518.	3,646.
(81) SANG HO NA	40.00									
PHYSICIAN	0.00					X		848,442.	0.	24,452.
(82) AGOSTINO VISIONI	40.00									
PHYSICIAN	0.00					X		831,890.	0.	31,239.
(83) J. T. SHERWOOD	40.00									
PHYSICIAN	0.00					X		789,051.	0.	45,931.
(84) THERESA CONOLOGUE	40.00									
PHYSICIAN	0.00					X		610,483.	0.	37,419.
(85) JOHN CARDONE	40.00									
PHYSICIAN	0.00					X		506,312.	0.	37,533.
Total to Part VII, Section A, line 1c								4,562,463.	5,193,342.	707,711.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	454,012.				
	d Related organizations	1d	909,778.				
	e Government grants (contributions)	1e	44,806.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,317,879.				
	g Noncash contributions included in lines 1a-1f: $ 10,573.						
	h **Total.** Add lines 1a-1f			6,726,475.			
Program Service Revenue		**Business Code**					
	2a NET PATIENT SERVICES REVENUE	623000		590,518,259.	590,518,259.		
	b PROGRAM RENTAL INCOME	531120		14,564,047.	14,564,047.		
	c MANAGEMENT SERVICES	623000		9,625,674.	9,625,674.		
	d OTHER OPERATING REVENUE	623000		4,807,959.	4,807,959.		
	e LAB FEES	621500		2,606,013.		2,606,013.	
	f All other program service revenue	623000		1,353,149.	1,353,149.		
	g **Total.** Add lines 2a-2f			623,475,101.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,432,857.		410,167.	1,022,690.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	530,490.	3,785,002.				
	b Less: cost or other basis and sales expenses	110,421.	356,625.				
	c Gain or (loss)	420,069.	3,428,377.				
	d Net gain or (loss)			3,848,446.			3,848,446.
	8a Gross income from fundraising events (not including $ 454,012. of contributions reported on line 1c). See Part IV, line 18	a	155,060.				
	b Less: direct expenses	b	123,162.				
	c Net income or (loss) from fundraising events			31,898.			31,898.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a INCOME FROM PARTNERSHIPS/LLCS	900099		-906,609.	-906,609.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			-906,609.			
	12 **Total revenue.** See instructions.			634,608,168.	619,962,479.	3,016,180.	4,903,034.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,474,602.	6,474,602.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	35,300.	35,300.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,831,293.	4,698,915.	129,479.	2,899.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	162,895,761.	158,432,418.	4,365,606.	97,737.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,010,258.	4,872,977.	134,275.	3,006.
9 Other employee benefits	17,077,841.	16,609,908.	457,686.	10,247.
10 Payroll taxes	12,493,696.	12,151,369.	334,831.	7,496.
11 Fees for services (non-employees):				
a Management	88,654,699.	86,225,560.	2,375,946.	53,193.
b Legal	10,617.	10,326.	285.	6.
c Accounting	65,759.	63,958.	1,762.	39.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	243,272.	236,606.	6,520.	146.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	79,035,059.	76,869,497.	2,118,141.	47,421.
12 Advertising and promotion	97,089.	94,429.	2,602.	58.
13 Office expenses	4,626,432.	4,499,668.	123,988.	2,776.
14 Information technology	2,517,582.	2,448,600.	67,471.	1,511.
15 Royalties				
16 Occupancy	25,481,018.	24,782,838.	682,891.	15,289.
17 Travel	1,210,051.	1,176,896.	32,429.	726.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	264,685.	257,432.	7,094.	159.
20 Interest	1,029,436.	1,001,229.	27,589.	618.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,675,240.	28,862,139.	795,296.	17,805.
23 Insurance	3,168,092.	3,081,286.	84,905.	1,901.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL AND HOSPITAL SU	92,338,723.	89,808,642.	2,474,678.	55,403.
b BAD DEBT EXPENSE	71,070,907.	69,123,564.	1,904,700.	42,643.
c REPAIRS AND MAINTENANCE	3,612,386.	3,513,407.	96,812.	2,167.
d OTHER MEDICAL & HOSPIT	2,165,077.	2,105,754.	58,024.	1,299.
e All other expenses	544,611.	529,689.	14,595.	327.
25 **Total functional expenses.** Add lines 1 through 24e	614,629,486.	597,967,009.	16,297,605.	364,872.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	794,287.	1	587,180.
	2	Savings and temporary cash investments	74,783.	2	52,069.
	3	Pledges and grants receivable, net	15,026,147.	3	14,082,474.
	4	Accounts receivable, net	66,504,812.	4	63,129,153.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	491,198.	7	293,665.
	8	Inventories for sale or use	10,350,762.	8	11,880,622.
	9	Prepaid expenses and deferred charges	2,428,584.	9	3,407,504.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 779,481,697.			
	b	Less: accumulated depreciation — 10b: 503,317,641.	286,358,449.	10c	276,164,056.
	11	Investments - publicly traded securities	45,980,876.	11	45,015,996.
	12	Investments - other securities. See Part IV, line 11	2,533,405.	12	1,695,105.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,618,961.	14	2,070,488.
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	432,162,264.	16	418,378,312.
Liabilities	17	Accounts payable and accrued expenses	35,908,185.	17	37,999,418.
	18	Grants payable		18	
	19	Deferred revenue	11,013.	19	6,574.
	20	Tax-exempt bond liabilities	250,729,787.	20	243,494,296.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,640,775.	25	3,972,909.
	26	**Total liabilities.** Add lines 17 through 25	290,289,760.	26	285,473,197.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	125,669,098.	27	119,477,211.
	28	Temporarily restricted net assets	14,945,196.	28	12,169,694.
	29	Permanently restricted net assets	1,258,210.	29	1,258,210.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	141,872,504.	33	132,905,115.
	34	Total liabilities and net assets/fund balances	432,162,264.	34	418,378,312.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	634,608,168.
2	Total expenses (must equal Part IX, column (A), line 25)	2	614,629,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,978,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	141,872,504.
5	Net unrealized gains (losses) on investments	5	1,055,359.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-30,001,430.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	132,905,115.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

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

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

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations .....

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2016

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 14,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 7,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 5,210.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 8,030.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 16,117.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 9,375.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 7,065.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 6,225.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 5,833.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 92,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 6,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 26,818.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 9,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 10,316.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 1,656.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
29		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 52,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 43,689.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 14,385.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 27,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 16,669.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 10,017.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 19,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 21,190.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 11,185.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 6,680.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 28,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 12,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 5,394.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number: 20-1106426

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
28	CIGAR ROLLER FOR EVENT	$ 1,656.	09/12/16
		$	
		$	
		$	
		$	
		$	
		$	

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

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of 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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,258,210.	1,258,210.	1,258,210.	1,258,210.	1,258,210.
b Contributions					
c Net investment earnings, gains, and losses	44,259.	0.	11,433.	131,530.	136,387.
d Grants or scholarships	44,259.	0.	11,433.	131,530.	-136,387.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,258,210.	1,258,210.	1,258,210.	1,258,210.	1,530,984.

