

Form **990**  
(Rev. January 2020)  
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)

OMB No. 1545-0047

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MARY WASHINGTON HEALTHCARE</b>		<b>D Employer identification number</b> <b>54-1240646</b>
	Doing business as		<b>E Telephone number</b> <b>540-741-2507</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2300 FALL HILL AVENUE</b>		<b>G Gross receipts \$</b> <b>180,158,627.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>FREDERICKSBURG, VA 22401</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F Name and address of principal officer: MICHAEL P. MCDERMOTT MD</b> <b>SAME AS C ABOVE</b>		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> ▶ <b>WWW.MARYWASHINGTONHEALTHCARE.COM/</b>		<b>L Year of formation:</b> <b>1983</b> <b>M State of legal domicile:</b> <b>VA</b>	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>804</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>17</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>380,000.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-40,576.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 99,318.	<b>Current Year</b> 166,662.
	<b>9</b> Program service revenue (Part VIII, line 2g)	104,797,897.	114,252,041.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,523,802.	11,054,924.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,421,017.	125,473,627.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	264,038.	243,173.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	55,510,787.	65,052,421.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>730,664.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	76,870,884.	58,788,731.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	132,645,709.	124,084,325.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-19,224,692.	1,389,302.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 434,691,972.	<b>End of Year</b> 514,696,844.
	<b>21</b> Total liabilities (Part X, line 26)	128,815,134.	133,597,940.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	305,876,838.	381,098,904.

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>SEAN T. BARDEN, SENIOR VP AND CFO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER N. FRENCH</b>	Preparer's signature <b>JENNIFER N. FRENCH</b>	Date <b>10/15/20</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P00659678</b>
	Firm's name ▶ <b>PBMARES, LLP</b>	Firm's EIN ▶ <b>54-0737372</b>		
	Firm's address ▶ <b>725 JACKSON STREET, SUITE 210 FREDERICKSBURG, VA 22401</b>		Phone no. <b>540-371-3566</b>	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 122,226,707. including grants of \$ 243,173. ) (Revenue \$ 113,872,041. ) AS THE PARENT CORPORATION OF THE MWHC AFFILIATED GROUP, MWHC PROVIDES STRATEGIC DIRECTION, MANAGEMENT AND CORPORATE SUPPORT SERVICES TO MEMBERS OF THE AFFILIATED GROUP.

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

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

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

4e Total program service expenses 122,226,707.

Part IV Checklist of Required Schedules

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

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

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

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

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

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and Section 501(c)(7) and (12) organizations (10-11).

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **SANDRA W. BROWN - 540-741-2528**  
**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MICHAEL P. MCDERMOTT, MD, MBA PRESIDENT AND CEO	40.00 4.00	X		X				1,277,492.	0.	42,594.
(2) SEAN T. BARDEN BSBA, MBA SENIOR VP AND CFO	40.00 4.00			X				686,076.	0.	35,360.
(3) ERIC FLETCHER, MBA, APR SVP	40.00 2.00			X				473,548.	0.	42,695.
(4) STEPHEN MANDELL, JR, MD VICE PRESIDENT	2.00 40.00			X				0.	473,838.	34,398.
(5) TRAVIS TURNER, BS, MBA SVP	40.00 2.00			X				455,763.	0.	37,130.
(6) ELIESE K. BERNARD VICE PRESIDENT	2.00 40.00			X				0.	431,790.	37,353.
(7) KATHRYN WALL, BA, MA SVP	40.00 2.00			X				434,330.	0.	20,994.
(8) REBECCA BIGONEY, MD EXEC VP AND CMO (UNTIL 6/30/19)	40.00 2.00			X				438,486.	0.	16,664.
(9) DOUGLAS SCHULTE, MD VICE PRESIDENT (THRU 10/10/19)	40.00 2.00			X				431,328.	0.	10,836.
(10) DAVID YI, MD VICE PRESIDENT	40.00 2.00			X				402,591.	0.	10,789.
(11) CHRISTOPHER NEWMAN, MD SVP	40.00 2.00			X				371,987.	0.	21,267.
(12) EILEEN DOHMANN, RN, BSN, MBA, N SVP & CNO	40.00 2.00			X				376,658.	0.	13,880.
(13) XAVIER RICHARDSON BA, MBA SVP	40.00 2.00			X				355,281.	0.	29,643.
(14) SANDRA BROWN, CPA VICE PRESIDENT	40.00 2.00			X				332,360.	0.	29,742.
(15) RICHARD A. LEWIS MD VICE PRESIDENT	40.00 2.00			X				327,486.	0.	25,630.
(16) CATHLEEN YABLONSKI, BS, MS VICE PRESIDENT	2.00 40.00			X				0.	322,789.	25,669.
(17) TINA ERVIN VICE PRESIDENT	40.00 2.00			X				282,990.	0.	28,280.

