

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ 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:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>2300 FALL HILL AVENUE 418</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>FREDERICKSBURG, VA 22401</b><br><b>F Name and address of principal officer: MICHAEL P. MCDERMOTT MD</b><br><b>SAME AS C ABOVE</b> | <b>D Employer identification number</b><br><b>20-1106426</b><br><b>E Telephone number</b><br><b>540-741-2507</b><br><b>G Gross receipts \$</b> <b>756,116,822.</b><br><b>H(a) Is this a group return</b> <b>STMT 1</b><br>for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ <b>4243</b> |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>L Year of formation:</b> <b>1983</b> <b>M State of legal domicile:</b> <b>VA</b>   |
| <b>J Website:</b> ▶ <b>WWW.MARYWASHINGTONHEALTHCARE.COM</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> | 1   | Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES WE SERVE. THROUGH OUR</b> |                     |                     |
|                                    | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                    |                     |                     |
|                                    | 3   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>            | <b>50</b>           |
|                                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>            | <b>45</b>           |
|                                    | 5   | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <b>5</b>            | <b>3682</b>         |
|                                    | 6   | Total number of volunteers (estimate if necessary)   | <b>6</b>            | <b>755</b>          |
|                                    | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>           | <b>3,099,666.</b>   |
| 7b                                 | Net unrelated business taxable income from Form 990-T, line 39            | <b>7b</b>  | <b>0.</b>           |                     |
| <b>Revenue</b>                     | 8   | Contributions and grants (Part VIII, line 1h)  | <b>8,887,330.</b>   | <b>3,289,115.</b>   |
|                                    | 9   | Program service revenue (Part VIII, line 2g)   | <b>644,203,591.</b> | <b>726,985,153.</b> |
|                                    | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>2,351,596.</b>   | <b>3,755,103.</b>   |
|                                    | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>260,503.</b>     | <b>138,617.</b>     |
|                                    | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>655,703,020.</b> | <b>734,167,988.</b> |
| <b>Expenses</b>                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>3,950,059.</b>   | <b>2,207,874.</b>   |
|                                    | 14  | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>           | <b>0.</b>           |
|                                    | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>218,239,509.</b> | <b>243,677,358.</b> |
|                                    | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>           | <b>0.</b>           |
|                                    | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>674,045.</b>  |                     |                     |
|                                    | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>411,391,390.</b> | <b>459,452,254.</b> |
| 18                                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>633,580,958.</b>  | <b>705,337,486.</b> |                     |
| 19                                 | Revenue less expenses. Subtract line 18 from line 12                      | <b>22,122,062.</b>   | <b>28,830,502.</b>  |                     |
| <b>Net Assets or Fund Balances</b> | 20  | Total assets (Part X, line 16)   | <b>428,834,599.</b> | <b>475,223,962.</b> |
|                                    | 21  | Total liabilities (Part X, line 26)  | <b>275,539,535.</b> | <b>312,091,360.</b> |
|                                    | 22  | Net assets or fund balances. Subtract line 21 from line 20   | <b>153,295,064.</b> | <b>163,132,602.</b> |

**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<br><b>SEAN T. BARDEN, SENIOR VP AND CFO</b><br>Type or print name and title | Date  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JENNIFER N. FRENCH</b>  | Preparer's signature<br><b>JENNIFER N. FRENCH</b>                                   |
|                               | Firm's name ▶ <b>PBMARES, LLP</b>  | Date<br><b>10/15/20</b>   |
|                               | Firm's address ▶ <b>725 JACKSON STREET, SUITE 210<br/>FREDERICKSBURG, VA 22401</b>               | Check if self-employed <input checked="" type="checkbox"/> PTIN<br><b>P00659678</b> |
|                               |  | Firm's EIN ▶ <b>54-0737372</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

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

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

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

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

4a (Code: ) (Expenses \$ 676,002,037. including grants of \$ 2,207,874. ) (Revenue \$ 724,027,597. ) PROVISION OF INPATIENT AND OUTPATIENT GENERAL ACUTE CARE HOSPITAL, PSYCHIATRIC HOSPITAL SERVICES, HOME HEALTH AND HOSPICE SERVICES, IMAGING AND AMBULATORY SURGERY SERVICES AND PHYSICIAN SERVICES. PRIMARY SERVICE AREAS ARE FREDERICKSBURG, PRINCE WILLIAM, STAFFORD, SPOTSYLVANIA, CAROLINE, KING GEORGE, AND WESTMORELAND COUNTIES IN VIRGINIA AND SECONDARY SERVICE AREAS INCLUDE MANASSAS, FAUQUIER, CULPEPER, ORANGE, LOUISA, HANOVER, ESSEX AND RICHMOND COUNTIES IN VIRGINIA. WE SERVED 116,363 PATIENTS IN OUR EMERGENCY ROOMS, 307,995 OUTPATIENTS, 20,476 SURGICAL CASES AND 31,210 PATIENT DISCHARGES.

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

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

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

4e Total program service expenses 676,002,037.

**Part IV Checklist of Required Schedules**

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

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

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | 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? .....  |     | X  |
| <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? .....   |     | X  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     | X  |
| <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)*

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |    |
|            | <b>2a</b> 3682   |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X          |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | X          |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | X          |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |            | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | X          |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X          |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |            |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | X  |

**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<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 50  |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  | 45  |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b> Did the organization have members or stockholders?  | X   |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | X   |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b> The governing body?   | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |     | X  |

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

|   | Yes | No |
|---|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b> Describe 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>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? | X   |    |

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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 - 540-741-2507**  
**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)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MICHAEL P. MCDERMOTT, MD, MBA<br>PRESIDENT AND CEO    | 4.00<br>40.00   | X   |                       | X       |              |                              |        | 0.   | 1,277,492.  | 42,594.   |
| (2) SANG HO NA<br>PHYSICIAN                               | 40.00   |   |                       |         |              | X                            |        | 853,971.   | 0.  | 21,710.   |
| (3) AGOSTINO VISIONI<br>PHYSICIAN                         | 40.00   |   |                       |         |              | X                            |        | 830,414.   | 0.  | 42,755.   |
| (4) J. T. SHERWOOD<br>PHYSICIAN                           | 40.00   |   |                       |         |              | X                            |        | 789,971.   | 0.  | 46,484.   |
| (5) SEAN T. BARDEN BSBA, MBA<br>SR VP AND CFO             | 4.00<br>40.00   | X   |                       | X       |              |                              |        | 0.   | 686,075.  | 35,360.   |
| (6) JOHN CARDONE<br>PHYSICIAN                             | 40.00   |   |                       |         |              | X                            |        | 541,907.   | 0.  | 42,510.   |
| (7) THERESA CONOLOGUE<br>PHYSICIAN                        | 40.00   |   |                       |         |              | X                            |        | 536,852.   | 0.  | 25,572.   |
| (8) ERIC FLETCHER, MBA, APR<br>SVP                        | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 473,549.  | 42,695.   |
| (9) STEPHEN MANDELL, MD<br>VICE PRESIDENT                 | 40.00<br>2.00   |   |                       | X       |              |                              |        | 473,838.   | 0.  | 34,398.   |
| (10) TRAVIS TURNER, BS, MBA<br>SVP                        | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 455,762.  | 37,130.   |
| (11) ELIESE K. BERNARD<br>VICE PRESIDENT                  | 40.00<br>2.00   |   |                       | X       |              |                              |        | 431,789.   | 0.  | 37,353.   |
| (12) KATHRYN WALL, BA, MA<br>SVP                          | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 434,330.  | 20,994.   |
| (13) REBECCA M. BIGONEY, MD,BS,MA<br>EVP & CMO, THRU 6/19 | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 438,486.  | 16,664.   |
| (14) DOUGLAS SCHULTE, MD<br>VICE PRESIDENT, THRU 10/19    | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 431,328.  | 10,836.   |
| (15) DAVID YI, MD<br>VICE PRESIDENT                       | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 402,591.  | 10,789.   |
| (16) CHRISTOPHER NEWMAN, MD<br>SVP                        | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 371,987.  | 21,267.   |
| (17) EILEEN DOHMANN, RN, BSN, MBA, N<br>SVP & CNO         | 2.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 376,658.  | 13,880.   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (18) XAVIER RICHARDSON BA, MBA<br>MWHF AND SHF PRESIDENT/SVP   | 2.00<br>40.00   | X   |                       | X       |              |                              |            | 0.   | 355,282.  | 29,643.   |
| (19) SANDRA BROWN, CPA<br>VICE PRESIDENT                       | 2.00<br>40.00   |   |                       | X       |              |                              |            | 0.   | 332,360.  | 29,742.   |
| (20) RICHARD LEWIS, MD<br>VICE PRESIDENT                       | 2.00<br>40.00   |   |                       | X       |              |                              |            | 0.   | 327,486.  | 25,630.   |
| (21) CATHLEEN YABLONSKI, BS, MS<br>VICE PRESIDENT              | 40.00<br>2.00   |   |                       | X       |              |                              | 322,790.   | 0.   | 25,669.   |   |
| (22) TINA ERVIN<br>VICE PRESIDENT                              | 2.00<br>40.00   |   |                       | X       |              |                              |            | 0.   | 282,991.  | 28,280.   |
| (23) MARIE FREDRICK, R.T. (R), CRA,<br>VICE PRESIDENT          | 2.00<br>40.00   |   |                       | X       |              |                              |            | 0.   | 278,288.  | 29,395.   |
| (24) KATHLEEN BOURGAULT, MS, CPAM<br>VICE PRESIDENT            | 2.00<br>40.00   |   |                       | X       |              |                              |            | 0.   | 273,717.  | 28,774.   |
| (25) LAUREN BLALOCK<br>VICE PRESIDENT                          | 2.00<br>40.00   |   |                       | X       |              |                              |            | 0.   | 254,981.  | 37,452.   |
| (26) ALAN EDWARDS<br>VICE PRESIDENT                            | 2.00<br>40.00   |   |                       | X       |              |                              |            | 0.   | 229,326.  | 39,079.   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 4,781,532. | 7,682,689.   | 776,655.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 202,990.   | 617,544.   | 71,941.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 4,984,522. | 8,300,233.   | 848,596.  |   |