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted 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:

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,139,478.		25,139,478.
b Buildings		298,557,713.	110,521,575.	188,036,138.
c Leasehold improvements		24,305,586.	10,978,959.	13,326,627.
d Equipment		370,878,305.	363,532,365.	7,345,940.
e Other		60,600,615.	18,284,742.	42,315,873.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				276,164,056.

Schedule D (Form 990) 2016

632052 08-29-16

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	456,018.
(3) ACCRUED LOSS - PROFESSIONAL	
(4) LIABILITIES	3,516,891.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	3,972,909.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

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. ALL REQUIRED TAX FILINGS HAVE BEEN FILED ON A TIMELY BASIS.

SCHEDULE D, PART V

IN PRIOR YEARS, THE ORGANIZATION WAS INCLUDING TEMPORARILY RESTRICTED AND BOARD DESIGNATED FUNDS IN REPORTING ENDOWMENTS ON SCHEDULE D. SINCE THESE FUNDS ARE NOT TRULY ENDOWMENT FUNDS, THEY HAVE BEEN EXCLUDED FROM SCH D REPORTING FOR 2016 AND PRIOR YEARS HAVE BEEN RESTATED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

		(a) Event #1 SH CUP GOLF TOURNAMENT (event type)	(b) Event #2 MWHF GOLF OPEN (event type)	(c) Other events 7 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	239,035.	117,204.	248,891.	605,130.
	2 Less: Contributions	183,348.	94,243.	163,000.	440,591.
	3 Gross income (line 1 minus line 2)	55,687.	22,961.	85,891.	164,539.
Direct Expenses	4 Cash prizes			0.	
	5 Noncash prizes			462.	462.
	6 Rent/facility costs			1,850.	1,850.
	7 Food and beverages			17,222.	17,222.
	8 Entertainment		0.	1,045.	1,045.
	9 Other direct expenses	47,967.	23,460.	30,348.	101,775.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				122,354.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42,185.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 138 %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [X] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,499,861.		16,499,861.	2.68%
b Medicaid (from Worksheet 3, column a)			45,436,473.	35,424,267.	10,012,206.	1.63%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			61,936,334.	35,424,267.	26,512,067.	4.31%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,072,232.		2,072,232.	.34%
f Health professions education (from Worksheet 5)			1,091,654.	113,375.	978,279.	.16%
g Subsidized health services (from Worksheet 6)			41,969,385.	22,187,984.	19,781,401.	3.22%
h Research (from Worksheet 7)			494,290.	47,676.	446,614.	.07%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			795,553.		795,553.	.13%
j **Total.** Other Benefits			46,423,114.	22,349,035.	24,074,079.	3.92%
k **Total.** Add lines 7d and 7j			108,359,448.	57,773,302.	50,586,146.	8.23%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			6,722.		6,722.	.00%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			71,844.		71,844.	.01%
9	Other			328,182.		328,182.	.05%
10	Total			406,748.		406,748.	.06%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	20,769,835.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	5,192,459.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	167,147,722.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	201,780,068.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-34,632,346.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [X] Cost accounting system [ ] Cost to charge ratio [ ] Other				

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MEDICAL IMAGING OF FREDERICKSBURG	OUTPATIENT IMAGING	51.00%		49.00%
2 FREDERICKSBURG AMBULATORY SURGERY CENTER	AMBULATORY SERGICAL SERVICES	53.37%		46.63%
4 COWAN INVESTMENT PARTNERS	MEDICAL OFFICE BUILDING	12.50%		37.50%
5 MEDICAL PLAZA AT COSNER CORNER	MEDICAL OFFICE BUILDING	39.50%		47.40%

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)
How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MARY WASHINGTON HOSPITAL, INC. 1101 SAM PERRY BLVD FREDERICKSBURG, VA 22401	X	X					X		451 BED ACUTE CARE HOSPITAL LEVEL 2 TRAUMA	
2 STAFFORD HOSPITAL, LLC 101 HOSPITAL CENTER BLVD STAFFORD, VA 22554	X	X					X		100 BED HOSPITAL	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 138 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[ ] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[ ] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[ ] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- **b** ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** ☐ Processed incomplete and complete FAP applications
- **d** ☐ Made presumptive eligibility determinations
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

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

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 138 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[ ] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[ ] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[ ] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- **b** ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** ☐ Processed incomplete and complete FAP applications
- **d** ☐ Made presumptive eligibility determinations
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

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

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

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

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

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

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

MARY WASHINGTON HOSPITAL, INC.:

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

STAFFORD HOSPITAL, LLC:

PART V, SECTION B, LINE 5: MARY WASHINGTON HEALTHCARE (INCLUDING MARY WASHINGTON HOSPITAL AND STAFFORD HOSPITAL) AND THE RAPPAHANNOCK AREA HEALTH DISTRICT LAUNCHED THE "HEALTHY COMMUNITIES STEERING COMMITTEE" (HCSC) TO PERFORM THE COMMUNITY HEALTH NEEDS ASSESSMENT. OTHER FOUNDING MEMBERS OF THIS GROUP INCLUDED THE RAPPAHANNOCK UNITED WAY, KAISER PERMANENTE OF THE MID-ATLANTIC STATES, INC., AND THE RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD. THESE INITIAL SPONSORS OF THE HCP AGREED THAT THE SUCCESS OF THIS EFFORT WOULD BE DEPENDENT ON GATHERING A DIVERSE GROUP

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

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

OF INDIVIDUALS WHO COULD PROVIDE A BROAD PERSPECTIVE ON THE REGION'S HEALTH NEEDS. THE GROUP BROUGHT TOGETHER AREA HOSPITALS, HEALTH DEPARTMENTS, INSURERS, PRIVATE BUSINESSES, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH CARE AND MENTAL HEALTH PROVIDERS TO SERVE ON THE HCP'S ADVISORY COMMITTEE. IN ALL THE HCP INCLUDED OVER 40 REPRESENTATIVES FROM COMMUNITY STAKEHOLDER ORGANIZATIONS TO GUIDE THE COMMUNITY NEEDS ASSESSMENT PROCESS AND TO PROVIDE APPROPRIATE INPUT.

MARY WASHINGTON HOSPITAL, INC.:

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

STAFFORD HOSPITAL, LLC:

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

MARY WASHINGTON HOSPITAL, INC.:

PART V, SECTION B, LINE 7D: PRESENTED AT NUMEROUS COMMUNITY MEETINGS, SUCH AS THE ROTARY MEETINGS, CHAMBER OF COMMERCE, AND THE MARY WASHINGTON HEALTHCARE CITIZEN ADVISORY COMMITTEE MEETINGS.

STAFFORD HOSPITAL, LLC:

PART V, SECTION B, LINE 7D: PRESENTED AT NUMEROUS COMMUNITY MEETINGS, SUCH AS THE ROTARY MEETINGS, CHAMBER OF COMMERCE, AND THE MARY WASHINGTON HEALTHCARE CITIZEN ADVISORY COMMITTEE MEETINGS.