**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) MARIE FREDRICK, R.T. (R), CRA, VICE PRESIDENT	40.00 2.00			X				278,288.	0.	29,395.
(19) KATHLEEN BOURGAULT, MS, CPAM VICE PRESIDENT	40.00 2.00			X				273,717.	0.	28,774.
(20) EMERIC S. PALMER SENIOR MEDICAL DIRECTOR	40.00 2.00					X		264,943.	0.	27,985.
(21) LAUREN BLALOCK VICE PRESIDENT	40.00 2.00			X				254,981.	0.	37,452.
(22) ALAN EDWARDS VICE PRESIDENT	40.00 2.00			X				229,326.	0.	39,079.
(23) CODY BLANKENSHIP VICE PRESIDENT	40.00 2.00			X				232,480.	0.	31,985.
(24) BRIAN JENKINS VICE PRESIDENT	2.00 40.00			X				0.	202,990.	19,126.
(25) JUSTIN BOX, MBA SVP & CIO (UNTIL 4/26/19)	40.00 2.00			X				204,016.	0.	16,394.
(26) STEPHEN P. HUGHES DIRECTOR, IS TECHNOLOGY	40.00 2.00					X		184,586.	0.	23,810.
<b>1b Subtotal</b>								8,568,713.	1,431,407.	716,924.
<b>c Total from continuation sheets to Part VII, Section A</b>								685,364.	0.	47,046.
<b>d Total (add lines 1b and 1c)</b>								9,254,077.	1,431,407.	763,970.

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 **76**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHANGE HEALTHCARE 3055 LEBANON PIKESUITE, NASHVILLE, TN 37214	PROFESSIONAL BILLING SERVICES	1,625,610.
DIXON HUGHES GOODMAN LLP 4350 CONGRESS STSTE, CHARLOTTE, NC 28209	CONSULTING	813,135.
TRU SERVICES 152 CONANT STREET 2ND, BEVERLY, MA 01915	INSURANCE UNDERWRITER	787,649.
DELL FINANCIAL SERVICES 1 DELL WAY, ROUND ROCK, TX 78682	FINANCING SOLUTIONS	635,663.
MERCURY ACCOUNTS RECEIVABLE SERVICES, LLC 3905 LAVAIN CT, ANNANDALE, VA 22003	PROFESSIONAL BILLING SERVICES	506,539.

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 **22**

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) PHILIP A. BROWN DIRECTOR OF PLANNING	40.00 2.00					X	174,038.	0.	29,330.	
(28) GEOFFREY LAWSON SVP	40.00 2.00			X			181,048.	0.	4,436.	
(29) JENNIFER FREELAND DIRECTOR OF IS OPERATIONS	40.00 2.00					X	167,293.	0.	5,837.	
(30) KARIN S. HAYNES APPLICATIONS DIRECTOR	40.00 2.00					X	162,985.	0.	7,443.	
(31) WILLIAM M. BOLDON, MBA CHAIR	2.00 2.00	X		X			0.	0.	0.	
(32) RONALD W. BRANSCOME, MS BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(33) BRUCE L. DAVIS, BA BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(34) JANAMITRA DEVAN BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(35) MATTHEW D. DUMONT, MD BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(36) REV. ALLEN H. FISHER, JR. BA BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(37) JEFFREY A. FRAZIER, MD BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(38) DAVID M. GARTH, MD BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(39) DERMAINE A. LEWIS BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(40) JOHN C. MCKEOWN, MA, MPA BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(41) SUDEEP J. MENACHERY, MD BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(42) FRED M. MESSING, MBA, LFACHE VICE CHAIR	2.00 2.00	X		X			0.	0.	0.	
(43) JOHN F. ROWLEY, III BS, JD SECRETARY/TREASURER	2.00 2.00	X		X			0.	0.	0.	
(44) CATHERINE M. WACK BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(45) MARTIN A. WILDER, JR., ED.D. BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
(46) LINDA D. WORRELL BOARD TRUSTEE	2.00 2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....							685,364.		47,046.	

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	166,662.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			166,662.			
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT SERVICES REVENUE	Business Code	561000	103,894,112.	103,514,112.	380,000.	
	<b>b</b> AFFILIATE CAPTIVE INSURANCE	561000		3,291,534.	3,291,534.		
	<b>c</b> OTHER OPERATING INCOME	561000		3,199,585.	3,199,585.		
	<b>d</b> MWHA PHYSICIAN PROGRAMS	561000		3,169,450.	3,169,450.		
	<b>e</b> COLLECTION SERVICES	561000		287,432.	287,432.		
	<b>f</b> All other program service revenue	561000		409,928.	409,928.		
	<b>g Total.</b> Add lines 2a-2f			114,252,041.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			5,388,133.		5,388,133.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>6b</b> Less: rental expenses					
	<b>6c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>		60,351,291.	500.		
		<b>7b</b> Less: cost or other basis and sales expenses		54,685,000.	0.		
	<b>7c</b> Gain or (loss)		5,666,291.	500.			
	<b>d</b> Net gain or (loss)			5,666,791.		5,666,791.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>						
	<b>8b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>9b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>10b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			125,473,627.	113,872,041.	380,000.	11,054,924.	