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 **319**

|  | 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)<br>Name and business address   | (B)<br>Description of services    | (C)<br>Compensation |
|--|-----------------------------------|---------------------|
| F'BURG EMERGENCY MED ALLIANCE, 1001 SAM PERRY BLVD, FREDERICKSBURG, VA 22401   | PROFESSIONAL SERVICES - EMERGENCY | 1,463,943.          |
| COMMONWEALTH SPINE & REHAB CENTERS, 4710 SPOTSYLVANIA PKWY, FREDERICKSBURG, VA | PHYSICIAN SERVICES                | 820,712.            |
| FAYETTEVILLE LITHOTRIPTERS LP<br>9825 SPECTRUM DRIVE, AUSTIN, TX 78717         | MOBILE LITHOTRIPTY UNIT RENTAL    | 715,900.            |
| ARMG, LLC<br>PO BOX 17125, FERNANDINA BEACH, FL 32034                          | PROFESSIONAL SERVICES - PHYSICAL  | 680,292.            |
| DIXON HUGHES GOODMAN, LLP<br>4350 CONGRESS STSTE, CHARLOTTE, NC 28209          | CONSULTING                        | 640,035.            |

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 **37**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) CODY BLANKENSHIP<br>VICE PRESIDENT              | 2.00<br>40.00   |  |                       | X       |              |                              |        | 0.   | 232,480.  | 31,985.   |
| (28) BRIAN JENKINS<br>VICE PRESIDENT                 | 40.00<br>2.00   |  |                       | X       |              |                              |        | 202,990.   | 0.  | 19,126.   |
| (29) JUSTIN BOX, MBA<br>SVP & CIO, THRU 4/19         | 2.00<br>40.00   |  |                       | X       |              |                              |        | 0.   | 204,016.  | 16,394.   |
| (30) GEOFFREY LAWSON<br>SVP                          | 2.00<br>40.00   |  |                       | X       |              |                              |        | 0.   | 181,048.  | 4,436.  |
| (31) WILLIAM M. BOLDON, MBA<br>CHAIR                 | 2.00<br>2.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (32) RONALD W. BRANSCOME, MS<br>BOARD TRUSTEE        | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (33) BRUCE L. DAVIS, BA<br>BOARD TRUSTEE             | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) JANAMITRA DEVAN<br>BOARD TRUSTEE                | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) MATTHEW D. DUMONT, MD<br>BOARD TRUSTEE          | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) REV. ALLEN H. FISHER, JR., BA,<br>BOARD TRUSTEE | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) JEFFREY A. FRAZIER, MD<br>BOARD TRUSTEE         | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (38) DAVID M. GARTH, MD<br>BOARD TRUSTEE             | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (39) DERMAINE A. LEWIS<br>BOARD TRUSTEE              | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (40) JOHN C. MCKEOWN, MA, MPA<br>BOARD TRUSTEE       | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (41) SUDEEP J. MENACHERY, MD<br>BOARD TRUSTEE        | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (42) FRED M. MESSING, MBA, LFACHE<br>VICE CHAIR      | 2.00<br>2.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (43) JOHN F. ROWLEY, BS, JD<br>SECRETARY/TREASURER   | 2.00<br>2.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (44) CATHERINE M. WACK<br>BOARD TRUSTEE              | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (45) MARTIN A. WILDER, JR., ED.D.<br>BOARD TRUSTEE   | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (46) LINDA D. WORRELL<br>BOARD TRUSTEE               | 2.00<br>2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c .....          |   |  |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (47) EDWARD V. ALLISON, JR.<br>MWH FOUNDATION BOARD TRUST          | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (48) DANIEL W. CLENDENIN<br>MWH FOUNDATION BOARD TRUST             | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (49) JASON COHEN<br>MWH FOUNDATION BOARD TRUST                     | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (50) KOSTAS J. CONSTANTINE, MD<br>MWH FOUNDATION BOARD TRUST       | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (51) R. DONALD DOHERTY, JR., MD<br>MWH FOUNDATION BOARD TRUST      | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (52) JOHN F. FICK, III, RPH<br>MWH FOUNDATION BOARD TRUST          | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (53) R. LEIGH FRACKELTON, JR., JD, M<br>MWH FOUNDATION BOARD TRUST | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (54) MARY KATHERINE GREENLAW<br>MWH FOUNDATION BOARD TRUST         | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (55) ROCHELLE H. GRAY<br>MWH FOUNDATION BOARD TRUST                | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (56) CLAY S. HUBER<br>MWH FOUNDATION BOARD TRUST                   | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (57) CHRISTOPHER T. HUESGEN, MD<br>MWH FOUNDATION BOARD TRUST      | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (58) REGIS L. KEDDIE, II<br>MWH FOUNDATION SECRETARY/T             | 2.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (59) PATRICIA J. LYNCH<br>MWH FOUNDATION BOARD TRUST               | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (60) EDWARD O. MINNIEAR<br>MWH FOUNDATION BOARD TRUST              | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (61) BRADLEY A. REPP, MBA<br>MWH FOUNDATION BOARD TRUST            | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (62) JON VAN ZANDT<br>MWH FOUNDATION BOARD TRUST                   | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (63) JODIE M. VAUGHN<br>MWH FOUNDATION BOARD TRUST                 | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (64) JOSEPH R. WILSON, PMP<br>MWH FOUNDATION CHAIR                 | 2.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (65) MARGARET A. ALEXANDER<br>SH FOUNDATION BOARD TRUSTE           | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (66) KEVIN M. BREEN<br>SH FOUNDATION CHAIR                         | 2.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c .....                        |   |  |                       |         |              |                              |        |  |   |   |



**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>   | 383,591.             |                                    |                            |  |            |
|  | <b>d</b> Related organizations  | <b>1d</b>   | 843,314.             |                                    |                            |  |            |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 348,461.             |                                    |                            |  |            |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>   | 1,713,749.           |                                    |                            |  |            |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>   | \$ 6,502.            |                                    |                            |  |            |
|  | <b>h Total.</b> Add lines 1a-1f   |   |                      | 3,289,115.                         |                            |  |            |
|  | <b>Program Service Revenue</b>  | <b>2 a</b> NET PATIENT SERVICES REVENUE   | Business Code 623000 | 704,062,903.                       | 704,062,903.               |  |            |
| <b>b</b> PROGRAM RENTAL INCOME   |   | 531120  | 9,888,590.           | 9,888,590.                         |                            |  |            |
| <b>c</b> MANAGEMENT SERVICES   |   | 623000  | 5,853,136.           | 5,853,136.                         |                            |  |            |
| <b>d</b> LAB FEES  |   | 621500  | 2,806,460.           |                                    | 2,806,460.                 |  |            |
| <b>e</b> OTHER SERVICES  |   | 623000  | 2,582,098.           | 2,582,098.                         |                            |  |            |
| <b>f</b> All other program service revenue   |   | 623000  | 1,791,966.           | 1,791,966.                         |                            |  |            |
| <b>g Total.</b> Add lines 2a-2f  |   |   |                      | 726,985,153.                       |                            |  |            |
| <b>Other Revenue</b>   |   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) |                      | 1,990,976.                         |                            |  | 1,990,976. |
|  | <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>b</b> Less: rental expenses  |   |                      |                                    |                            |  |            |
|  | <b>c</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>b</b> Less: cost or other basis and sales expenses                                   |   |                      |                                    |                            |  |            |
|  | <b>c</b> Gain or (loss)   |   |                      |                                    |                            |  |            |
| <b>d</b> Net gain or (loss)  |   |   | 1,764,127.           |                                    |                            | 1,764,127.   |            |
| <b>8 a</b> Gross income from fundraising events (not including \$ 383,591. of contributions reported on line 1c). See Part IV, line 18 |   |   |                      |                                    |                            |  |            |
|  |   |   | 93,981.              |                                    |                            |  |            |
|  |   |   | 97,474.              |                                    |                            |  |            |
| <b>b</b> Less: direct expenses   |   |   |                      |                                    |                            |  |            |
| <b>c</b> Net income or (loss) from fundraising events  |   |   | -3,493.              |                                    |                            | -3,493.  |            |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19   |   |   |                      |                                    |                            |  |            |
|  |   |   |                      |                                    |                            |  |            |
|  |   |   |                      |                                    |                            |  |            |
| <b>b</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>b</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> INCOME FROM PARTNERSHIPS/LLCS   | Business Code 900099  | 142,110.             | -151,096.                          | 293,206.                   |  |            |
|  | <b>b</b>  |   |                      |                                    |                            |  |            |
|  | <b>c</b>  |   |                      |                                    |                            |  |            |
|  | <b>d</b> All other revenue  |   |                      |                                    |                            |  |            |
|  | <b>e Total.</b> Add lines 11a-11d   |   |                      | 142,110.                           |                            |  |            |
| <b>12 Total revenue.</b> See instructions  |   |   | 734,167,988.         | 724,027,597.                       | 3,099,666.                 | 3,751,610.   |            |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,173,088.            | 2,173,088.                      |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 34,786.               | 34,786.                         |  |                             |
| 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  | 1,547,953.            | 1,509,254.                      | 38,699.                                |                             |
| 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  | 202,760,177.          | 197,691,173.                    | 5,069,004.                             |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 3,432,714.            | 3,346,896.                      | 85,818.                                |                             |
| 9 Other employee benefits   | 21,623,061.           | 21,082,484.                     | 540,577.                               |                             |
| 10 Payroll taxes  | 14,313,453.           | 13,955,617.                     | 357,836.                               |                             |
| 11 Fees for services (nonemployees):  |                       |                                 |  |                             |
| a Management  | 105,353,874.          | 102,656,815.                    | 2,107,077.                             | 589,982.                    |
| b Legal   | 19,366.               | 15,123.                         | 4,208.                                 | 35.                         |
| c Accounting  | 7,875.                | 6,150.                          | 1,711.                                 | 14.                         |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  | 170,432.              | 133,090.                        | 37,035.                                | 307.                        |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 106,309,904.          | 104,608,550.                    | 1,701,354.                             |                             |
| 12 Advertising and promotion  | 365,528.              | 285,441.                        | 79,429.                                | 658.                        |
| 13 Office expenses  | 4,292,970.            | 3,352,381.                      | 932,862.                               | 7,727.                      |
| 14 Information technology   | 1,156,925.            | 903,443.                        | 251,400.                               | 2,082.                      |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 15,881,068.           | 12,401,526.                     | 3,450,956.                             | 28,586.                     |
| 17 Travel   | 1,843,629.            | 1,439,689.                      | 400,621.                               | 3,319.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 496,815.              | 387,963.                        | 107,958.                               | 894.                        |
| 20 Interest   | 1,171,011.            | 914,442.                        | 254,461.                               | 2,108.                      |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 26,538,253.           | 15,965,413.                     | 10,572,840.                            |                             |
| 23 Insurance  | 2,827,216.            | 2,207,773.                      | 614,354.                               | 5,089.                      |
| 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 AND HOSPITAL SU</b>  | 113,001,426.          | 112,108,715.                    | 870,111.                               | 22,600.                     |
| b <b>BAD DEBT EXPENSE</b>   | 50,675,625.           | 50,675,625.                     |  |                             |
| c <b>PROVIDER ASSESSMENT</b>  | 17,563,750.           | 17,563,750.                     |  |                             |
| d <b>OTHER MEDICAL &amp; HOSPITA</b>  | 6,192,631.            | 6,143,709.                      | 47,683.                                | 1,239.                      |
| e All other expenses  | 5,583,956.            | 4,439,141.                      | 1,135,410.                             | 9,405.                      |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 705,337,486.          | 676,002,037.                    | 28,661,404.                            | 674,045.                    |
| 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.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)                     |              | (B)          |
|--|--|-------------------------|--------------|--------------|
|  |  | Beginning of year       |              | End of year  |
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 648,941.                | <b>1</b>     | 515,459.     |
|  | <b>2</b> Savings and temporary cash investments .....  | 14,953.                 | <b>2</b>     | 0.           |
|  | <b>3</b> Pledges and grants receivable, net .....  | 17,370,470.             | <b>3</b>     | 17,350,747.  |
|  | <b>4</b> Accounts receivable, net .....  | 80,361,665.             | <b>4</b>     | 89,972,204.  |
|  | <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 .....   | -18,817.                | <b>7</b>     | 2,960.       |
|  | <b>8</b> Inventories for sale or use .....   | 13,158,885.             | <b>8</b>     | 15,576,170.  |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 3,252,990.              | <b>9</b>     | 4,536,057.   |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 724,497,093. |              |              |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 435,934,463. |              |              |
|  | <b>11</b> Investments - publicly traded securities .....   | 264,517,479.            | <b>10c</b>   | 288,562,630. |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 46,469,737.             | <b>11</b>    | 57,220,668.  |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 1,554,856.              | <b>12</b>    | 122,305.     |
|  | <b>14</b> Intangible assets .....  |                         | <b>13</b>    |              |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,503,440.              | <b>14</b>    | 1,364,762.   |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 428,834,599.   | <b>15</b>               |              |              |
|  |  | <b>16</b>               | 475,223,962. |              |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 44,738,158.             | <b>17</b>    | 63,296,275.  |
|  | <b>18</b> Grants payable .....   |                         | <b>18</b>    |              |
|  | <b>19</b> Deferred revenue .....   | 123,851.                | <b>19</b>    | 246,036.     |
|  | <b>20</b> Tax-exempt bond liabilities .....  | 227,167,907.            | <b>20</b>    | 218,612,719. |
|  | <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 .....   |                         | <b>23</b>    |              |
|  | <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 .....  | 3,509,619.              | <b>25</b>    | 29,936,330.  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 275,539,535.            | <b>26</b>    | 312,091,360. |
| <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 .....  | 135,930,398.            | <b>27</b>    | 145,805,130. |
|  | <b>28</b> Net assets with donor restrictions .....   | 17,364,666.             | <b>28</b>    | 17,327,472.  |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                         |              |              |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                         | <b>29</b>    |              |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                         | <b>30</b>    |              |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                         | <b>31</b>    |              |
|  | <b>32</b> <b>Total net assets or fund balances</b> .....   | 153,295,064.            | <b>32</b>    | 163,132,602. |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....            | 428,834,599.   | <b>33</b>               | 475,223,962. |              |