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

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

MARY WASHINGTON HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

WWW.MARYWASHINGTONHEALTHCARE.COM/MARY-WASHINGTON-HOSPITAL

STAFFORD HOSPITAL, LLC

PART V, LINE 16A, FAP WEBSITE:

WWW.MARYWASHINGTONHEALTHCARE.COM/STAFFORD-HOSPITAL

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 MEDICAL IMAGING OF FREDERICKSBURG 1201 SAM PERRY BLVD, SUITE 102 ASC BUI FREDERICKSBURG, VA 22401-4490	IMAGING SERVICES
2 FREDERICKSBURG AMBULATORY SURGERY CENT 1201 SAM PERRY BLVD, SUITE 101 FREDERICKSBURG, VA 22401-4490	AMBULATORY SURGERY CENTER
3 REGIONAL CANCER CENTER AT MONTROSS 15394 KINGS HIGHWAY MONTROSS, VA 22520	RADIATION THERAPY

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PART I, LN 7 COL(F):

BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER PATIENT FINANCIAL ASSISTANCE POLICY (PFAP)

IN DECEMBER 2011, MWHC UTILIZED THE SERVICES OF SEARCHAMERICA TO IDENTIFY PFAP ELIGIBLE PATIENTS WHOSE ACCOUNTS HAD FALLEN INTO BAD DEBT. IN EARLY 2012, SEARCHAMERICA PROVIDED A LIST UTILIZING VARIOUS MARKET RESEARCH TO APPROXIMATE THE FEDERAL POVERTY LEVEL OF EACH ACCOUNT HOLDER. WITH THIS INFORMATION WE WERE ABLE TO DETERMINE ACCOUNTS THAT MAY HAVE BEEN ELIGIBLE FOR FREE CARE OR DISCOUNTED CARE UNDER OUR FINANCIAL ASSISTANCE POLICY.

UTILIZING THE STATISTICAL ANALYSIS THAT SEARCHAMERICA PROVIDED WE HAVE EXTRAPOLATED THE DATA AND ARE ABLE TO ESTIMATE THAT ABOUT 25% OF OUR BAD DEBT IS LIKELY ATTRIBUTABLE TO PFAP ELIGIBLE PATIENTS.

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FURTHERANCE OF ITS MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES THE ORGANIZATION PROMOTES WORKFORCE DEVELOPMENT FOR THE RECRUITMENT OF PHYSICIANS AND OTHER HEALTH PROFESSIONALS IN AREAS IDENTIFIED AS

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

SHORTAGE AREAS THROUGH ITS COMMUNITY NEEDS ASSESSMENTS AND MEDICAL STAFF DEVELOPMENT PLANS. RECRUITMENT OF PHYSICIANS TO PRACTICE IN MWHC'S SERVICE AREA IMPROVES ACCESS TO CARE RESULTING IN GREATER AVAILABILITY OF PHYSICIAN SPECIALISTS, LESS TRAVEL TO OBTAIN CARE, AND SHORTER WAIT TIMES FOR APPOINTMENTS. ADDITIONALLY MWHC, PROVIDES FACILITIES FREE OF CHARGE TO RAPPAHANNOCK EMERGENCY MEDICAL SERVICES WHICH IS VALUED AT APPROXIMATELY $100,000.

PART III, LINE 4:

THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S JUDGMENTAL ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ITS REVIEW OF ACCOUNTS RECEIVABLE PAYER COMPOSITION AND AGING, TAKING INTO CONSIDERATION RECENT WRITTEN-OFF EXPERIENCE BY PAYER CATEGORY, PAYER AGREEMENT RATE CHANGES AND OTHER FACTORS. THE RESULTS OF THESE ASSESSMENTS ARE USED TO MAKE MODIFICATIONS

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE.

FOR SELF-PAY PATIENTS, THE PROVISION IS BASED ON AN ANALYSIS OF PAST EXPERIENCE RELATED TO THE RECENT HISTORICAL COLLECTION RATE OF SELF-PAY BALANCES. MWHC FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE BALANCES WITH EXTERNAL COLLECTION AGENCIES. AT DECEMBER 31, 2016 AND 2015, THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS REPRESENTED APPROXIMATELY 96% AND 92% RESPECTIVELY, OF THE PAST DUE ACCOUNTS RECEIVABLE BALANCE. THE PATIENT DUE ACCOUNTS RECEIVABLE BALANCE REPRESENTS THE ESTIMATED UNINSURED PORTION OF ACCOUNTS RECEIVABLE.

PART III, LINE 8:

AS A NOT-FOR-PROFIT HOSPITAL IT IS OUR MISSION TO IMPROVE THE HEALTH STATUS OF ALL PEOPLE WITHIN OUR COMMUNITY AND TO PROVIDE HEALTHCARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS. MWHC ACCEPTS MEDICARE AND MEDICAID AND IT IS A WELL ESTABLISHED FACT THAT NOT-FOR-PROFIT FACILITIES DO NOT RECOUP THE COST OF CARING FOR THOSE

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PATIENTS UTILIZING THESE PROGRAMS. UNDER IRS GUIDELINES MEDICARE AND MEDICAID BENEFICIARIES ARE CONSIDERED TO BE MEMBERS OF A CHARITABLE CLASS, THEREFORE BY ASSISTING THESE PATIENTS AND ACCEPTING THE SHORTFALLS IN REPAYMENT, THE ORGANIZATION IS IN FACT RELIEVING GOVERNMENT BURDEN AND PROVIDING A SIGNIFICANT COMMUNITY BENEFIT TO OUR SERVICE AREA.

PART III, LINE 9B:

PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT IN THE COLLECTION CYCLE AND MODIFICATIONS OF ABILITY TO PAY MAY BE ADJUSTED SHOULD FINANCIAL OR INSURANCE STATUS CHANGE SINCE THE FIRST DAY OF CARE. MWHC DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS BEFORE THEY HAVE MADE REASONABLE EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THIS FINANCIAL ASSISTANCE POLICY. REASONABLE EFFORTS CONSTITUTE NOTIFICATION BY MWHC OF ITS FINANCIAL ASSISTANCE POLICY BY WRITTEN AND/OR ORAL COMMUNICATIONS TO ALL UNINSURED/UNDERINSURED PATIENTS AS WELL AS CONSIDERATION OF ELIGIBILITY BASED UPON THE PRESUMPTIVE ELIGIBILITY GUIDELINES DESCRIBED IN THE FINANCIAL ASSISTANCE POLICY.

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PART VI, LINE 2:

MARY WASHINGTON HEALTHCARE AND ITS AFFILIATES (MARY WASHINGTON HOSPTIAL, MARY WASHINGTON HOSPITAL FOUNDATION, STAFFORD HOSPITAL, LLC, STAFFORD HOSPITAL FOUNDATION, MEDICORP PROPERTIES, INC., MEDICORP HEALTH SERVICES, AND MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.) HAS AS ITS MISSION TO IMPROVE THE HEALTH OF MEMBERS OF THE COMMUNITIES IT SERVES: FREDERICKSBURG, VA AND THE SURROUNDING SIX (6) COUNTIES. THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THESE COMMUNITIES IN NUMEROUS WAYS INCLUDING: 1) SOLICITING INPUT FROM MWHC'S CITIZEN ADVISORY COUNCIL THAT ENCOMPASS INDIVIDUAL MEMBERS AND SUBCOMMITTEES REPRESENTING EACH OF THE COUNTIES IN MWHC'S SERVICE AREA, AND 2) PERFORMING PERIODIC COMMUNITY NEEDS ASSESSMENTS FOR EACH COUNTY IN COLLABORATION WITH GOVERNMENT AGENCIES AND OTHER COMMUNITY ORGANIZATIONS.