**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	243,173.	243,173.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	8,853,250.	8,720,451.	80,565.	52,234.
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	42,355,992.	41,720,652.	385,440.	249,900.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,046,501.	4,970,804.	45,923.	29,774.
9 Other employee benefits	5,288,606.	5,209,277.	48,126.	31,203.
10 Payroll taxes	3,508,072.	3,455,451.	31,923.	20,698.
11 Fees for services (nonemployees):				
a Management	750,855.	739,592.	6,833.	4,430.
b Legal	832,531.	820,043.	7,576.	4,912.
c Accounting	247,069.	243,363.	2,248.	1,458.
d Lobbying	15,542.	15,309.	141.	92.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	334,543.	329,525.	3,044.	1,974.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	14,681,444.	14,461,223.	133,601.	86,620.
12 Advertising and promotion	2,654,836.	2,615,013.	24,159.	15,664.
13 Office expenses	3,429,436.	3,377,994.	31,208.	20,234.
14 Information technology	16,514,371.	16,266,655.	150,281.	97,435.
15 Royalties				
16 Occupancy	3,616,827.	3,562,575.	32,913.	21,339.
17 Travel	672,170.	662,087.	6,117.	3,966.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,384.	23,033.	213.	138.
20 Interest	335,557.	330,523.	3,054.	1,980.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,725,534.	11,549,651.	106,702.	69,181.
23 Insurance	1,518,129.	1,495,357.	13,815.	8,957.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL &amp; HOSPITAL EXPE</b>	1,295,936.	1,276,497.	11,793.	7,646.
b <b>REPAIRS &amp; MAINTENANCE</b>	84,985.	83,711.	773.	501.
c <b>LICENSES &amp; PERMITS</b>	55,582.	54,748.	506.	328.
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	124,084,325.	122,226,707.	1,126,954.	730,664.
26 <b>Joint costs.</b> 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)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	17,363,578.	<b>1</b>	24,645,499.		
	<b>2</b> Savings and temporary cash investments .....	6,258,155.	<b>2</b>	28,355,146.		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>			
	<b>4</b> Accounts receivable, net .....	16,073,040.	<b>4</b>	14,919,366.		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	6,539,935.	<b>9</b>	6,514,885.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 132,925,335.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 80,061,067.	49,306,442.	<b>10c</b>	52,864,268.	
	<b>11</b> Investments - publicly traded securities .....	179,665,658.	<b>11</b>	208,149,521.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	159,485,164.	<b>12</b>	179,248,159.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	434,691,972.	<b>16</b>	514,696,844.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	30,005,991.	<b>17</b>	37,453,409.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	40,471,307.	<b>23</b>	41,607,700.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	58,337,836.	<b>25</b>	54,536,831.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	128,815,134.	<b>26</b>	133,597,940.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	288,512,172.	<b>27</b>	363,751,451.		
	<b>28</b> Net assets with donor restrictions .....	17,364,666.	<b>28</b>	17,347,453.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	305,876,838.	<b>32</b>	381,098,904.		
	<b>33</b> Total liabilities and net assets/fund balances .....	434,691,972.	<b>33</b>	514,696,844.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	125,473,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,084,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,389,302.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	305,876,838.
5	Net unrealized gains (losses) on investments	5	29,076,190.
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 on Schedule O)	9	44,756,574.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	381,098,904.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)

**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.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **MARY WASHINGTON HEALTHCARE** Employer identification number **54-1240646**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 ..... 2
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		X
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described in (a) above?		X
<b>c</b> 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.		X

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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.		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</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.		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**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.)

PART IV, LINE 1

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

SUPPORTED ORGANIZATION, STAFFORD HOSPITAL, LLC, IS CLASSIFIED AS 501(C)(3) AND IS DESIGNATED BY ITS PURPOSE ALIGNED WITH THAT OF MARY WASHINGTON HEALTHCARE TO ESTABLISH, MAINTAIN AND OPERATE, DIRECTLY OR INDIRECTLY, FACILITIES AND SERVICES PROVIDING HEALTH CARE FOR SICK, INJURED, DISABLED OR AGED PERSONS AND PROVIDING FOR THE PRESERVATION OF HEALTH AS THE BOARD OF TRUSTEES MAY DETERMINE FROM TIME TO TIME TO BE APPROPRIATE, INCLUDING, WITHOUT LIMITATION, HOSPITALS, AMBULATORY CARE SERVICES, NURSING CARE FACILITIES AND AGENCIES OR FACILITIES PROVIDING CARE FOR THE PERSONS IN THEIR HOMES . STAFFORD HOSPITAL, LLC IS ORGANIZED EXCLUSIVELY FOR OTHER CHARITABLE, SCIENTIFIC, EDUCATIONAL AND SCIENTIFIC PURPOSES. MORE SPECIFICALLY DEFINED AS FOLLOWS:

TO ESTABLISH, OWN, MANAGE, MAINTAIN AND OPERATE ACUTE CARE HOSPITALS AND OTHER HEALTHCARE INSTITUTIONS AND SERVICES;

TO PROMOTE HEALTH THROUGH PARTICIPATION IN INTEGRATED PATIENT CARE MANAGEMENT SYSTEMS THAT OFFER ACCESS TO A COMPLETE SPECTRUM OF HEALTH SERVICES, FROM PREVENTION AND TREATMENT TO EMERGENT, ACUTE, CHRONIC AND LONG-TERM CARE;

TO CARRY ON MEDICAL AND SCIENTIFIC RESEARCH RELATED TO THE CARE OF THE SICK AND INJURED;

TO CARRY ON EDUCATIONAL OR TRAINING ACTIVITIES RELATED TO THE CARE AND PREVENTION OF SICKNESS, INJURY AND DISEASE OR THE PROMOTION OF HEALTH;

TO PARTICIPATE, AS CIRCUMSTANCES MAY WARRANT, IN ANY ACTIVITY

**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.)

DESIGNED AND CARRIED OUT TO PROMOTE THE GENERAL HEALTH OF THE  
COMMUNITY;