**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  | 734,167,988. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 705,337,486. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 28,830,502.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 153,295,064. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 8,157,483.   |
| 6  | Donated services and use of facilities   | 6  | 46,500.      |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -27,196,947. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 163,132,602. |

**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     |     |    |





**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>  |     |    |
| <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>   |     |    |
| <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>   |     |    |
| <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>  |     |    |
| <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> |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>   |     |    |
| <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>   |     |    |
| <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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <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.   |     |    |

**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). |     |    |

**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. | Yes | No |
| <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) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3.   | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

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

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

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <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  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2019</b> | <b>(iii)<br/>Distributable<br/>Amount for 2019</b> |
|--|-------------------------------------|---|--|
| <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 B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <br><hr/><br><hr/><br><hr/>       | \$ <u>639,820.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <br><hr/><br><hr/><br><hr/>       | \$ <u>496,772.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <br><hr/><br><hr/><br><hr/>       | \$ <u>81,147.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <br><hr/><br><hr/><br><hr/>       | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <br><hr/><br><hr/><br><hr/>       | \$ <u>26,250.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <br><hr/><br><hr/><br><hr/>       | \$ <u>25,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <br><hr/><br><hr/><br><hr/>       | \$ <u>20,097.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <br><hr/><br><hr/><br><hr/>       | \$ <u>20,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <br><hr/><br><hr/><br><hr/>       | \$ <u>18,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <br><hr/><br><hr/><br><hr/>       | \$ <u>16,750.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <br><hr/><br><hr/><br><hr/>       | \$ <u>16,506.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | <br><hr/><br><hr/><br><hr/>       | \$ <u>15,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | <br><hr/><br><hr/><br><hr/>       | \$ <u>14,153.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | <br><hr/><br><hr/><br><hr/>       | \$ <u>14,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | <br><hr/><br><hr/><br><hr/>       | \$ <u>13,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | <br><hr/><br><hr/><br><hr/>       | \$ <u>12,550.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | <br><hr/><br><hr/><br><hr/>       | \$ <u>12,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | <br><hr/><br><hr/><br><hr/>       | \$ <u>11,040.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

**MARY WASHINGTON HEALTHCARE GROUP RETURN**

**20-1106426**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 10,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 9,424.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | <hr/> <hr/> <hr/>                 | \$ 8,737.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | <hr/> <hr/> <hr/>                 | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | <hr/> <hr/> <hr/>                 | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | <hr/> <hr/> <hr/>                 | \$ 8,340.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | <hr/> <hr/> <hr/>                 | \$ 8,101.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | <hr/> <hr/> <hr/>                 | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | <hr/> <hr/> <hr/>                 | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | <hr/> <hr/> <hr/>                 | \$ 7,460.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | <hr/> <hr/> <hr/>                 | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | <hr/> <hr/> <hr/>                 | \$ 5,520.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | <hr/> <hr/> <hr/>                 | \$ 5,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | <hr/> <hr/> <hr/>                 | \$ 5,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         | <hr/> <hr/> <hr/>                 | \$ 5,039.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

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



|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

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

|  |   |
|--|---|
| Name of organization<br><br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><br><b>20-1106426</b> |
|--|---|

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

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

FORM 990                      LINE H(B) - LIST OF AFFILIATED                      STATEMENT      1  
 ORGANIZATIONS INCLUDED IN GROUP RETURN

| NAME OF ORGANIZATION                               | ORGANIZATION'S ADDRESS                                      | EMPLOYER ID |
|--|---|-------------|
| STAFFORD HOSPITAL, LLC                             | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 13-4316364  |
| MARY WASHINGTON HEALTHCARE PHYSICIANS              | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 26-2546097  |
| MEDICORP PROPERTIES MANAGEMENT COMPANY             | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 26-3433830  |
| MARY WASHINGTON HOSPITAL FOUNDATION                | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 52-1342371  |
| MEDICORP PROPERTIES INC.                           | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 52-1342372  |
| MARY WASHINGTON HOSPITAL INC.                      | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 54-0519577  |
| MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC. | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 54-1552324  |
| STAFFORD HOSPITAL FOUNDATION, INC.                 | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 64-0963570  |
| MARY WASHINGTON HEALTHCARE URGENT CARE, LLC        | 2300 FALL HILL AVE, SUITE 509<br>- FREDERICKSBURG, VA 22401 | 83-4378864  |

**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](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 GROUP RETURN **Employer identification number** 20-1106426

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 6,017,627.       | 1,269,839.     | 1,258,210.         | 1,258,210.           | 1,258,210.          |
| b Contributions                                  |                  | 4,752,228.     |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 218,934.         | 45,316.        | 52,539.            | 44,259.              |                     |
| d Grants or scholarships                         | 36,641.          | 49,757.        | 40,909.            | 44,259.              |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 6,199,920.       | 6,017,626.     | 1,269,840.         | 1,258,210.           | 1,258,210.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - 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 |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 26,584,502.                     |                              | 26,584,502.    |
| b Buildings  |                                      | 327,172,394.                    | 168,864,675.                 | 158,307,719.   |
| c Leasehold improvements   |                                      | 18,949,189.                     | 15,134,072.                  | 3,815,117.     |
| d Equipment  |                                      | 278,820,767.                    | 228,362,097.                 | 50,458,670.    |
| e Other  |                                      | 72,970,241.                     | 23,573,619.                  | 49,396,622.    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 288,562,630.   |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <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) ACCRUED LOSS-PROFESSIONAL   |                |
| (3) LIABILIES   | 3,517,589.     |
| (4) CAPITAL LEASE OBLIGATIONS   | 26,418,741.    |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 29,936,330.    |

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 V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

STATE IN WHICH MWHC OPERATES ALSO PROVIDES GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXATION.

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

MWHC HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES, OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED. FOR TAX PERIODS WITH RESPECT TO WHICH NO UNRELATED BUSINESS INCOME WAS RECOGNIZED, NO TAX RETURN WAS REQUIRED. TAX PERIODS FOR WHICH NO RETURN IS FILED REMAIN OPEN FOR EXAMINATION INDEFINITELY. 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.