PART VI, LINE 3:

MARY WASHINGTON HEALTHCARE AFFILIATES PROVIDE INFORMATION TO PATIENTS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS THROUGH SIGNAGE AT INTAKE AREAS, FLYERS AT ADMISSIONS, NOTICES ON BILLS AND COLLECTION STATEMENTS.

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

FINANCIAL COUNSELORS ARE ALSO AVAILABLE TO ASSIST PATIENTS IN OBTAINING FINANCIAL ASSISTANCE.

PART VI, LINE 4:

MARY WASHINGTON HEALTHCARE PROVIDES EXCEPTIONAL MEDICAL SERVICES TO THE CITY OF FREDERICKSBURG AND THE SURROUNDING "COMMUNITY" THAT CONSIST OF THE PRIMARY SERVICE AREA COUNTIES OF STAFFORD, KING GEORGE, SPOTSYLVANIA, WESTMORELAND, ORANGE, PRINCE WILLIAM, AND SECONDARY SERVICE AREA COUNTIES OF MANASSAS, FAUQUIER, CULPEPER, LOUISA, ESSEX, AND RICHMOND. ESTABLISHED IN 1899, MARY WASHINGTON HOSPITAL (MWH), A 451 BED ACUTE CARE FACILITY, OFFERS COMPREHENSIVE HEALTHCARE AND MULTIPLE CENTERS OF EXCELLENCE INCLUDING CARDIOLOGY AND CARDIOVASCULAR SURGERY, PSYCHIATRY, AND WOMEN AND INFANT HEALTH. STAFFORD HOSPITAL, LLC, A 100 BED ACUTE CARE FACILITY, ALSO OFFERS COMPREHENSIVE HEALTHCARE SERVICES. BOTH MWH AND SH ARE ACCREDITED BY THE JOINT COMMISSION AND LICENSED BY THE COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH AND THE DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES. MWH ALSO PROVIDES ADVANCE RADIATION THERAPY THROUGH THE CANCER CENTER OF VIRGINIA AND HOME HEALTH

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

SERVICES THROUGH MARY WASHINGTON HOME HEALTH.

AS OF THE MOST RECENT CENSUS WITHIN THE RESPECTIVE COUNTIES THE MAJORITY OF THE GEOGRAPHIC SERVICE AREAS IN WHICH BOTH HOSPITALS SERVE ARE MADE UP OF ABOUT 4,164.5 SQUARE MILES OF SUBURBAN AND RURAL LAND. COMMUNITY RESIDENTS IN THE PRIMARY SERVICE AREAS EARN A MEDIAN INCOME PER HOUSEHOLD OF $57,088/YEAR, WITH A COLLECTIVE AVERAGE OF 7.2% OF THE ENTIRE PRIMARY SERVICE AREA LIVING BELOW THE FEDERAL POVERTY GUIDELINES. THE PRIMARY SERVICE AREA HAS AN ESTIMATED POPULATION OF 657,718 INDIVIDUALS AND 187,202 HOUSEHOLDS.

PART VI, LINE 5:

MARY WASHINGTON HOSPITAL, INC. AND STAFFORD HOSPITAL, LLC EACH OPERATE AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY; HAVE OPEN MEDICAL STAFFS WITH PRIVILEGES TO ALL QUALIFIED PHYSICIANS WHO APPLY, HAVE A GOVERNING BODY WITH A MAJORITY OF INDEPENDENT TRUSTEES, AND PARTICIPATE IN MEDICAID, MEDICARE AND OTHER GOVERNMENT SPONSORED HEALTH CARE PROGRAMS. MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC. THROUGH

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

ITS SUBSIDIARIES, PROVIDES ANCILLARY HEALTH SERVICES INCLUDING PHYSICIAN PRACTICES, OUTPATIENT AND AMBULATORY SURGERY, AND HOME HEALTH/HOSPICE SERVICES.

THE ORGANIZATION UTILIZES SURPLUS FUNDS TO EXPAND SERVICES PROVIDED TO THE COMMUNITY (IN RESPONSE TO THE COMMUNITY NEEDS ASSESSMENTS), UPGRADE FACILITIES AND EQUIPMENT TO ENHANCE CLINICAL CARE AND PHYSICIAN CONNECTIVITY TO PATIENT ELECTRONIC HEALTH RECORDS, AND HEALTH EDUCATION PROGRAMS.

PART VI, LINE 6:

MARY WASHINGTON HEALTHCARE AFFILIATES INCLUDE TWO (2) HOSPITALS, OTHER CLINICAL SERVICES THAT INCLUDE AN AMBULATORY SURGERY CENTER, HOSPICE/HOME HEALTH, INDEPENDENT DIAGNOSTIC TESTING FACILITIES, AND PHYSICIAN PRACTICES; TWO (2) FOUNDATIONS AND A PROPERTY DIVISION. ALL ACTIVITIES OF THIS GROUP ARE COORDINATED AND OVERSEEN BY THE PARENT'S (MARY WASHINGTON HEALTHCARE) BOARD OF TRUSTEES. THE AFFILIATED GROUP'S ACTIVITIES ARE CLOSELY PLANNED/INTEGRATED THROUGH INTERLOCKING BOARDS TO ENSURE THE MOST

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

EFFECTIVE DELIVERY OF CARE. EACH MEMBER OF THE AFFILIATED GROUP FOCUSES EFFORTS IN ITS PARTICULAR AREA OF RESPONSIBILITY AND IS ACCOUNTABLE TO THE PARENT'S BOARD FOR ACHIEVING ITS MISSION AND GOALS FOR THE PROVISION OF HEALTH CARE. THE DIVISION OF SERVICES ABOVE ALLOWS PATIENTS TO ACCESS CARE IN THE MOST APPROPRIATE SETTING. THE GOVERNANCE OVERSIGHT PROVIDED BY THE PARENT GUARANTEES OPTIMAL COORDINATION OF THE VARIOUS SEGMENTS OF CARE AND ENSURES HIGH QUALITY SERVICE AS ECONOMICALLY AS POSSIBLE.