TO ENGAGE IN ANY OTHER LAWFUL ACTIVITY CONSISTENT WITH AND AS  
LIMITED BY SECTION 501(C)(3) OF THE CODE; AND

TO CONDUCT ANY OR ALL LAWFUL AFFAIRS THAT DO NOT CONFLICT WITH THE  
ABOVE PURPOSES BUT ARE OTHERWISE CONFERRED UPON LIMITED LIABILITY  
COMPANIES BY THE VIRGINIA LIMITED LIABILITY COMPANY ACT OR ITS  
SUCCESSOR.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>MARY WASHINGTON HEALTHCARE</b>	Employer identification number <b>54-1240646</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		15,542.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		
<b>i</b> Other activities? .....	X		
<b>j</b> Total. Add lines 1c through 1i .....			15,542.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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

**PART II-B**

**LOBBYING EXPENDITURES INCLUDE BOTH DIRECT AND INDIRECT EXPENDITURES.**

**MWHC HAS A COST CODE SPECIFICALLY FOR LOBBYING EXPENDITURES. ALL**

**AMOUNTS FROM THAT COST CODE ARE INCLUDED IN THIS SECTION. IN ADDITION,**

**AN ALLOCABLE SHARE OF SALARIES OF THE ORGANIZATION'S ASSOCIATES ENGAGED**



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization MARY WASHINGTON HEALTHCARE Employer identification number 54-1240646

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....		1,481,229.	332,752.	1,148,477.
<b>c</b> Leasehold improvements .....		3,268,139.	1,385,573.	1,882,566.
<b>d</b> Equipment .....		128,133,435.	78,321,190.	49,812,245.
<b>e</b> Other .....		42,532.	21,552.	20,980.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				52,864,268.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVEST-VHA, INC.	200,000.	COST
(B) INVEST IN SUB-MWH	116,568,158.	COST
(C) INVEST IN SUB-SHC	-19,849,485.	COST
(D) INVEST IN SUB-MPI	65,936,649.	COST
(E) INVEST IN SUB-MSI	-6,648,698.	COST
(F) INVEST IN SUB-REX	14,970,493.	COST
(G) INVEST IN MWHCS	1,099,260.	COST
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>179,248,159.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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) IBNR	2,706,857.
(3) LOSS RESERVE ON EXCESS PROGRAM	65,280.
(4) PENSION LIABILITY	51,764,694.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>54,536,831.</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

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

MWHC HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES, OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED. FOR TAX PERIODS WITH RESPECT TO WHICH NO UNRELATED BUSINESS INCOME WAS RECOGNIZED, NO TAX RETURN WAS REQUIRED. TAX PERIODS FOR WHICH NO RETURN IS FILED REMAIN OPEN FOR EXAMINATION INDEFINITELY. GENERALLY, TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2016, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES. ALL REQUIRED TAX FILINGS HAVE BEEN FILED ON A TIMELY BASIS.





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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **MARY WASHINGTON HEALTHCARE** Employer identification number **54-1240646**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
VA HEALTH CARE FOUNDATION 707 EAST MAINE STREET RICHMOND, VA 23219	54-1639924	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FREDERICKSBURG REGIONAL ALLIANCE THE BOWMAN CENTER FREDERICKSBURG, VA 22404	54-1961653	501(C)(3)	20,000.	0.			COMPREHENSIVE HEALTH INVESTMENT PLAN SUPPORT
CITY OF FREDERICKSBURG PO BOX 967 FREDERICKSBURG, VA 22404	54-6001293	115	17,500.	0.			GENERAL SUPPORT
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD, STE FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	16,000.	0.			GENERAL SUPPORT
LOISANN'S HOPE HOUSE 902 LAFAYETTE BLV FREDERICKSBURG, VA 22401	54-1419314	501(C)(3)	12,500.	0.			GENERAL SUPPORT
HOSPITAL HOSPITALITY HOUSE OF RICHMOND - 612 E MARSHALL ST - RICHMOND, VA 23219	54-1240348	501(C)(3)	10,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 15.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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Schedule I (Form 990) (2019)

**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
MARCH OF DIMES PO BOX 932852 ATLANTA, GA 31193	13-1846366	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GEORGE WASHINGTON REGIONAL COMMISSION - 406 PRINCESS ANNE STREET - FREDERICKSBURG, VA 22401	54-0715969	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EMPLOYMENT RESOURCES INC. PO BOX 801 FREDERICKSBURG, VA 22404	54-1566468	501(C)(3)	8,750.	0.			GENERAL SUPPORT
GERMANNA COMMUNITY COLLEGE 2130 GERMANNA HWY LOCUST GROVE, VA 22508	54-1268292	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MARINE CORPS MARATHON PO BOX 188 QUANTICO, VA 22134	54-1468675	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SAFE HARBOR CHILD ADVOCACY CENTER 4702 SOUTHPOINT PKWY FREDERICKSBURG, VA 22407	26-1563081	501(C)(3)	7,000.	0.			GENERAL SUPPORT
RAPPAHANNOCK POPS ORCHESTRA PO BOX 1972 SPOTSYLVANIA, VA 22553	91-2154808	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FREDERICKSBURG VA MAIN STREET INC. 904 PRINCESS ANNE ST FREDERICKSBURG, VA 22401	47-2044595	501(C)(3)	5,600.	0.			GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF VIRGINIA - 4200 FITZHUGH AVE - RICHMOND, VA 23230	54-0505884	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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
BOYS & GIRLS CLUB OF RAPPAHANNOCK REGION - 500 GUNNERY RD - FREDERICKSBURG, VA 22401	46-3043887	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