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

|                 |  | (a) Event #1  | (b) Event #2                   | (c) Other events    | (d) Total events<br>(add col. (a) through col. (c)) |          |
|-----------------|--|---|--------------------------------|---------------------|---|----------|
|                 |  | STAFFORD HOSPITAL CUPOPEN<br>(event type)                   | MWHF GOLF OPEN<br>(event type) | 8<br>(total number) |   |          |
| Revenue         | 1  | Gross receipts  | 215,088.                       | 104,068.            | 158,416.  | 477,572. |
|                 | 2  | Less: Contributions   | 170,276.                       | 81,019.             | 132,297.  | 383,592. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 44,812.                        | 23,049.             | 26,119.   | 93,980.  |
| Direct Expenses | 4  | Cash prizes   | 2,500.                         | 959.                | 120.  | 3,579.   |
|                 | 5  | Noncash prizes  | 1,224.                         |                     | 527.  | 1,751.   |
|                 | 6  | Rent/facility costs   | 7,760.                         | 12,579.             | 3,259.  | 23,598.  |
|                 | 7  | Food and beverages  | 4,753.                         | 593.                | 16,686.   | 22,032.  |
|                 | 8  | Entertainment   |                                |                     |   |          |
|                 | 9  | Other direct expenses                                       | 30,591.                        | 6,163.              | 9,760.  | 46,514.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                |                     |   | 97,474.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                |                     | -3,494.   |          |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ 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 GROUP RETURN** Employer identification number **20-1106426**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....   |   |                               | 9,520,870.                          |                               | 9,520,870.                        | 1.35%                        |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....   |   |                               | 97,870,439.                         | 96,153,185.                   | 1,717,254.                        | .24%                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |   |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....                          |   |                               | 107,391,309.                        | 96,153,185.                   | 11,238,124.                       | 1.59%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |   |                               | 2,297,540.                          |                               | 2,297,540.                        | .33%                         |
| <b>f</b> Health professions education (from Worksheet 5) .....   |   |                               | 1,312,786.                          |                               | 1,312,786.                        | .19%                         |
| <b>g</b> Subsidized health services (from Worksheet 6) .....   |   |                               | 71,401,617.                         | 39,180,389.                   | 32,221,228.                       | 4.57%                        |
| <b>h</b> Research (from Worksheet 7) .....   |   |                               | 383,591.                            | 85,163.                       | 298,428.                          | .04%                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |   |                               | 850,000.                            |                               | 850,000.                          | .12%                         |
| <b>j Total.</b> Other Benefits .....   |   |                               | 76,245,534.                         | 39,265,552.                   | 36,979,982.                       | 5.25%                        |
| <b>k Total.</b> Add lines 7d and 7j .....  |   |                               | 183,636,843.                        | 135,418,737.                  | 48,218,106.                       | 6.84%                        |

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

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| 2 Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3 Community support   |   |                               |                                      |                               |                                    |                              |
| 4 Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6 Coalition building  |   |                               |                                      |                               |                                    |                              |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| 8 Workforce development                                     |   |                               | 36,177.                              |                               | 36,177.                            | .01%                         |
| 9 Other   |   |                               | 942,559.                             |                               | 942,559.                           | .13%                         |
| 10 Total  |   |                               | 978,736.                             |                               | 978,736.                           | .14%                         |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

|   |   |              |
|---|---|--------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) .....  | 5 | 215,842,711. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 .....   | 6 | 253,115,829. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....   | 7 | -37,273,118. |
| 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |              |

**Section C. Collection Practices**

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

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

| (a) Name of entity                         | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--|---|--|--|---|
| 1 MEDICAL IMAGING OF FREDERICKSBURG        | OUTPATIENT IMAGING                            | 51.00%   |  | 49.00%  |
| 2 FREDERICKSBURG AMBULATORY SURGERY CENTER | AMBULATORY SERGICAL SERVICES                  | 55.63%   |  | 44.37%  |
| 3 COWAN INVESTMENT PARTNERS                | MEDICAL OFFICE BUILDING                       | 12.50%   |  | 37.50%  |
| 4 MEDICAL PLAZA AT COSNER CORNER           | MEDICAL OFFICE BUILDING                       | 39.50%   |  | 47.40%  |
|  |   |  |  |   |
|  |   |  |  |   |
|  |   |  |  |   |

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 MARY WASHINGTON HOSPITAL, INC.
1101 SAM PERRY BLVD
FREDERICKSBURG, VA 22401

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Contains two rows of facility data.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b>   |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   |     | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  |     | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | X   |    |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>  |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | X   |    |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | X   |    |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  |     | X  |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....   | X   |    |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/</u>   |     |    |
| b <input type="checkbox"/> Other website (list url): .....   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input checked="" type="checkbox"/> Other (describe in Section C)  |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | X   |    |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   |     | X  |
| a If "Yes," (list url): .....  |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   | X   |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |    |



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

|  | Yes      | No |
|--|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:  |          |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....   | <b>X</b> |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> %<br>and FPG family income limit for eligibility for discounted care of <u>400</u> %   |          |    |
| <b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |          |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status  |          |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance status   |          |    |
| <b>g</b> <input type="checkbox"/> Residency  |          |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....   | <b>X</b> |    |
| <b>15</b> Explained the method for applying for financial assistance? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |          |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |          |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   |          |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>   |          |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>f</b> <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |          |    |
| <b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP  |          |    |
| <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |          |    |
| <b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |          |    |

**Part V Facility Information** (continued)

**Billing and Collections**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | <b>X</b> |          |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |          |          |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....   |          | <b>X</b> |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |          |          |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                |          |          |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  |          |          |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)   |          |          |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)  |          |          |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |          |          |

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** (continued)

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

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

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

Schedule H (Form 990) 2019

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b>   |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   |     | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  |     | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | X   |    |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>  |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | X   |    |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | X   |    |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  |     | X  |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....   | X   |    |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.MARYWASHINGTONHEALTHCARE.COM/</u>   |     |    |
| b <input type="checkbox"/> Other website (list url): .....   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input checked="" type="checkbox"/> Other (describe in Section C)  |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | X   |    |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   |     | X  |
| a If "Yes," (list url): .....  |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   | X   |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

|  | Yes      | No |
|--|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:  |          |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....   | <b>X</b> |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |          |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status  |          |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance status   |          |    |
| <b>g</b> <input type="checkbox"/> Residency  |          |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....   | <b>X</b> |    |
| <b>15</b> Explained the method for applying for financial assistance? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |          |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |          |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   |          |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>   |          |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>f</b> <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |          |    |
| <b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP  |          |    |
| <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |          |    |
| <b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |          |    |

**Part V Facility Information** (continued)

**Billing and Collections**

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

|   | Yes | No |
|---|-----|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | X   |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |     |    |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |     |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |     |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....   |     | X  |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |     |    |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |     |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)   |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)  |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |     |    |

**Policy Relating to Emergency Medical Care**

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

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

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

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

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

Schedule H (Form 990) 2019

**Part V Facility Information** (continued)

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

MARY WASHINGTON HOSPITAL, INC.:

PART V, SECTION B, LINE 5: MWHC'S COMMITMENT AND LEADERSHIP IN INVESTING IN THE HEALTH OF THE COMMUNITIES IT SERVES ARE CENTERED AROUND AN OVERALL COMMUNITY BENEFIT STRATEGY. A KEY VALUE OF MWHC IS TO DIRECTLY UTILIZE COMMUNITY INPUT TO DRIVE INITIATIVES THAT WILL IMPROVE THE OVERALL HEALTH OF THE COMMUNITY. MWHC WORKED WITH BE WELL RAPPAHANNOCK (BWR) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY.

BWR IS A COLLABORATIVE COMPRISED OF AGENCIES REPRESENTATIVE OF THE COMMUNITY, WITH A DEEP CONCERN FOR THE HEALTH AND WELL-BEING OF THE RESIDENTS OF THE RAPPAHANNOCK REGION. THE PURPOSE OF THE COUNCIL IS TO IDENTIFY AND PRIORITIZE COMMUNITY NEEDS, PROVIDE GUIDANCE AND OVERSIGHT OVER PLANNED COMMUNITY IMPROVEMENTS, AND MONITOR PROGRESS ON PRIORITY HEALTH AND SOCIAL CONCERNS IMPACTING THE RAPPAHANNOCK REGION.

- BE WELL RAPPAHANNOCK REPRESENTATIVE ORGANIZATIONS
- COMMUNITY COLLABORATIVE FOR YOUTH AND FAMILIES
- DEPARTMENTS OF SOCIAL SERVICES
- BUSINESS REPRESENTATIVE
- LOCAL GOVERNMENT REPRESENTATIVE
- HIGHER EDUCATION
- MARY WASHINGTON HEALTHCARE
- MARY WASHINGTON HOSPITAL FOUNDATION
- MENTAL HEALTH AMERICA
- PHYSICIAN REPRESENTATIVE
- PUBLIC DEFENDERS



**Part V Facility Information** (continued)

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

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

RAPPAHANNOCK AREA HEALTH DISTRICT

RAPPAHANNOCK UNITED WAY

SCHOOL ADMINISTRATOR

SCHOOL SYSTEMS (PUBLIC)

STAFFORD HOSPITAL, LLC:

PART V, SECTION B, LINE 5: MWHC'S COMMITMENT AND LEADERSHIP IN INVESTING IN THE HEALTH OF THE COMMUNITIES IT SERVES ARE CENTERED AROUND AN OVERALL COMMUNITY BENEFIT STRATEGY. A KEY VALUE OF MWHC IS TO DIRECTLY UTILIZE COMMUNITY INPUT TO DRIVE INITIATIVES THAT WILL IMPROVE THE OVERALL HEALTH OF THE COMMUNITY. MWHC WORKED WITH BE WELL RAPPAHANNOCK (BWR) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY.

BWR IS A COLLABORATIVE COMPRISED OF AGENCIES REPRESENTATIVE OF THE COMMUNITY, WITH A DEEP CONCERN FOR THE HEALTH AND WELL-BEING OF THE RESIDENTS OF THE RAPPAHANNOCK REGION. THE PURPOSE OF THE COUNCIL IS TO IDENTIFY AND PRIORITIZE COMMUNITY NEEDS, PROVIDE GUIDANCE AND OVERSIGHT OVER PLANNED COMMUNITY IMPROVEMENTS, AND MONITOR PROGRESS ON PRIORITY HEALTH AND SOCIAL CONCERNS IMPACTING THE RAPPAHANNOCK REGION.