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

VA

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

Part I **General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 140 THEODORE DRIVE WINCHESTER, VA 22602	13-5613797	501(C)(3)	5,000.	0.			HEARTCHASE FREDERICKSBURG
EMPLOYMENT RESOURCES INCORPORATED P O BOX 801 FREDERICKSBURG, VA 22404	54-1566468	501(C)(3)	5,000.	0.			SUMMER INTERNSHIP PROGRAM
FREDERICKSBURG CITY PUBLIC SCHOOLS 2300 WASHINGTON AVENUE FREDERICKSBURG, VA 22401	54-6001296		5,000.	0.			SUMMER FOOD SERVICE PROGRAM
FREDERICKSBURG PARKS, RECREATION, AND PUBLIC FACILITES - 408 CANAL STREET - FREDERICKSBURG, VA 22401	54-6001293		3,800.	0.			MIDNIGHT MADNESS SUMMER SERIES
OPEN HAND OF FREDERICKSBURG 200 PRINCE EDWARD STREET FREDERICKSBURG, VA 22401	36-4564097	501(C)(3)	5,000.	0.			SUMMER INTERN PROGRAM (GRAD)
MICAH ECUMENICAL MINISTRIES P.O. BOX 3277 FREDERICKSBURG, VA 22402	20-4044884	501(C)(3)	1,200.	0.			OVERDOSE PREVENTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 22.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL VIRGINIA HEALTH SERVICES 1506 PALMYRA AVE. RICHMOND, VA 23227	54-0887287	501(C)(3)	45,000.	0.			CHCRR: PATIENT EDUCATION AND CASE MANAGEMENT
FREDERICKSBURG CHRISTIAN HEALTH CENTER - 1129 HEATHERSTONE DR. - FREDERICKSBURG, VA 22407	54-2061482	501(C)(3)	100,000.	0.			UNINSURED PATIENT PROGRAM
FREDERICKSBURG REGIONAL TRANSIT 1400 JEFFERSON DAVIS HIGHWAY FREDERICKSBURG, VA 22401	54-6001293		20,000.	0.			LOCAL TRANSPORTATION
MICAH ECUMENICAL MINISTRIES, INC. P.O. BOX 3277 FREDERICKSBURG, VA 22402	20-4044884	501(C)(3)	130,000.	0.			RESIDENTIAL RECOVERY PROGRAM
THE DOCTOR YUM PROJECT 10482 GEORGETOWN DRIVE; SUITE B SPOTSYLVANIA, VA 22553	45-5245719	501(C)(3)	30,000.	0.			BATTLING OBESITY WITH THE H.E.A.L. TOOL
RAPPAHANNOCK AREA HEALTH DISTRICT 608 JACKSON ST. FREDERICKSBURG, VA 22401	54-6001775		100,000.	0.			COMPLICATED OBSTETRICAL AND HIGH RISK MATERNITY CARE PROGRAM
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY, #300 RICHMOND, VA 23221	57-1186937	501(C)(3)	15,000.	0.			RXP
FREDERICKSBURG COUNSELING SERVICES, INC. - 305 HANSON AVE., #140 - FREDERICKSBURG, VA 22401	54-0844464	501(C)(3)	27,000.	0.			COUNSELING SERVICES
FREDERICKSBURG DEPARTMENT OF SOCIAL SERVICES - 608 JACKSON ST., SUITE 100 - FREDERICKSBURG, VA 22401	54-6001293		21,000.	0.			COMMUNITY BASED ELIGIBILITY WORKER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE WASHINGTON REGIONAL COMMISSION - 406 PRINCESS ANNE ST. - FREDERICKSBURG, VA 22401	54-0715969		30,000.	0.			HEALTHY FOOD ACCESS FOR BETTER NUTRITION AND DISEASE PREVENTION
GUADALUPE FREE CLINIC OF COLONIAL BEACH, INC. - P.O. BOX 275 - COLONIAL BEACH, VA 22443	51-0635977	501(C)(3)	70,000.	0.			GUADALUPE FREE CLINIC
HAZEL HILL HEALTHCARE PROJECT 225 BUTLER RD. FREDERICKSBURG, VA 22405	27-1744104	501(C)(3)	15,000.	0.			HAZEL HILL HEALTHCARE PROJECT
RAPPAHANNOCK AREA HEALTH DISTRICT 608 JACKSON ST. FREDERICKSBURG, VA 22401	54-6001775		18,276.	0.			EVERY WOMAN'S LIFE
ACTION IN COMMUNITY THROUGH SERVICES (ACTS) - PO BOX 74 - DUMFRIES, VA 22026	54-0897679	501(C)(3)	20,000.	0.			ACTS HELPLINE
FREDERICKSBURG REGIONAL TRANSIT 1400 JEFFERSON DAVIS HIGHWAY FREDERICKSBURG, VA 22401	54-6001293		25,000.	0.			LOCAL TRANSPORTATION
STAFFORD SCHOOLS HEAD START 610 GAYLE ST. FREDERICKSBURG, VA 22405	54-6001628		18,356.	0.			STAFFORD SCHOOLS CHILDREN'S INSURANCE OUTREACH PROJECT
STAFFORD SCHOOLS HEAD START 610 GAYLE ST. FREDERICKSBURG, VA 22405	54-6001628		18,085.	0.			STAFFORD SCHOOLS HEAD START NUTRITION CONSULTANT PROJECT
RAPPAHANNOCK AREA AGENCY ON AGING, INC. - 460 LENDALL LANE - FREDERICKSBURG, VA 22405	54-1027651	501(C)(3)	42,871.	0.			COMPASS (CARE OPTIONS MAKE FOR PREFERRED SOLUTIONS)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAFFORD COUNTY DEPARTMENT OF SOCIAL SERVICES - P.O. BOX 7 - STAFFORD, VA 22555	54-6001626		24,750.	0.			STAFFORD'S HEALTH INSURANCE ENROLLMENT (SHINE) PROGRAM
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD. FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	850,000.	0.			FREE HEALTH CLINIC
FAIRY GODMOTHER PROJECT 602 WILLIAM STREET 2 B FREDERICKSBURG, VA 22401	45-4299835	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. GEORGE'S EPISCOPAL CHURCH - THE TABLE - 905 PRINCESS ANNE STREET - FREDERICKSBURG, VA 22401	54-0700466	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SPOTSYLVANIA COUNTY SCHOOLS 6921 N. ROXBURY MILL ROAD SPOTSYLVANIA, VA 22551	54-6001624		9,596.	0.			FLUORIDE RINSE PROGRAM

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
ANNE GRAZIANI BROADDUS NURSING SCHOLARSHIP	1	750.	0.		
APRIL JETT WILLS MEMORIAL NURSING SCHOLARSHIP	1	1,000.	0.		
BARBARA KANE NURSING SCHOLARSHIP	1	750.	0.		
CHARLES AND VIOLA JONES NURSING SCHOLARSHIP	3	3,750.	0.		
CHARLES M. "PETE" HEARN FELLOWSHIP	1	1,000.	0.		