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

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

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **MARY WASHINGTON HEALTHCARE**  
 Employer identification number: **54-1240646**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input checked="" type="checkbox"/> Discretionary spending account                 </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</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 .....</p>	<b>1b</b> X	
<p><b>2</b> 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? .....</p>	<b>2</b> X	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </p> <p> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b> X	
	<b>4b</b> X	
	<b>4c</b>	X
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	X
	<b>5b</b>	X
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	X
	<b>6b</b>	X
<p><b>7</b> 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 .....</p>	<b>7</b> X	
<p><b>8</b> 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 .....</p>	<b>8</b>	X
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2019

**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 PRESIDENT AND CEO	(i)	835,377.	316,069.	126,046.	8,400.	34,194.	1,320,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SEAN T. BARDEN BSBA, MBA SENIOR VP AND CFO	(i)	458,201.	152,449.	75,426.	8,400.	26,960.	721,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC FLETCHER, MBA, APR SVP	(i)	280,951.	83,787.	108,810.	8,400.	34,295.	516,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHEN MANDELL, JR, MD VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	338,215.	83,875.	51,748.	7,012.	27,386.	508,236.	0.
(5) TRAVIS TURNER, BS, MBA SVP	(i)	324,383.	82,428.	48,952.	7,126.	30,004.	492,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIESE K. BERNARD VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	339,321.	78,961.	13,508.	7,830.	29,523.	469,143.	0.
(7) KATHRYN WALL, BA, MA SVP	(i)	283,497.	80,009.	70,824.	8,400.	12,594.	455,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) REBECCA BIGONEY, MD EXEC VP AND CMO (UNTIL 6/30/19)	(i)	221,857.	147,870.	68,759.	6,009.	10,655.	455,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DOUGLAS SCHULTE, MD VICE PRESIDENT (THRU 10/10/19)	(i)	316,398.	76,818.	38,112.	8,400.	2,436.	442,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID YI, MD VICE PRESIDENT	(i)	310,269.	72,195.	20,127.	8,400.	2,389.	413,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTOPHER NEWMAN, MD SVP	(i)	270,898.	93,272.	7,817.	0.	21,267.	393,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) EILEEN DOHMANN, RN, BSN, MBA, N SVP & CNO	(i)	279,653.	79,072.	17,933.	8,332.	5,548.	390,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) XAVIER RICHARDSON BA, MBA SVP	(i)	249,238.	64,218.	41,825.	7,320.	22,323.	384,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SANDRA BROWN, CPA VICE PRESIDENT	(i)	245,099.	53,932.	33,329.	7,080.	22,662.	362,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RICHARD A. LEWIS MD VICE PRESIDENT	(i)	250,969.	64,760.	11,757.	0.	25,630.	353,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) CATHLEEN YABLONSKI, BS, MS VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,743.	54,348.	52,698.	2,460.	23,209.	348,458.	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 VICE PRESIDENT	(i)	201,308.	48,117.	33,565.	6,168.	22,112.	311,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MARIE FREDRICK, R.T. (R), CRA, VICE PRESIDENT	(i)	218,118.	49,504.	10,666.	6,983.	22,412.	307,683.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) KATHLEEN BOURGAULT, MS, CPAM VICE PRESIDENT	(i)	214,084.	49,004.	10,629.	6,187.	22,587.	302,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) EMERIC S. PALMER SENIOR MEDICAL DIRECTOR	(i)	264,253.	0.	690.	0.	27,985.	292,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) LAUREN BLALOCK VICE PRESIDENT	(i)	189,746.	44,208.	21,027.	5,691.	31,761.	292,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ALAN EDWARDS VICE PRESIDENT	(i)	172,831.	44,156.	12,339.	5,848.	33,231.	268,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) CODY BLANKENSHIP VICE PRESIDENT	(i)	180,572.	43,972.	7,936.	3,326.	28,659.	264,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) BRIAN JENKINS VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,901.	0.	8,089.	0.	19,126.	222,116.	0.
(25) JUSTIN BOX, MBA SVP & CIO (UNTIL 4/26/19)	(i)	102,239.	85,551.	16,226.	3,295.	13,099.	220,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) STEPHEN P. HUGHES DIRECTOR, IS TECHNOLOGY	(i)	161,027.	23,150.	409.	2,846.	20,964.	208,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) PHILIP A. BROWN DIRECTOR OF PLANNING	(i)	146,111.	26,486.	1,441.	4,666.	24,664.	203,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) GEOFFREY LAWSON SVP	(i)	120,459.	53,818.	6,771.	0.	4,436.	185,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) JENNIFER FREELAND DIRECTOR OF IS OPERATIONS	(i)	145,054.	21,774.	465.	3,863.	1,974.	173,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) KARIN S. HAYNES APPLICATIONS DIRECTOR	(i)	141,258.	20,874.	853.	4,303.	3,140.	170,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:**

MICHAEL MCDERMOTT RECEIVED A 457(F) DISTRIBUTION OF \$87,109.