BE WELL RAPPAHANNOCK REPRESENTATIVE ORGANIZATIONS

COMMUNITY COLLABORATIVE FOR YOUTH AND FAMILIES

DEPARTMENTS OF SOCIAL SERVICES

BUSINESS REPRESENTATIVE

LOCAL GOVERNMENT REPRESENTATIVE

HIGHER EDUCATION

**Part V Facility Information** (continued)

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

MARY WASHINGTON HEALTHCARE

MARY WASHINGTON HOSPITAL FOUNDATION

MENTAL HEALTH AMERICA

PHYSICIAN REPRESENTATIVE

PUBLIC DEFENDERS

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

RAPPAHANNOCK AREA HEALTH DISTRICT

RAPPAHANNOCK UNITED WAY

SCHOOL ADMINISTRATOR

SCHOOL SYSTEMS (PUBLIC)

MARY WASHINGTON HOSPITAL, INC.:

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

STAFFORD HOSPITAL, LLC:

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

MARY WASHINGTON HOSPITAL, INC.:

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

STAFFORD HOSPITAL, LLC:

**Part V Facility Information** (continued)

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

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

MARY WASHINGTON HOSPITAL, INC.:

PART V, SECTION B, LINE 11: SEE IMPLEMENTATION STRATEGY ATTACHED TO THE RETURN

STAFFORD HOSPITAL, LLC:

PART V, SECTION B, LINE 11: SEE IMPLEMENTATION STRATEGY ATTACHED TO THE RETURN.

MARY WASHINGTON HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

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

STAFFORD HOSPITAL, LLC

PART V, LINE 16A, FAP WEBSITE:

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

MARY WASHINGTON HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

STAFFORD HOSPITAL, LLC

**Part V Facility Information** (continued)

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

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

MARY WASHINGTON HOSPITAL, INC.

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

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

STAFFORD HOSPITAL, LLC

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

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

MARY WASHINGTON HOSPITAL, INC.:

PART V, SECTION B, LINE 16J: THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. SIGNS ARE POSTED IN ALL PATIENT REGISTRATION AREAS AND NOTES INCLUDED ON ALL PATIENT STATEMENTS INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND WHO TO CONTACT FOR MORE INFORMATION. BILLING OFFICE PERSONNEL EXPLAIN THE MATERIALS TO ALL PATIENTS REQUESTING ADDITIONAL INFORMATION.

STAFFORD HOSPITAL, LLC:

PART V, SECTION B, LINE 16J: THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. SIGNS ARE POSTED IN ALL PATIENT REGISTRATION AREAS AND NOTES INCLUDED ON ALL PATIENT STATEMENTS INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND WHO TO CONTACT FOR MORE INFORMATION. BILLING OFFICE PERSONNEL EXPLAIN THE MATERIALS TO ALL PATIENTS REQUESTING ADDITIONAL INFORMATION.

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

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

Multiple horizontal lines for providing supplemental information.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LN 7 COL(F):

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

SCHEDULE H, PART I, LINE 3B

DURING JANUARY - SEPTEMBER 2019, 300%, THE PERCENTAGE INCREASED TO 400%  
 FOR SEPTEMBER - DECEMBER 2019.

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

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

**Part VI** Supplemental Information (Continuation)

SERVICES TO MEDICAID PATIENTS BASED ON THEIR PERCENTAGE OF NET PATIENT SERVICE REVENUE FROM THE MEDICAID PROGRAM.

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FURTHERANCE OF ITS MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES THE ORGANIZATION PROMOTES WORKFORCE DEVELOPMENT FOR THE RECRUITMENT OF PHYSICIANS AND OTHER HEALTH PROFESSIONALS IN AREAS IDENTIFIED AS SHORTAGE AREAS THROUGH ITS COMMUNITY NEEDS ASSESSMENTS AND MEDICAL STAFF DEVELOPMENT PLANS. RECRUITMENT OF PHYSICIANS TO PRACTICE IN MWHC'S SERVICE AREA IMPROVES ACCESS TO CARE RESULTING IN GREATER AVAILABILITY OF PHYSICIAN SPECIALISTS, LESS TRAVEL TO OBTAIN CARE, AND SHORTER WAIT TIMES FOR APPOINTMENTS. ADDITIONALLY MWHC, PROVIDES FACILITIES FREE OF CHARGE TO RAPPAHANNOCK EMERGENCY MEDICAL SERVICES WHICH IS VALUED AT APPROXIMATELY \$100,000.

PART III, LINE 4:

MWHC PROVIDES SERVICES TO UNINSURED PATIENTS AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT FROM STANDARD CHARGES. PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE. MWHC ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE.

PATIENTS WHO MEET MWHC'S CRITERIA FOR CHARITY CARE ARE PROVIDED CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. SUCH AMOUNTS



**Part VI** Supplemental Information (Continuation)

DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE.

PART III, LINE 8:

AS A NOT-FOR-PROFIT HOSPITAL IT IS OUR MISSION TO IMPROVE THE HEALTH STATUS OF ALL PEOPLE WITHIN OUR COMMUNITY AND TO PROVIDE HEALTHCARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS. MWHC ACCEPTS MEDICARE AND MEDICAID AND IT IS A WELL ESTABLISHED FACT THAT NOT-FOR-PROFIT FACILITIES DO NOT RECOUP THE COST OF CARING FOR THOSE PATIENTS UTILIZING THESE PROGRAMS. UNDER IRS GUIDELINES MEDICARE AND MEDICAID BENEFICIARIES ARE CONSIDERED TO BE MEMBERS OF A CHARITABLE CLASS, THEREFORE BY ASSISTING THESE PATIENTS AND ACCEPTING THE SHORTFALLS IN REPAYMENT, THE ORGANIZATION IS IN FACT RELIEVING GOVERNMENT BURDEN AND PROVIDING A SIGNIFICANT COMMUNITY BENEFIT TO OUR SERVICE AREA.

PART III, LINE 9B:

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

PART VI, LINE 2:

MARY WASHINGTON HEALTHCARE AND ITS AFFILIATES (MARY WASHINGTON HOSPITAL,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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

PART VI, LINE 3:

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

PART VI, LINE 4:

MARY WASHINGTON HEALTHCARE PROVIDES EXCEPTIONAL MEDICAL SERVICES TO THE CITY OF FREDERICKSBURG AND THE SURROUNDING "COMMUNITY" THAT CONSIST OF THE PRIMARY SERVICE AREA COUNTIES OF STAFFORD, KING GEORGE, SPOTSYLVANIA, WESTMORELAND, ORANGE, PRINCE WILLIAM, AND SECONDARY SERVICE AREA COUNTIES OF MANASSAS, FAUQUIER, CULPEPER, LOUISA, ESSEX, AND RICHMOND. ESTABLISHED IN 1899, MARY WASHINGTON HOSPITAL (MWH), A 451 BED ACUTE CARE FACILITY, OFFERS COMPREHENSIVE HEALTHCARE AND MULTIPLE CENTERS OF EXCELLENCE INCLUDING CARDIOLOGY AND CARDIOVASCULAR SURGERY, PSYCHIATRY, AND WOMEN AND

**Part VI** Supplemental Information (Continuation)

INFANT HEALTH. STAFFORD HOSPITAL, LLC, A 100 BED ACUTE CARE FACILITY, ALSO OFFERS COMPREHENSIVE HEALTHCARE SERVICES. BOTH MWH AND SH ARE ACCREDITED BY THE JOINT COMMISSION AND LICENSED BY THE COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH AND THE DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES. MWH ALSO PROVIDES ADVANCE RADIATION THERAPY THROUGH THE CANCER CENTER OF VIRGINIA AND HOME HEALTH SERVICES THROUGH MARY WASHINGTON HOME HEALTH.

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

## PART VI, LINE 5:

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

**Part VI** Supplemental Information (Continuation)

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

PART VI, LINE 6:

MARY WASHINGTON HEALTHCARE AFFILIATES INCLUDE TWO (2) HOSPITALS, OTHER CLINICAL SERVICES THAT INCLUDE AN AMBULATORY SURGERY CENTER, HOSPICE/HOME HEALTH, INDEPENDENT DIAGNOSTIC TESTING FACILITIES, AND PHYSICIAN PRACTICES; TWO (2) FOUNDATIONS AND A PROPERTY DIVISION. ALL ACTIVITIES OF THIS GROUP ARE COORDINATED AND OVERSEEN BY THE PARENT'S (MARY WASHINGTON HEALTHCARE) BOARD OF TRUSTEES. THE AFFILIATED GROUP'S ACTIVITIES ARE CLOSELY PLANNED/INTEGRATED THROUGH INTERLOCKING BOARDS TO ENSURE THE MOST EFFECTIVE DELIVERY OF CARE. EACH MEMBER OF THE AFFILIATED GROUP FOCUSES EFFORTS IN ITS PARTICULAR AREA OF RESPONSIBILITY AND IS ACCOUNTABLE TO THE PARENT'S BOARD FOR ACHIEVING ITS MISSION AND GOALS FOR THE PROVISION OF HEALTH CARE. THE DIVISION OF SERVICES ABOVE ALLOWS PATIENTS TO ACCESS CARE IN THE MOST APPROPRIATE SETTING. THE GOVERNANCE OVERSIGHT PROVIDED BY THE PARENT GUARANTEES OPTIMAL COORDINATION OF THE VARIOUS SEGMENTS OF CARE AND ENSURES HIGH QUALITY SERVICE AS ECONOMICALLY AS POSSIBLE.