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CORA GRAVES ALLISON NURSING SCHOLARSHIP	1.	750.	0.		
ELEANOR HEYCOCK PETTIT NURSING SCHOLARSHIP	1.	750.	0.		
ELIZABETH BRUNELLE RYAN AND CATHERINE RYAN LEGATH SCHOLARSHIP	1.	750.	0.		
FREDERICKSBURG EMERGENCY MEDICAL ALLIANCE SCHOLARSHIP	3.	3,000.	0.		
HAROLD AND FRANCES SCHILZ NURSING SCHOLARSHIP	1.	750.	0.		
HEWETSON NURSING SCHOLARSHIP	1.	750.	0.		
IDA RICHARDSON JENKINS MEMORIAL SCHOLARSHIP	1.	750.	0.		
JANICE HUNT SCHOLARSHIP	1.	500.	0.		
JEAN C. WILLIAMS MEMORIAL NURSING SCHOLARSHIP	1.	750.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
JEANE BULLOCK NURSING SCHOLARSHIP	1.	750.	0.		
JENNIE MAE BENSON NURSING SCHOLARSHIP	1.	750.	0.		
JOHN PAINTER SCHOLARSHIP	1.	750.	0.		
LAURA LEIGH LUMPKIN MEMORIAL SCHOLARSHIP	1.	1,000.	0.		
LIBBY PEARSON ENDOWED NURSING SCHOLARSHIP	1.	750.	0.		
MARIE LACY ROLLINS SCHOLARSHIP	1.	750.	0.		
MARY FRANCES WILLIS & JAMES G. WILLIS MEMORIAL SCHOLARSHIP	2.	3,000.	0.		
MARY WASHINGTON HOSPITAL AUXILIARY SCHOLARSHIP	2.	2,000.	0.		
NANCY HAZARD MEMORIAL SCHOLARSHIP	1.	750.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REBECCA BENNETT NURSING SCHOLARSHIP	1.	750.	0.		
SAL KIWALL MEMORIAL SCHOLARSHIP FOR CLINICAL EDUCATION	1.	500.	0.		
SCHOOL OF RADIOLOGIC TECHNOLOGY	2.	1,800.	0.		
STAFFORD HOSPITAL AUXILIARY SCHOLARSHIP	2.	2,000.	0.		
STEPHANIE FRANCINE BROWN NURSING SCHOLARSHIP	1.	1,000.	0.		
THE FRED M. RANKIN, III LEADERSHIP SCHOLARSHIP	1.	1,000.	0.		
THE VICKIE GRAVES PITTMAN GERMANNA NURSING SCHOLARSHIP	1.	1,000.	0.		
WILLIAM AND VIOLA ADRIAN NURSING SCHOLARSHIP	1.	750.	0.		

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☒ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (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 **1b**	X	
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? **2**	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee ☒ Written employment contract		
	☒ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	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 **7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL P. MCDERMOTT, MD, MBA	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	761,594.	186,719.	45,622.	7,950.	34,202.	1,036,087.	0.
(2) SEAN T. BARDEN BSBA, MBA	(i)	0.	0.	0.	0.	0.	0.	0.
EXEC VP AND CFO	(ii)	407,381.	94,323.	527,964.	7,950.	30,956.	1,068,574.	0.
(3) THOMAS G. GETTINGER, MHA	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & COO	(ii)	299,435.	35,000.	12,385.	0.	22,403.	369,223.	0.
(4) XAVIER RICHARDSON BA, MBA	(i)	0.	0.	0.	0.	0.	0.	0.
MWHF AND SHF PRESIDENT / EXEC VP	(ii)	224,364.	42,279.	43,401.	6,959.	25,058.	342,061.	0.
(5) KATHRYN WALL, BA, MA	(i)	0.	0.	0.	0.	0.	0.	0.
EVP, TRUSTEE MWHC SVCS INC	(ii)	246,122.	47,149.	408,968.	7,821.	13,178.	723,238.	0.
(6) MARIE FREDRICK, R.T. (R), CRA,	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	193,171.	36,864.	12,157.	6,359.	21,511.	270,062.	0.
(7) JUSTIN BOX, MBA	(i)	0.	0.	0.	0.	0.	0.	0.
SVP & CIO	(ii)	185,984.	35,000.	8,864.	0.	22,467.	252,315.	0.
(8) REBECCA M. BIGONEY, MD,BS,MA	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & CMO	(ii)	400,037.	91,294.	20,048.	7,950.	23,781.	543,110.	0.
(9) EILEEN DOHMANN, RN, BSN, MBA, N	(i)	0.	0.	0.	0.	0.	0.	0.
SVP & CNO	(ii)	261,456.	51,182.	13,465.	7,950.	2,012.	336,065.	0.
(10) ERIC FLETCHER, MBA, APR	(i)	0.	0.	0.	0.	0.	0.	0.
SVP	(ii)	228,370.	45,540.	11,486.	6,257.	28,616.	320,269.	0.
(11) TRAVIS TURNER, BS, MBA	(i)	0.	0.	0.	0.	0.	0.	0.
SVP	(ii)	218,879.	36,822.	10,531.	6,761.	29,060.	302,053.	0.
(12) LAUREN BLALOCK	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	154,533.	25,002.	7,800.	5,182.	31,137.	223,654.	0.
(13) KATHLEEN BOURGAULT, MS, CPAM	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	184,010.	31,155.	10,101.	5,998.	22,012.	253,276.	0.
(14) SANDRA BROWN, CPA	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	188,817.	27,253.	8,109.	6,143.	31,400.	261,722.	0.
(15) JAMES DANIEL, MD	(i)	234,323.	36,900.	14,068.	7,622.	22,695.	315,608.	0.
SENIOR MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ALAN EDWARDS	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	171,065.	28,800.	9,963.	5,699.	32,992.	248,519.	0.

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 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) TINA ERVIN	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	188,151.	29,214.	8,103.	5,972.	21,805.	253,245.	0.
(18) JOYCE HANSCOME (UNTIL 05-2016)	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	129,133.	32,322.	93,626.	4,179.	14,295.	273,555.	0.
(19) STEPHEN MANDELL, MD	(i)	289,738.	45,876.	11,816.	7,950.	25,461.	380,841.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DOUGLAS SCHULTE, MD	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	303,265.	49,119.	9,030.	7,950.	2,329.	371,693.	0.
(21) CATHLEEN YABLONSKI, BS, MS	(i)	245,339.	41,307.	10,032.	2,631.	25,896.	325,205.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) DAVID YI, MD	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	275,833.	0.	8,685.	330.	3,316.	288,164.	0.
(23) SANG HO NA	(i)	732,752.	115,000.	690.	7,950.	16,502.	872,894.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) AGOSTINO VISIONI	(i)	809,090.	22,500.	300.	0.	31,239.	863,129.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) J. T. SHERWOOD	(i)	753,361.	35,000.	690.	7,950.	37,981.	834,982.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) THERESA CONOLOGUE	(i)	534,823.	75,210.	450.	7,250.	30,169.	647,902.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) JOHN CARDONE	(i)	495,022.	10,000.	1,290.	7,950.	29,583.	543,845.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINES 4A-B:

SEAN BARDEN RECEIVED A 457(F) DISTRIBUTION OF $491,931.

KATHRYN WALL RECEIVED A 457(F) DISTRIBUTION OF $374,705.

XAVIER RICHARDSON RECEIVED A 457(F) DISTRIBUTION OF $9,430.

JOYCE HANSCOME RECEIVED SEVERANCE PAY OF $87,155 WHICH WAS INCLUDED IN HER 2016 W-2.

PART I, LINE 7:

PART I, LINE 7 - ALL EXECUTIVES HAVE AS A PART OF THEIR COMPENSATION A VARIABLE COMPONENT SUCH THAT THEY ARE ELIGIBLE TO RECEIVE A PERCENTAGE OF

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.