SEAN BARDEN RECEIVED A 457(F) DISTRIBUTION OF \$54,508.

REBECCA BIGONEY RECEIVED A 457(F) DISTRIBUTION OF \$55,299.

JUSTIN BOX RECEIVED A 457(F) DISTRIBUTION OF \$11,648.

ERIC FLETCHER RECEIVED A 457(F) DISTRIBUTION OF \$91,565.

XAVIER RICHARDSON RECEIVED A 457(F) DISTRIBUTION OF \$21,971.

TRAVIS TURNER RECEIVED A 457(F) DISTRIBUTION OF \$34,945.

KATHRYN WALL RECEIVED A 457(F) DISTRIBUTION OF \$52,768.

ELIESE BERNARD RECEIVED A 457(F) DISTRIBUTION OF \$5,183.



**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.

LAUREN BLALOCK RECEIVED A 457(F) DISTRIBUTION OF \$12,037.

SANDRA BROWN RECEIVED A 457(F) DISTRIBUTION OF \$24,697.

TINA ERVIN RECEIVED A 457(F) DISTRIBUTION OF \$24,625.

STEPHEN MANDELL RECEIVED A 457(F) DISTRIBUTION OF \$39,052.

DOUGLAS SCHULTE RECEIVED A 457(F) DISTRIBUTION OF \$27,605.

CATHLEEN YABLONSKI RECEIVED A 457(F) DISTRIBUTION OF \$41,455.

DAVID YI RECEIVED A 457(F) DISTRIBUTION OF \$11,944.

PART I, LINE 7:

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

**2019**

▶ Attach to Form 990 or Form 990-EZ.

**Open To Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARY WASHINGTON HEALTHCARE

Employer identification number

54-1240646

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BRIAN MCDERMOTT, MD	BROTHER OF PRESIDEN	101,356.	DR. BRIAN M		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BRIAN MCDERMOTT, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF PRESIDENT/CEO OF MWHC

(D) DESCRIPTION OF TRANSACTION: DR. BRIAN MCDERMOTT IS A PHYSICIAN

MEMBER OF THE MARY WASHINGTON HEALTHCARE ALLIANCE. HE SERVES WITH A

GROUP OF ORTHOPEDIC SPECIALISTS THAT ARE FOCUSED ON THE QUALITY,

EFFICIENCY, COST EFFECTIVENESS AND OVERALL VALUE OF CARE PROVIDED TO

PATIENTS IN MWHC FACILITIES. THE ORTHOPEDIC GROUP COLLABORATES WITH MWH

AND SH TO EVALUATE CLINICAL PROTOCOLS AND PRODUCTS IN ORDER TO IMPLEMENT

MUTUALLY AGREEABLE INITIATIVES THAT FURTHER THOSE AREAS OF FOCUS. THE

PAYMENTS TO DR. MCDERMOTT DURING 2019 REFLECT FMV FOR HIS EFFORTS TO

DRIVE IMPROVEMENTS IN CARE DELIVERY FOR ORTHOPEDIC PATIENTS TREATED AT

MWHC FACILITIES.

**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.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

MARY WASHINGTON HEALTHCARE

Employer identification number

54-1240646

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

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

MANAGEMENT COMPLETES A DRAFT OF THE INTERNAL REVENUE SERVICE (IRS) FORM 990  
INFORMATION RETURN FOR MARY WASHINGTON HEALTHCARE AND ITS SUBSIDIARIES.  
THIS DRAFT IS SUBMITTED TO THE AUDIT & COMPLIANCE COMMITTEE OF THE  
ORGANIZATION'S BOARD OF TRUSTEES. THE FORM 990 AND UNDERLYING INFORMATION  
ARE PRESENTED TO AND REVIEWED BY THIS COMMITTEE. IF THE CONTENTS OF THE  
990 RETURN ARE DEEMED ACCURATE AND ACCEPTABLE BY THE COMMITTEE, THIS BODY  
RECOMMENDS ACCEPTANCE OF THE RETURN BY THE FULL BOARD OF TRUSTEES. THE  
FORM 990 RETURN IS SUBSEQUENTLY PRESENTED TO AND REVIEWED BY THE  
ORGANIZATION'S BOARD OF TRUSTEES. IF DEEMED ACCURATE AND ACCEPTABLE THE  
BOARD ACCEPTS THE RETURN THROUGH A FORMAL MOTION. AS PART OF THIS PROCESS,  
THE DRAFT RETURN IS POSTED ON THE BOARD'S WEBSITE WHERE IT REMAINS  
AVAILABLE FOR REVIEW EVEN AFTER FORMAL ACCEPTANCE BY THE BOARD. THE FORM  
990 RETURN IS ALSO AVAILABLE TO MEMBERS OF THE BOARD OF TRUSTEES AS WELL AS  
THE GENERAL PUBLIC ON MARY WASHINGTON HEALTHCARE'S WEBSITE ([WWW.MWHC.COM](http://WWW.MWHC.COM)).

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

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

MARY WASHINGTON HEALTHCARE

Employer identification number

54-1240646

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

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

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

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

CONTRACT PERSONNEL:

PROGRAM SERVICE EXPENSES 2,222,819.

MANAGEMENT AND GENERAL EXPENSES 20,536.