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

VA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **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 GROUP RETURN** Employer identification number **20-1106426**

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

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

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

| <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                                       |
|--|----------------|--|---------------------------------|--|--|--|---|
| LLOYD F. MOSS FREE CLINIC<br>1301 SAM PERRY BLVD.<br>FREDERICKSBURG, VA 22401              | 54-1677934     | 501(C)(3)                              | 850,000.                        | 0.                                       |  |  | FREE HEALTH CLINIC  |
| MICAH ECUMENICAL MINISTRY<br>P.O. BOX 3277<br>FREDERICKSBURG, VA 22402                     | 20-4044884     | 501(C)(3)                              | 130,000.                        | 0.                                       |  |  | RESIDENTIAL RECOVERY PROGRAM  |
| COMMONWEALTH OF VIRGINIA STATE BOARD HEALTH - 608 JACKSON ST -<br>FREDERICKSBURG, VA 22401 | 54-6001775     | 115                                    | 105,332.                        | 0.                                       |  |  | COMPLICATED OBSTETRICAL AND HIGH RISK MATERNITY CARE/EVERY WOMAN'S LIFE PROGRAM |
| F'BURG CHRISTIAN HEALTH CENTER<br>1129 HEATHERSTONE DR<br>FREDERICKSBURG, VA 22407         | 54-2061482     | 501(C)(3)                              | 100,000.                        | 0.                                       |  |  | UNINSURED PATIENT PROGRAM   |
| GUADALUPE FREE CLINIC OF COLONIAL BEACH - PO BOX 275 - COLONIAL BEACH,<br>VA 22443         | 51-0635977     | 501(C)(3)                              | 70,000.                         | 0.                                       |  |  | GUADALUPE FREE CLINIC   |
| CENTRAL VA HEALTH SERVICES<br>PO BOX 220<br>NEW CANTON, VA 25892                           | 54-0887287     | 501(C)(3)                              | 45,000.                         | 0.                                       |  |  | PATIENT EDUCATION AND CASE MANAGEMENT   |

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

**3** Enter total number of other organizations listed in the line 1 table **2.**

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

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  |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CITY OF FREDERICKSBURG TRANSIT<br>715 PRINCESS ANNE ST<br>FREDERICKSBURG, VA 22401 | 54-6001293 | 115                           | 40,000.                  | 0.                                |   |  | LOCAL TRANSPORTATION  |
| STAFFORD COUNTY SCHOOLS<br>1739 JEFFERSON DAVIS HWY<br>STAFFORD, VA 22554          | 54-6001628 | 501(C)(3)                     | 35,000.                  | 0.                                |   |  | NUTRITION CONSULTANT<br>PROJECT/CHILDREN'S<br>INSURANCE OUTREACH AND<br>ELIGIBILITY PROJECT |
| VIRGINIA COMMUNITY FOOD<br>CONNECTIONS - PO BOX 7664 -<br>FREDERICKSBURG, VA 22404 | 81-1346510 | 501(C)(3)                     | 33,250.                  | 0.                                |   |  | FRESH FOOD ACCESS FOR<br>COMMUNITY HEALTH   |
| RAPPAHANNOCK UNITED WAY<br>3310 SHANNON PARK DR<br>FREDERICKSBURG, VA 22408        | 54-6042936 | 501(C)(3)                     | 32,161.                  | 0.                                |   |  | ENRICHMENT  |
| F'BURG DEPT OF SOCIAL SERVICES<br>608 JACKSON ST<br>FREDERICKSBURG, VA 22401       | 54-6001293 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | COMMUNITY BASED<br>ELIGIBILITY WORKER   |
| STAFFORD JUNCTION, INC.<br>791 TRUSLOW RD<br>FREDERICKSBURG, VA 22406              | 20-3036072 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | HEALTHY LIVING PAYS<br>PROGRAM  |
| STAFFORD DEPT SOCIAL SERVICES<br>PO BOX 7<br>STAFFORD, VA 22555                    | 54-6001626 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | HEALTH INSURANCE<br>ENROLLMENT PROGRAM  |
| RX PARTNERSHIP<br>2924 EMERYWOOD PARKWAY<br>RICHMOND, VA 23294                     | 57-1186937 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | PRESCRIPTION MEDICATION<br>PROGRAM  |
| HAZEL HILL HEALTHCARE PROJECT<br>225 BUTLER RD<br>FREDERICKSBURG, VA 22401         | 27-1744104 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | HAZEL HILL HEALTHCARE<br>PROJECT  |

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                        |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FREDERICKSBURG COUNSELING SVCS<br>305 HANSON AVE<br>FREDERICKSBURG, VA 22401                                    | 54-0844464 | 501(C)(3)                     | 27,000.                  | 0.                                |   |  | GENERAL SUPPORT   |
| RAPPAHANNOCK AREA AGENCY ON AGING,<br>INC. - 460 LENDALL LANE -<br>FREDERICKSBURG, VA 22405                     | 54-1027651 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | COMPASS (CARE OPTIONS<br>MAKE FOR PREFERRED<br>SOLUTIONS) |
| ACTION IN COMMUNITY THROUGH<br>SERVICE OF PRINCE WILLIAM INC. -<br>3900 ACTS LANE - FREDERICKSBURG,<br>VA 22026 | 54-0897679 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | ACTS HELPLINE   |
| GWYNETH'S GIFT FOUNDATION<br>2217 PRINCESS ANNE ST<br>FREDERICKSBURG, VA 22401                                  | 47-4428397 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | CPR EDUCATION AND AED<br>ACCESS                           |
| AMERICAN HEART ASSOCIATION<br>7272 GREENVILLE AVE<br>DALLAS, TX 75231   | 13-5613797 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GENERAL SUPPORT   |
| LEUKEMIA & LYMPHOMA SOCIETY<br>5511 STAPLES MILL RD<br>RICHMOND, VA 23228                                       | 13-5644916 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | GENERAL SUPPORT   |
| CONNECTVIRGINIA HIE, INC.<br>102 N 5TH ST<br>RICHMOND, VA 23219   | 46-4611149 | 501(C)(3)                     | 6,612.                   | 0.                                |   |  | GENERAL SUPPORT   |
| SPOTSYLVANIA COUNTY SCHOOLS<br>8020 RIVER STONE DR<br>FREDERICKSBURG, VA 22407                                  | 56-6001624 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | BAL A VIS X AND CPS STAFF<br>TRAINING                     |
| EMPLOYMENT RESOURCES INC.<br>PO BOX 801<br>FREDERICKSBURG, VA 22404   | 54-1566468 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | SUMMER INTERNSHIP PROGRAM                                 |

Schedule I (Form 990)





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

| (a) Type of grant or assistance                               | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| ELIZABETH BRUNELLE RYAN AND CATHERINE RYAN LEGATH SCHOLARSHIP | 1.                       | 1,000.                   | 0.                                |   |  |
| HEWETSON NURSING SCHOLARSHIP                                  | 1.                       | 750.                     | 0.                                |   |  |
| JANICE HUNT SCHOLARSHIP                                       | 1.                       | 1,000.                   | 0.                                |   |  |
| JEANE BULLOCK NURSING SCHOLARSHIP                             | 1.                       | 750.                     | 0.                                |   |  |
| JOHN PAINTER SCHOLARSHIP                                      | 1.                       | 750.                     | 0.                                |   |  |
| LAURA LEIGH LUMPKIN MEMORIAL SCHOLARSHIP                      | 1.                       | 1,500.                   | 0.                                |   |  |
| LIBBY PEARSON ENDOWED NURSING SCHOLARSHIP                     | 1.                       | 750.                     | 0.                                |   |  |
| LINDA WITMER NURSING SCHOLARSHIP                              | 1.                       | 750.                     | 0.                                |   |  |
| MARY FRANCES WILLIS & JAMES G. WILLIS MEMORIAL SCHOLARSHIP    | 1.                       | 1,000.                   | 0.                                |   |  |

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

| (a) Type of grant or assistance                        | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| MARY WASHINGTON HOSPITAL AUXILIARY SCHOLARSHIP         | 1.                       | 750.                     | 0.                                |   |  |
| MARY WASHINGTON HOSPITAL AUXILIARY SCHOLARSHIP         | 1.                       | 750.                     | 0.                                |   |  |
| MARY WASHINGTON HOSPITAL AUXILIARY SCHOLARSHIP         | 1.                       | 750.                     | 0.                                |   |  |
| REBECCA BENNETT NURSING SCHOLARSHIP                    | 1.                       | 1,000.                   | 0.                                |   |  |
| SAL KIWALL MEMORIAL SCHOLARSHIP FOR CLINICAL EDUCATION | 1.                       | 1,000.                   | 0.                                |   |  |
| SCHOOL OF RADIOLOGIC TECHNOLOGY                        | 1.                       | 3,286.                   | 0.                                |   |  |
| SCHOOL OF RADIOLOGIC TECHNOLOGY                        | 1.                       | 3,286.                   | 0.                                |   |  |
| SCHOOL OF RADIOLOGIC TECHNOLOGY                        | 1.                       | 1,714.                   | 0.                                |   |  |
| STAFFORD HOSPITAL AUXILIARY SCHOLARSHIP                | 1.                       | 1,000.                   | 0.                                |   |  |

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

| (a) Type of grant or assistance                                 | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| STAFFORD HOSPITAL AUXILIARY SCHOLARSHIP                         | 1.                       | 1,000.                   | 0.                                |   |  |
| STAFFORD HOSPITAL AUXILIARY SCHOLARSHIP                         | 1.                       | 1,000.                   | 0.                                |   |  |
| STEPHANIE FRANCINE BROWN NURSING SCHOLARSHIP                    | 1.                       | 750.                     | 0.                                |   |  |
| SUE HALL NURSING SCHOLARSHIP                                    | 1.                       | 750.                     | 0.                                |   |  |
| SUE HALL NURSING SCHOLARSHIP                                    | 1.                       | 750.                     | 0.                                |   |  |
| THE FRED M. RANKIN, III LEADERSHIP SCHOLARSHIP                  | 1.                       | 1,000.                   | 0.                                |   |  |
| THE VICKIE GRAVES PITTMAN GERMANNA NURSING SCHOLARSHIP          | 1.                       | 750.                     | 0.                                |   |  |
| WILLIAM AND VIOLA ADRIAN NURSING SCHOLARSHIP                    | 1.                       | 1,000.                   | 0.                                |   |  |
| WILLIAM F. JACOBS, JR. SCHOLARSHIP IN HEALTHCARE ADMINISTRATION | 1.                       | 1,000.                   | 0.                                |   |  |

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MARY WASHINGTON HEALTHCARE GROUP RETURN**