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 K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

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2016
Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVELOPMENT AUTHORITY	52-1303430	355849AS9	05/10/07	81,860,000.	REFUNDING OF 1996 MWH BONDS		X		X		X
B	ECONOMIC DEVELOPMENT AUTHORITY	52-1303430	355849BC3	05/28/14	59,254,492.	REFUNDING OF 2002 BONDS		X		X		X
C	ECONOMIC DEVELOPMENT AUTHORITY	54-1244413	852431BM6	05/02/16	128,486,132.	REFUNDING OF 2006 BONDS		X		X		X
D	ECONOMIC DEVELOPMENT AUTHORITY	52-1303430	NONE	11/22/16	30,405,000.	REFUNDING OF 2013 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	36,120,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	86,868,312.	59,254,492.	128,486,132.	30,405,000.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	583,010.	630,794.	2,100,667.	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	86,285,302.	58,623,698.	126,385,465.	30,405,000.
12	Other unspent proceeds				
13	Year of substantial completion	2007	2014	2016	2016

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		.00 %		.00 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5	.00 %		.00 %		.00 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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2016

Open To Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		559.	
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (FOOD AND BEVE)	X	5	2,273.	FMV
26	Other ▶ (PAID FOR ENTE)	X	2	2,035.	FMV
27	Other ▶ (EVENT FACILIT)	X	1	535.	FMV
28	Other ▶ (EVENT PRIZES)	X	1	200.	FMV

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS TOTALED BY A COUNT OF DONORS PER ITEM.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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Open to Public Inspection

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

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

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

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE MARY WASHINGTON HEALTHCARE GROUP ALL HAVE ONE SOLE MEMBER, ITS PARENT MARY WASHINGTON HEALTHCARE (MWHC).

FORM 990, PART VI, SECTION A, LINE 7A:

MARY WASHINTON HEALTHCARE (MWHC) HAS THE POWER TO APPOINT BOARD OF TRUSTEES FOR THE GROUP.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OF THE MARY WASHINGTON HEALTHCARE GROUP ALL HAVE ONE SOLE MEMBER, ITS PARENT MARY WASHINGTON HEALTHCARE (MWHC). MWHC HAS RESERVED CERTAIN POWERS TO ITSELF WITHIN EACH OF ITS SUBSIDIARIES' ORGANIZING DOCUMENTS. THESE RESTRICTIONS INCLUDE AMENDING THE GOVERNING DOCUMENTS, BUDGETING, EXPENDITURES OVER CERTAIN THRESHOLDS.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT COMPLETES A DRAFT OF THE INTERNAL REVENUE SERVICE (IRS) FORM 990 INFORMATION RETURN FOR MARY WASHINGTON HEALTHCARE AND ITS SUBSIDIARIES. THIS DRAFT IS SUBMITTED TO THE AUDIT & COMPLIANCE COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES. THE FORM 990 AND UNDERLYING INFORMATION ARE PRESENTED TO AND REVIEWED BY THIS COMMITTEE. IF THE CONTENTS OF THE 990 RETURN ARE DEEMED ACCURATE AND ACCEPTABLE BY THE COMMITTEE, THIS BODY

Name of the organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

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RECOMMENDS ACCEPTANCE OF THE RETURN BY THE FULL BOARD OF TRUSTEES. THE FORM 990 RETURN IS SUBSEQUENTLY PRESENTED TO AND REVIEWED BY THE ORGANIZATION'S BOARD OF TRUSTEES. IF DEEMED ACCURATE AND ACCEPTABLE THE BOARD ACCEPTS THE RETURN THROUGH A FORMAL MOTION. AS PART OF THIS PROCESS, THE DRAFT RETURN IS POSTED ON THE BOARD'S WEBSITE WHERE IT REMAINS AVAILABLE FOR REVIEW EVEN AFTER FORMAL ACCEPTANCE BY THE BOARD. THE FORM 990 RETURN IS ALSO AVAILABLE TO MEMBERS OF THE BOARD OF TRUSTEES AS WELL AS THE GENERAL PUBLIC ON MARY WASHINGTON HEALTHCARE'S WEBSITE (WWW.MARYWASHINGTONHEALTHCARE.COM).

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

EVERY TRUSTEE, AND EXECUTIVE MEMBER OF MANAGEMENT IS REQUIRED TO DISCLOSE ANY AND ALL POSSIBLE CONFLICTS OF INTERESTS. THE DISCLOSURES ARE MADE ANNUALLY AND SUBMITTED TO THE MWHC CHIEF AUDIT EXECUTIVE (CAE). THE CAE THEN PRESENTS ALL CONFLICTS TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE CHAIRMAN OF THE AUDIT AND COMPLIANCE COMMITTEE REPORTS ALL CONFLICTS TO THE FULL BOARD.

CONFLICTS ARE CONTINUALLY AND ACTIVELY MANAGED. AT EACH MEETING, THE CHAIR ASKS IF ANYONE AT THE MEETING HAS A CONFLICT TO DISCLOSE. INDIVIDUALS WITH CONFLICTS DISCLOSE THEIR CONFLICTS AND THE RELATED TOPIC. THE INDIVIDUAL THEN RECUSES HIM/HERSELF FROM ANY DECISION RELATED TO THAT TOPIC. THE CONFLICT OF INTERESTS POLICY IS REVIEWED ANNUALLY BY THE BOARD OF TRUSTEES.

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 COMMERCIALLY REASONABLE COMPENSATION FOR THE CEO AND EXECUTIVE LEADERSHIP. IN ORDER TO ENSURE COMPENSATION PAID IS SET AT FAIR MARKET VALUE, THE

Name of the organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

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EXECUTIVE COMPENSATION COMMITTEE UTILIZES COMPENSATION SURVEY DATA, FORM 990 INFORMATION FROM COMPARABLE HEALTH SYSTEMS, AND THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT. SUCH INDEPENDENT THIRD PARTY DATA POINTS PROVIDE ASSURANCE THAT EXECUTIVE COMPENSATION IS COMMERCIALLY REASONABLE AND AT A FAIR MARKET VALUE.

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

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

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

CONTRACT PERSONNEL :

PROGRAM SERVICE EXPENSES	6,620,500.
MANAGEMENT AND GENERAL EXPENSES	182,428.
FUNDRAISING EXPENSES	4,084.
TOTAL EXPENSES	6,807,012.

CONSULTING SERVICES :

PROGRAM SERVICE EXPENSES	31,689,198.
MANAGEMENT AND GENERAL EXPENSES	873,196.
FUNDRAISING EXPENSES	19,549.
TOTAL EXPENSES	32,581,943.

BILLING AND COLLECTION SERVICES :

PROGRAM SERVICE EXPENSES	2,798,124.
MANAGEMENT AND GENERAL EXPENSES	77,103.
FUNDRAISING EXPENSES	1,726.
TOTAL EXPENSES	2,876,953.

Name of the organization: MARY WASHINGTON HEALTHCARE GROUP RETURN

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ASP SERVICES :	
PROGRAM SERVICE EXPENSES	448,283.
MANAGEMENT AND GENERAL EXPENSES	12,352.
FUNDRAISING EXPENSES	277.
TOTAL EXPENSES	460,912.
MISCELLANEOUS SERVICES :	
PROGRAM SERVICE EXPENSES	5,617,451.
MANAGEMENT AND GENERAL EXPENSES	154,790.
FUNDRAISING EXPENSES	3,465.
TOTAL EXPENSES	5,775,706.
STORAGE SERVICES :	
PROGRAM SERVICE EXPENSES	100,394.
MANAGEMENT AND GENERAL EXPENSES	2,766.
FUNDRAISING EXPENSES	62.
TOTAL EXPENSES	103,222.
WASTE DISPOSAL :	
PROGRAM SERVICE EXPENSES	1,236,929.
MANAGEMENT AND GENERAL EXPENSES	34,084.
FUNDRAISING EXPENSES	763.
TOTAL EXPENSES	1,271,776.
MANAGEMENT CONTRACTS :	
PROGRAM SERVICE EXPENSES	28,358,618.
MANAGEMENT AND GENERAL EXPENSES	781,422.