Name of the organization <b>MARY WASHINGTON HEALTHCARE</b>	Employer identification number <b>54-1240646</b>
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<b>FUNDRAISING EXPENSES</b>	<b>13,314.</b>
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<b>TOTAL EXPENSES</b>	<b>2,256,669.</b>
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**CONSULTING SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>3,271,156.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>30,221.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>19,594.</b>
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<b>TOTAL EXPENSES</b>	<b>3,320,971.</b>
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**BILLING AND COLLECTION SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>1,764,053.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>16,297.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>10,566.</b>
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<b>TOTAL EXPENSES</b>	<b>1,790,916.</b>
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**ASP SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>4,073,618.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>37,634.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>24,400.</b>
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<b>TOTAL EXPENSES</b>	<b>4,135,652.</b>
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**MISCELLANEOUS SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>46,018.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>425.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>276.</b>
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<b>TOTAL EXPENSES</b>	<b>46,719.</b>
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**STORAGE SERVICES:**

Name of the organization	MARY WASHINGTON HEALTHCARE	Employer identification number	54-1240646
PROGRAM SERVICE EXPENSES			117,578.
MANAGEMENT AND GENERAL EXPENSES			1,086.
FUNDRAISING EXPENSES			704.
TOTAL EXPENSES			119,368.
WASTE DISPOSAL SERVICES:			
PROGRAM SERVICE EXPENSES			17,809.
MANAGEMENT AND GENERAL EXPENSES			165.
FUNDRAISING EXPENSES			107.
TOTAL EXPENSES			18,081.
MAINTENANCE CONTRACTS:			
PROGRAM SERVICE EXPENSES			910,355.
MANAGEMENT AND GENERAL EXPENSES			8,410.
FUNDRAISING EXPENSES			5,453.
TOTAL EXPENSES			924,218.
PHYSICIAN SERVICES:			
PROGRAM SERVICE EXPENSES			2,037,817.
MANAGEMENT AND GENERAL EXPENSES			18,827.
FUNDRAISING EXPENSES			12,206.
TOTAL EXPENSES			2,068,850.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A			14,681,444.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
MINIMUM PENSION LIABILITY			2,963,901.
INCOME (LOSS) OF SUBSIDIARIES			50,052,233.
INCOME ATTRIBUTABLE TO NONCONTROLLING INTEREST			-8,259,560.

Name of the organization MARY WASHINGTON HEALTHCARE	Employer identification number 54-1240646
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TOTAL TO FORM 990, PART XI, LINE 9 44,756,574.

FORM 990, PART XII, LINE 2C

THE PROCESS OF RESPONSIBILITY OF THE AUDIT AND SELECTION OF AUDITORS HAS NOT CHANGED FROM PRIOR YEAR.

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

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

FORM 990, SCHEDULE R

ABBREVIATIONS:

MWHC - MARY WASHINGTON HEALTHCARE

MWHA - MARY WASHINGTON HEALTH ALLIANCE

MPI - MEDICORP PROPERTIES, INC.

MWHC CLINICAL - MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.

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

MEDIDOCTORS H.C. - MEDIDOCTORS HOLDING COMPANY

UNRELATED BUSINESS INCOME

MWHC AS A PART OF ITS MISSION PROVIDES STRATEGIC PLANNING AND DIRECTION FOR ALL OF ITS AFFILIATES. IRS REGULATIONS TREAT MANAGEMENT FEES RECEIVED FROM TAXABLE SUBSIDIARIES AS UNRELATED BUSINESS INCOME. AS A



Name of the organization

MARY WASHINGTON HEALTHCARE

Employer identification number

54-1240646

RESULT, THE REVENUE REPORTED ON LINE 7A IS INCOME FROM TAXABLE  
 SUBSIDIARIES FOR PROVISION OF MANAGEMENT FEES AND LOSS SUSTAINED IS A  
 RESULT FROM ALLOCATIONS OF CORPORATE SERVICES PROVIDED IN EXCESS OF THE  
 REVENUE RECEIVED.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization <b>MARY WASHINGTON HEALTHCARE</b>	Employer identification number <b>54-1240646</b>
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**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
MWHC SIR, LLC - 45-2931630 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	MEDICAL MALPRACTICE SELF-INSURANCE SYSTEM	VIRGINIA	3,333,241.	0.	MWHC
MARY WASHINGTON HEALTH ALLIANCE, LLC - 46-3055639, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	PHYSICIAN'S NETWORK	VIRGINIA	3,613,586.	12,888,529.	MWHC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
STAFFORD HOSPITAL AUXILIARY - 26-2704632 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	SUPPORT SERVICES	VIRGINIA	501(C)(3)	LINE 10			X
MARY WASHINGTON HOSPITAL AUXILIARY - 75-2985923, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	SUPPORT SERVICES	VIRGINIA	501(C)(3)	LINE 12A, I			X
STAFFORD HOSPITAL LLC - 13-4316364 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	HOSPITAL SERVICES	VIRGINIA	501(C)(3)	LINE 3	MWHC	X	
MARY WASHINGTON HEALTHCARE PHYSICIANS - 26-2546097, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	PHYSICIAN SERVICES	VIRGINIA	501(C)(3)	LINE 12A, I	MWHC CLINICAL SERVICES	X	