Employer identification number

**20-1106426**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> | X   |    |
| <b>4b</b> | X   |    |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <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<br>PRESIDENT AND CEO    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 835,377.   | 316,069.                            | 126,046.                            | 8,400.   | 34,194.                 | 1,320,086.                      | 0.  |
| (2) SANG HO NA<br>PHYSICIAN                               | (i)  | 768,259.   | 85,000.                             | 712.                                | 8,400.   | 13,310.                 | 875,681.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) AGOSTINO VISIONI<br>PHYSICIAN                         | (i)  | 741,964.   | 75,000.                             | 13,450.                             | 8,400.   | 34,355.                 | 873,169.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) J. T. SHERWOOD<br>PHYSICIAN                           | (i)  | 729,259.   | 60,000.                             | 712.                                | 8,400.   | 38,084.                 | 836,455.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) SEAN T. BARDEN BSBA, MBA<br>SR VP AND CFO             | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 458,200.   | 152,449.                            | 75,426.                             | 8,400.   | 26,960.                 | 721,435.                        | 0.  |
| (6) JOHN CARDONE<br>PHYSICIAN                             | (i)  | 505,594.   | 0.                                  | 36,313.                             | 8,400.   | 34,110.                 | 584,417.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) THERESA CONOLOGUE<br>PHYSICIAN                        | (i)  | 536,112.   | 0.                                  | 740.                                | 4,367.   | 21,205.                 | 562,424.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) ERIC FLETCHER, MBA, APR<br>SVP                        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 280,952.   | 83,787.                             | 108,810.                            | 8,400.   | 34,295.                 | 516,244.                        | 0.  |
| (9) STEPHEN MANDELL, MD<br>VICE PRESIDENT                 | (i)  | 338,215.   | 83,875.                             | 51,748.                             | 7,012.   | 27,386.                 | 508,236.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) TRAVIS TURNER, BS, MBA<br>SVP                        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 324,382.   | 82,428.                             | 48,952.                             | 7,126.   | 30,004.                 | 492,892.                        | 0.  |
| (11) ELIESE K. BERNARD<br>VICE PRESIDENT                  | (i)  | 339,320.   | 78,961.                             | 13,508.                             | 7,830.   | 29,523.                 | 469,142.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) KATHRYN WALL, BA, MA<br>SVP                          | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 283,497.   | 80,009.                             | 70,824.                             | 8,400.   | 12,594.                 | 455,324.                        | 0.  |
| (13) REBECCA M. BIGONEY, MD,BS,MA<br>EVP & CMO, THRU 6/19 | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 221,857.   | 147,870.                            | 68,759.                             | 6,009.   | 10,655.                 | 455,150.                        | 0.  |
| (14) DOUGLAS SCHULTE, MD<br>VICE PRESIDENT, THRU 10/19    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 316,398.   | 76,818.                             | 38,112.                             | 8,400.   | 2,436.                  | 442,164.                        | 0.  |
| (15) DAVID YI, MD<br>VICE PRESIDENT                       | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 310,269.   | 72,195.                             | 20,127.                             | 8,400.   | 2,389.                  | 413,380.                        | 0.  |
| (16) CHRISTOPHER NEWMAN, MD<br>SVP                        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 270,898.   | 93,272.                             | 7,817.                              | 0.   | 21,267.                 | 393,254.                        | 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) EILEEN DOHMANN, RN, BSN, MBA, N<br>SVP & CNO            | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 279,653.   | 79,072.                             | 17,933.                             | 8,332.   | 5,548.                  | 390,538.                        | 0.  |
| (18) XAVIER RICHARDSON BA, MBA<br>MWHF AND SHF PRESIDENT/SVP | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 249,239.   | 64,218.                             | 41,825.                             | 7,320.   | 22,323.                 | 384,925.                        | 0.  |
| (19) SANDRA BROWN, CPA<br>VICE PRESIDENT                     | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 245,099.   | 53,932.                             | 33,329.                             | 7,080.   | 22,662.                 | 362,102.                        | 0.  |
| (20) RICHARD LEWIS, MD<br>VICE PRESIDENT                     | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 250,969.   | 64,760.                             | 11,757.                             | 0.   | 25,630.                 | 353,116.                        | 0.  |
| (21) CATHLEEN YABLONSKI, BS, MS<br>VICE PRESIDENT            | (i)  | 215,744.   | 54,348.                             | 52,698.                             | 2,460.   | 23,209.                 | 348,459.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (22) TINA ERVIN<br>VICE PRESIDENT                            | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 201,309.   | 48,117.                             | 33,565.                             | 6,168.   | 22,112.                 | 311,271.                        | 0.  |
| (23) MARIE FREDRICK, R.T. (R), CRA,<br>VICE PRESIDENT        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 218,118.   | 49,504.                             | 10,666.                             | 6,983.   | 22,412.                 | 307,683.                        | 0.  |
| (24) KATHLEEN BOURGAULT, MS, CPAM<br>VICE PRESIDENT          | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 214,084.   | 49,004.                             | 10,629.                             | 6,187.   | 22,587.                 | 302,491.                        | 0.  |
| (25) LAUREN BLALOCK<br>VICE PRESIDENT                        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 189,746.   | 44,208.                             | 21,027.                             | 5,691.   | 31,761.                 | 292,433.                        | 0.  |
| (26) ALAN EDWARDS<br>VICE PRESIDENT                          | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 172,831.   | 44,156.                             | 12,339.                             | 5,848.   | 33,231.                 | 268,405.                        | 0.  |
| (27) CODY BLANKENSHIP<br>VICE PRESIDENT                      | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 180,572.   | 43,972.                             | 7,936.                              | 3,326.   | 28,659.                 | 264,465.                        | 0.  |
| (28) BRIAN JENKINS<br>VICE PRESIDENT                         | (i)  | 194,901.   | 0.                                  | 8,089.                              | 0.   | 19,126.                 | 222,116.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (29) JUSTIN BOX, MBA<br>SVP & CIO, THRU 4/19                 | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 102,239.   | 85,551.                             | 16,226.                             | 3,295.   | 13,099.                 | 220,410.                        | 0.  |
| (30) GEOFFREY LAWSON<br>SVP                                  | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 120,459.   | 53,818.                             | 6,771.                              | 0.   | 4,436.                  | 185,484.                        | 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 J

INDEPENDENT BOARD TRUSTEES RECEIVE NO COMPENSATION.



**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

| <b>Part I Bond Issues</b>               |                |             |                 |                 |                             |              |    |                         |    |                      |    |
|---|----------------|-------------|-----------------|-----------------|-----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name                         | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose  | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|   |                |             |                 |                 |                             | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> ECONOMIC DEVELOPMENT AUTHORITY | 52-1303430     | 355849AS9   | 05/10/07        | 86,868,312.     | REFUNDING OF 1996 MWH BONDS |              | X  |                         | X  |                      | X  |
| <b>B</b> ECONOMIC DEVELOPMENT AUTHORITY | 52-1303430     | 355849BC3   | 05/28/14        | 59,254,492.     | REFUNDING OF 2002 BONDS     |              | X  |                         | X  |                      | X  |
| <b>C</b> ECONOMIC DEVELOPMENT AUTHORITY | 54-1244413     | 852431BM6   | 05/02/16        | 128,486,132.    | REFUNDING OF 2006 BONDS     |              | X  |                         | X  |                      | X  |
| <b>D</b> ECONOMIC DEVELOPMENT AUTHORITY | 52-1303430     | NONE        | 11/22/16        | 30,405,000.     | REFUNDING OF 2013 BONDS     |              | X  |                         | X  |                      | X  |

| <b>Part II Proceeds</b>  |             |    |             |    |              |    |             |    |  |  |
|--|-------------|----|-------------|----|--------------|----|-------------|----|--|--|
|  | A           |    | B           |    | C            |    | D           |    |  |  |
| <b>1</b> Amount of bonds retired   | 53,705,000. |    |             |    | 1,490,000.   |    | 2,985,000.  |    |  |  |
| <b>2</b> Amount of bonds legally defeased  |             |    |             |    |              |    |             |    |  |  |
| <b>3</b> Total proceeds of issue   | 86,868,312. |    | 59,254,492. |    | 128,486,132. |    | 30,405,000. |    |  |  |
| <b>4</b> Gross proceeds in reserve funds   |             |    |             |    |              |    |             |    |  |  |
| <b>5</b> Capitalized interest from proceeds  |             |    |             |    |              |    |             |    |  |  |
| <b>6</b> Proceeds in refunding escrows   |             |    |             |    |              |    |             |    |  |  |
| <b>7</b> Issuance costs from proceeds  | 583,010.    |    | 630,794.    |    | 2,100,667.   |    |             |    |  |  |
| <b>8</b> Credit enhancement from proceeds  |             |    |             |    |              |    |             |    |  |  |
| <b>9</b> Working capital expenditures from proceeds  |             |    |             |    |              |    |             |    |  |  |
| <b>10</b> Capital expenditures from proceeds   |             |    |             |    |              |    |             |    |  |  |
| <b>11</b> Other spent proceeds   | 86,285,302. |    | 58,623,698. |    | 126,385,465. |    | 30,405,000. |    |  |  |
| <b>12</b> Other unspent proceeds   |             |    |             |    |              |    |             |    |  |  |
| <b>13</b> Year of substantial completion   | 2007        |    | 2014        |    | 2016         |    | 2016        |    |  |  |
|  | Yes         | No | Yes         | No | Yes          | No | Yes         | No |  |  |
| <b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X           |    | X           |    | X            |    | X           |    |  |  |
| <b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   |             | X  |             | X  |              | X  |             | X  |  |  |
| <b>16</b> Has the final allocation of proceeds been made?  | X           |    | X           |    | X            |    | X           |    |  |  |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?                           | X           |    | X           |    | X            |    | X           |    |  |  |

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

Schedule K (Form 990) 2019

| <b>Part III Private Business Use</b>   |     |    |     |    |     |    |     |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | A   |    | B   |    | C   |    | D   |    |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X  |     | X  |     | X  |     | X  |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X  |     | X  |     | X  | X   |    |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  | X   |    | X   |    | X   |    | X   |    |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....   | X   |    | X   |    | X   |    | X   |    |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X  |     | X  |     | X  |     | X  |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....   |     |    |     |    |     |    |     |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | %  |     | %  |     | %  |     | %  |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     | %  |     | %  |     | %  |     | %  |
| 6 Total of lines 4 and 5 .....   |     | %  |     | %  |     | %  |     | %  |
| 7 Does the bond issue meet the private security or payment test? .....   |     | X  |     | X  |     | X  |     | X  |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....   |     | X  |     | X  |     | X  |     | X  |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     | %  |     | %  |     | %  |     | %  |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |    |     |    |     |    |     |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |    | X   |    | X   |    | X   |    |

| <b>Part IV Arbitrage</b>   |     |    |     |    |     |    |     |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | A   |    | B   |    | C   |    | D   |    |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     | X  |     | X  |
| 2 If "No" to line 1, did the following apply? .....  |     |    |     |    |     |    |     |    |
| a Rebate not due yet? .....  |     | X  |     | X  | X   |    | X   |    |
| b Exception to rebate? .....   | X   |    | X   |    |     | X  |     | X  |
| c No rebate due? .....   |     | X  |     | X  | X   |    | X   |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                          |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue? .....   |     | X  |     | X  |     | X  | X   |    |





**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   | 18,900.                   | ORTHOPEdic                     |   | 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

(D) DESCRIPTION OF TRANSACTION: ORTHOPEDIC CALL COVERAGE FOR MWH AND SH.