Name of the organization: MARY WASHINGTON HEALTHCARE GROUP RETURN
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FUNDRAISING EXPENSES	17,495.
TOTAL EXPENSES	29,157,535.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	79,035,059.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RELIEF FROM AFFILIATE LOANS	-24,624,244.
UNCOLLECTED PLEDGES	-330,012.
ELIMINATION OF EQUITY FOR CONSOLIDATED ENTITIES	-5,047,174.
TOTAL TO FORM 990, PART XI, LINE 9	-30,001,430.

FORM 990, PART XII, LINE 2C

THE COMPANIES IN THE GROUP RETURN ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MWHC. CONSISTENT WITH PRIOR YEARS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AUDITORS RESTS WITH THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART V, Q2A

NO ENTITY WITHIN THE GROUP FILES W-2S WITH THE IRS. ALL PAYROLL IS PAID THROUGH AN AGENCY AGREEMENT WITH MARY WASHINGTON HEALTHCARE.

FORM 990, SCHEDULE R

ABBREVIATIONS:

MWHC - MARY WASHINGTON HEALTHCARE

MPI - MEDICORP PROPERTIES, INC.

MWHC CLINICAL - MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.

MEDIDOCTORS H.C. - MEDIDOCTORS HOLDING COMPANY

Name of the organization
MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number
20-1106426

FORM 990, PART V, Q3A AND Q3B

MARY WASHINGTON HOSPITAL AND MARY WASHINTON HOSPITAL FOUNDATON FILE SEPARATE 990T'S RELATED TO UNRELATED BUSINESS INCOME.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MEDIDOCTORS, LLC - 54-1990805 2300 FALL HILL AVE, STE 418 FREDERICKSBURG, VA 22401	MEDICAL	VIRGINIA	408,199.	36,659.	MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
STAFFORD HOSPITAL AUXILIARY - 26-2704632 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	MEDICAL SERVICES	VIRGINIA	501(C)(3)	LINE 12C, III-FI			X
MARY WASHINGTON HOSPITAL AUXILIARY - 75-2985923, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	MEDICAL SERVICES	VIRGINIA	501(C)(3)	LINE 12C, III-FI			X
MWH AND UVA RADIOSURGERY CENTER, LLC - 90-0604539, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	MEDICAL SERVICES	VIRGINIA	501(C)(3)	LINE 12A, I	MARY WASHINGTON HOSPITAL	X	
MARY WASHINGTON HEALTHCARE - 54-1240646 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	MEDICAL SERVICES	VIRGINIA	501(C)(3)	LINE 12B, II	MWHC		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
FREDERICKSBURG AMBULATORY SURGERY CENTER - 56-2322548, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	SURGERY CTR	VA	MWHC CLINICAL SERVICES INC.	RELATED	2,705,053.	1,492,163.		X	N/A	X		53.87%
MEDICAL IMAGING OF FREDERICKSBURG - 54-1364028, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	IMAGING	VA	MWHC CLINICAL SERVICES INC.	RELATED	4,886,100.	1,652,630.		X	N/A	X		51.00%
MARY WASHINGTON EYE CARE CENTER - 27-1248032, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	OPTOMETRY	VA	MWHC CLINICAL SERVICES INC.	RELATED	-172,573.	-1,903,341.		X	N/A	X		99.00%
CENTRAL ATLANTIC HEALTH NETWORK - 27-4704694, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	GROUP PURCHASING	VA	N/A	RELATED	-184.	24,141.	X		N/A		X	12.50%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
FREDERICKSBURG PROFESSIONAL RISK EXCHANGE - 33-1095956, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	CAPTIVE INSURANCE	VA	MARY WASHINGTON HEALTHCARE	C CORP	-59,035.	18,564,857.	100.00%		X
MARY WASHINGTON HEALTHCARE SERVICES, INC. - 54-1244509, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	RETAIL MEDICAL	VA	MWHC CLINICAL SERVICES, INC.	C CORP	-152,876.	1,368,761.	100.00%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
COWAN INVESTMENT PARTNERS, LLC - 65-1294835, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	REAL ESTATE	VA	MEDICORP PROPERTIES, INC.	RELATED	-7,658.	61,765.		X	N/A		X	12.50%
SPOTSYLVANIA PARKWAY MEDICAL PLAZA, LLC - 26-2656396, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	REAL ESTATE	VA	MEDICORP PROPERTIES, INC.	RELATED	161,303.	-689,227.		X	N/A		X	39.50%
SPOTSYLVANIA PARKWAY MEDICAL PLAZA II, LLC - 45-4281946, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	REAL ESTATE	VA	MEDICORP PROPERTIES, INC.	RELATED	-9,994.	914,512.		X	N/A		X	39.50%
MARY WASHINGTON HEALTH ALLIANCE, LLC - 46-3055639, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	PHYSICIAN'S NETWORK	VA	MWHC CLINICAL SERVICES INC.	RELATED	1,019,890.	6,759,022.		X	N/A		X	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FREDERICKSBURG AMBULATORY SURGERY CENTER	J	1,081,868.	CORP BOOKS/RECORDS
(2) MEDICAL IMAGING OF FREDERICKSBURG	J	1,105,831.	CORP BOOKS/RECORDS
(3) MARY WASHINGTON EYE CARE CENTER	J	117,165.	CORP BOOKS/RECORDS
(4) MARY WASHINGTON HEALTHCARE SERVICES, INC	J	465,513.	CORP BOOKS/RECORDS
(5) MARY WASHINGTON HEALTHCARE	M	81,380,206.	CORP BOOKS/RECORDS
(6) MWH AND UVA RADIOSURGERY CENTER, LLC	J	134,680.	CORP BOOKS/RECORDS

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	MWH AND UVA RADIOSURGERY CENTER, LLC	L	131,128.	CORP BOOKS/RECORDS
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

Part VII Supplemental Information.

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

FORM 990, PART III

AS OF DECEMBER 31, 2016, MARY WASHINGTON HEALTHCARE BECOME THE SOLE MEMBER OF MARY WASHINGTON HEALTH ALLIANCE (MWHA). A FINAL PARTNERSHIP RETURN WAS FILED FOR 2016 AND MWHA BECAME A DISREGARDED ENTITY UNDER MARY WASHINGTON HEALTHCARE AND WILL BE REPORTED AS SUCH IN 2017.

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .**

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Enter filer's identifying number

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
MARY WASHINGTON HEALTHCARE GROUP RETURN	20-1106426
Number, street, and room or suite no. If a P.O. box, see instructions. C/O PBMARES - 725 JACKSON ST, #210	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICKSBURG, VA 22401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JENNINGS D DAWSON, III - 2300 FALL HILL AVENUE, NO. 418 - FREDERICKSBURG, VA 22401
  Telephone No. ▶ 540-741-2513 Fax No. ▶ 540-741-3534
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 4243 . If this is for the whole group, check this box ▶ [X] . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2016 or
▶ ☐ tax year beginning _____ , and ending _____ .

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

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

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