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

Schedule R (Form 990) 2019

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
MARY WASHINGTON HOSPITAL FOUNDATION, INC. - 52-1342371, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	INVESTMENT MANAGEMENT/FUNDRAISING	VIRGINIA	501(C)(3)	LINE 12A, I	MARY WASHINGTON HOSPITAL INC.	X	
MARY WASHINGTON HOSPITAL INC. - 54-0519577 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	HOSPITAL SERVICES	VIRGINIA	501(C)(3)	LINE 3	MWHC	X	
MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC. - 54-1552324, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	AMBULATORY HEALTH CARE SERVICES	VIRGINIA	501(C)(3)	LINE 12A, I	MWHC	X	
STAFFORD HOSPITAL FOUNDATION, INC. - 64-0963570, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	INVESTMENT MANAGEMENT/FUNDRAISING	VIRGINIA	501(C)(3)	LINE 12A, I	STAFFORD HOSPITAL LLC	X	
MEDICORP PROPERTIES, INC. - 52-1342372 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	PROPERTY MANAGEMENT SERVICES	VIRGINIA	501(C)(3)	LINE 12A, I	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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FREDERICKSBURG AMBULATORY SURGERY CENTER - 56-2322548, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	SURGERY CTR	VA	MWHC CLINICAL SERVICES INC.	RELATED	1,508,510.	671,054.		X	N/A	X		55.37%
MEDICAL IMAGING OF FREDERICKSBURG - 54-1364028, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	IMAGING	VA	MWHC CLINICAL SERVICES INC.	RELATED	7,086,118.	1,826,404.		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	-331,483.	-2,747,866.		X	N/A	X		100.00%
COWAN INVESTMENT PARTNERS, LLC - 65-1294835, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	REAL ESTATE	VA	MEDICORP PROPERTIES, INC.	RELATED	7,304.	46,146.		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	No
FREDERICKSBURG PROFESSIONAL RISK EXCHANGE - 33-1095356, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	CAPTIVE INSURANCE	VA	MWHC	C CORP	1,520,008.	21,156,679.	100.00%		X
MARY WASHINGTON HEALTHCARE SERVICES, INC. - 54-1244509, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	RETAIL MEDICAL	VA	MWHC	C CORP	3,763,377.	1,000,369.	100.00%		X
MARY WASHINGTON HEALTH PLAN, INC. - 82-3693765, 2300 FALL HILL AVE, SUITE 418, FREDERICKSBURG, VA 22401	HEALTH MAINTENANCE	VA	MWHC	C CORP	83,537.	13,936,152.	100.00%		X
PINNACLE HEALTH CORPORATION - 31-1636492 2300 FALL HILL AVE, SUITE 418 FREDERICKSBURG, VA 22401	HEALTH MANAGEMENT	VA	MWHA	C CORP	51,505.	340,910.	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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SPOTSYLVANIA PARKWAY MEDICAL PLAZA, LLC - 26-2656396, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	REAL ESTATE	VA	MEDICORP PROPERTIES, INC.	RELATED	144,403.	-662,204.		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	-10,830.	914,775.		X	N/A		X	39.50%
COMMONWEALTH IMAGING, LLC - 05-0622704, 2300 FALL HILL AVE, STE 418, FREDERICKSBURG, VA 22401	IMAGING	VA	MWHC SERVICES, INC.	RELATED	86,891.	102,257.		X	N/A		X	33.33%

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FREDERICKSBURG AMBULATORY SURGERY CENTER	L	1,113,514.	CORP BOOKS/RECORDS
(2) FREDERICKSBURG PROFESSIONAL RISK EXCHANGE	L	380,000.	CORP BOOKS/RECORDS
(3) FREDERICKSBURG PROFESSIONAL RISK EXCHANGE	M	334,116.	CORP BOOKS/RECORDS
(4) MARY WASHINGTON EYE CARE CENTER	L	95,000.	CORP BOOKS/RECORDS
(5) MARY WASHINGTON HOSPITAL	L	82,421,185.	CORP BOOKS/RECORDS
(6) MEDICAL IMAGING OF FREDERICKSBURG	L	1,034,441.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MEDICORP PROPERTIES, INC.	L	1,452,603.	CORP BOOKS/RECORDS
(8) MEDICORP PROPERTIES, INC.	K	3,474,887.	CORP BOOKS/RECORDS
(9) MWH FOUNDATION	L	670,619.	CORP BOOKS/RECORDS
(10) MWHC PHYSICIANS	L	2,001,200.	CORP BOOKS/RECORDS
(11) SHC FOUNDATION	L	159,983.	CORP BOOKS/RECORDS
(12) STAFFORD HOSPITAL	L	13,603,162.	CORP BOOKS/RECORDS
(13) MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.	L	962,405.	CORP BOOKS/RECORDS
(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.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII** Supplemental Information

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

FORM SCHEDULE R, PART III

AS OF DECEMBER 31, 2019, MARY WASHINGTON HEALTHCARE BECAME THE SOLE MEMBER OF MARY WASHINGTON EYE CARE CENTER 27-1248032 (MWEC) A FINAL PARTNERSHIP RETURN WAS FILED FOR 2019 AND MWEC BECAME A DISREGARDED ENTITY UNDER MARY WASHINGTON HEALTHCARE. MWEC WILL BE REPORTED A DISREGARDED ENTITY IN 2020.