**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 GROUP RETURN

Employer identification number

20-1106426

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

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

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

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

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

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

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

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

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

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

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 GROUP RETURN

Employer identification number

20-1106426

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

MARY WASHINGTON HEALTHCARE UTILIZES AN EXECUTIVE COMPENSATION COMMITTEE WITH THE PURPOSE AND AUTHORITY TO ESTABLISH PROCESSES TO ENSURE FAIR AND COMMERCIALY REASONABLE COMPENSATION FOR THE CEO AND EXECUTIVE LEADERSHIP.

Name of the organization

MARY WASHINGTON HEALTHCARE GROUP RETURN

Employer identification number

20-1106426

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

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

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

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

CONTRACT PERSONNEL:

|                                 |             |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES        | 21,242,142. |
| MANAGEMENT AND GENERAL EXPENSES | 0.          |
| FUNDRAISING EXPENSES            | 0.          |
| TOTAL EXPENSES                  | 21,242,142. |

ASP:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 169,541. |
| MANAGEMENT AND GENERAL EXPENSES | 3,460.   |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 173,001. |

BILLNG AND COLLECTION SERVICES:

|                                 |            |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES        | 4,101,361. |
| MANAGEMENT AND GENERAL EXPENSES | 83,701.    |
| FUNDRAISING EXPENSES            | 0.         |



|  |   |
|--|---|
| Name of the organization<br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><b>20-1106426</b> |
|--|---|

|                       |                   |
|-----------------------|-------------------|
| <b>TOTAL EXPENSES</b> | <b>4,185,062.</b> |
|-----------------------|-------------------|

**CONSULTING SERVICES:**

|                                 |                    |
|---------------------------------|--------------------|
| <b>PROGRAM SERVICE EXPENSES</b> | <b>42,870,304.</b> |
|---------------------------------|--------------------|

|  |                 |
|--|-----------------|
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>874,904.</b> |
|--|-----------------|

|                             |           |
|-----------------------------|-----------|
| <b>FUNDRAISING EXPENSES</b> | <b>0.</b> |
|-----------------------------|-----------|

|                       |                    |
|-----------------------|--------------------|
| <b>TOTAL EXPENSES</b> | <b>43,745,208.</b> |
|-----------------------|--------------------|

**MANAGEMENT CONTRACTS:**

|                                 |                    |
|---------------------------------|--------------------|
| <b>PROGRAM SERVICE EXPENSES</b> | <b>27,185,989.</b> |
|---------------------------------|--------------------|

|  |                 |
|--|-----------------|
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>554,816.</b> |
|--|-----------------|

|                             |           |
|-----------------------------|-----------|
| <b>FUNDRAISING EXPENSES</b> | <b>0.</b> |
|-----------------------------|-----------|

|                       |                    |
|-----------------------|--------------------|
| <b>TOTAL EXPENSES</b> | <b>27,740,805.</b> |
|-----------------------|--------------------|

**MAINTENANCE SERVICES:**

|                                 |                   |
|---------------------------------|-------------------|
| <b>PROGRAM SERVICE EXPENSES</b> | <b>6,836,192.</b> |
|---------------------------------|-------------------|

|  |                 |
|--|-----------------|
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>139,514.</b> |
|--|-----------------|

|                             |           |
|-----------------------------|-----------|
| <b>FUNDRAISING EXPENSES</b> | <b>0.</b> |
|-----------------------------|-----------|

|                       |                   |
|-----------------------|-------------------|
| <b>TOTAL EXPENSES</b> | <b>6,975,706.</b> |
|-----------------------|-------------------|

**STORAGE SERVICES:**

|                                 |                |
|---------------------------------|----------------|
| <b>PROGRAM SERVICE EXPENSES</b> | <b>67,324.</b> |
|---------------------------------|----------------|

|  |               |
|--|---------------|
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>1,374.</b> |
|--|---------------|

|                             |           |
|-----------------------------|-----------|
| <b>FUNDRAISING EXPENSES</b> | <b>0.</b> |
|-----------------------------|-----------|

|                       |                |
|-----------------------|----------------|
| <b>TOTAL EXPENSES</b> | <b>68,698.</b> |
|-----------------------|----------------|

**TENANT COVERAGE:**

|                                 |                   |
|---------------------------------|-------------------|
| <b>PROGRAM SERVICE EXPENSES</b> | <b>1,113,003.</b> |
|---------------------------------|-------------------|

|   |  |
|---|--|
| Name of the organization<br>MARY WASHINGTON HEALTHCARE GROUP RETURN | Employer identification number<br>20-1106426 |
|---|--|

|                                 |            |
|---------------------------------|------------|
| MANAGEMENT AND GENERAL EXPENSES | 22,714.    |
| FUNDRAISING EXPENSES            | 0.         |
| TOTAL EXPENSES                  | 1,135,717. |

## WASTE DISPOSAL:

|  |              |
|--|--------------|
| PROGRAM SERVICE EXPENSES                               | 1,022,694.   |
| MANAGEMENT AND GENERAL EXPENSES                        | 20,871.      |
| FUNDRAISING EXPENSES                                   | 0.           |
| TOTAL EXPENSES   | 1,043,565.   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 106,309,904. |

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

|   |              |
|---|--------------|
| RELIEF FROM AFFILIATE LOANS                     | -34,106,980. |
| UNCOLLECTED PLEDGES                             | 10,375.      |
| ELIMINATION OF EQUITY FOR CONSOLIDATED ENTITIES | 8,391,741.   |
| LEASE ACCOUNTING ADJUSTMENT                     | -1,492,083.  |
| TOTAL TO FORM 990, PART XI, LINE 9              | -27,196,947. |

## FORM 990, PART XII, LINE 2C

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

## FORM 990, PART V, Q2A

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

|  |   |
|--|---|
| Name of the organization<br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><b>20-1106426</b> |
|--|---|

FORM 990, SCHEDULE R

ABBREVIATIONS:

MWHC - MARY WASHINGTON HEALTHCARE

MPI - MEDICORP PROPERTIES, INC.

MWHC CLINICAL - MARY WASHINGTON HEALTHCARE CLINICAL SERVICES, INC.

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

MEDIDOCTORS H.C. - MEDIDOCTORS HOLDING COMPANY

FORM 990, PART V, Q3A AND Q3B

MARY WASHINGTON HOSPITAL AND MARY WASHINTON HOSPITAL FOUNDATON FILE

SEPARATE 990T'S RELATED TO UNRELATED BUSINESS INCOME.

**SCHEDULE R  
(Form 990)**

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<br><b>MARY WASHINGTON HEALTHCARE GROUP RETURN</b> | Employer identification number<br><b>20-1106426</b> |
|--|---|

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity                      |
|---|-------------------------|---|---------------------|---------------------------|--|
| MEDIDOCTORS, LLC - 54-1990805<br>2300 FALL HILL AVE, STE 418<br>FREDERICKSBURG, VA 22401  | MEDICAL                 | VIRGINIA  | 2,669,949.          | 30,037.                   | MARY WASHINGTON<br>HEALTHCARE CLINICAL<br>SERVICES, INC. |
| MARY WASHINGTON MEDICAL GROUP - HOSPITALIST<br>SERVICES, LLC - 57-1172752, 2300 FALL HILL<br>AVE, STE 418, FREDERICKSBURG, VA 22401 | MEDICAL                 | VIRGINIA  | 38,957,592.         | 1,266,686.                | MARY WASHINGTON<br>HEALTHCARE CLINICAL<br>SERVICES, INC. |
|   |                         |   |                     |                           |  |
|   |                         |   |                     |                           |  |
|   |                         |   |                     |                           |  |
|   |                         |   |                     |                           |  |
|   |                         |   |                     |                           |  |
|   |                         |   |                     |                           |  |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| STAFFORD HOSPITAL AUXILIARY - 26-2704632<br>2300 FALL HILL AVE, SUITE 418<br>FREDERICKSBURG, VA 22401          | MEDICAL SERVICES        | VIRGINIA  | 501(C)(3)                     | LINE 12D,<br>III-O  |                                     |  | X  |
| MARY WASHINGTON HOSPITAL AUXILIARY -<br>75-2985923, 2300 FALL HILL AVE, SUITE 418,<br>FREDERICKSBURG, VA 22401 | MEDICAL SERVICES        | VIRGINIA  | 501(C)(3)                     | LINE 12D,<br>III-O  |                                     |  | X  |
| MARY WASHINGTON HEALTHCARE - 54-1240646<br>2300 FALL HILL AVE, SUITE 418<br>FREDERICKSBURG, VA 22401           | SUPPORT SERVICES        | VIRGINIA  | 501(C)(3)                     | LINE 12C,<br>III-FI                                       |                                     |  | X  |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2019

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| FREDERICKSBURG AMBULATORY<br>SURGERY CENTER - 56-2322548,<br>2300 FALL HILL AVE, STE 418,<br>FREDERICKSBURG, VA 22401 | SURGERY CTR             | VA  | MWHC CLINICAL<br>SERVICES INC.      | RELATED   | 1,508,510.                      | 671,054.                                 |   | X  | N/A   | X   |    | 53.87%                         |
| MEDICAL IMAGING OF<br>FREDERICKSBURG - 54-1364028,<br>2300 FALL HILL AVE, STE 418,<br>FREDERICKSBURG, VA 22401        | IMAGING                 | VA  | MWHC CLINICAL<br>SERVICES INC.      | RELATED   | 7,086,118.                      | 1,826,404.                               |   | X  | N/A   | X   |    | 51.00%                         |
| MARY WASHINGTON EYE CARE<br>CENTER - 27-1248032, 2300<br>FALL HILL AVE, STE 418,<br>FREDERICKSBURG, VA 22401          | OPTOMETRY               | VA  | MWHC CLINICAL<br>SERVICES INC.      | RELATED   | -331,483.                       | -2,747,866.                              |   | X  | N/A   | X   |    | 100.00%                        |
| COWAN INVESTMENT PARTNERS,<br>LLC - 65-1294835, 2300 FALL<br>HILL AVE, STE 418,<br>FREDERICKSBURG, VA 22401           | REAL ESTATE             | VA  | MEDICORP<br>PROPERTIES,<br>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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|   |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| FREDERICKSBURG PROFESSIONAL RISK EXCHANGE -<br>33-1095956, 2300 FALL HILL AVE, SUITE 418,<br>FREDERICKSBURG, VA 22401 | CAPTIVE INSURANCE       | VA  | MWHC                                | C CORP   | 1,520,008.                      | 21,156,679.                              | 100.00%                        |   | X  |
| MARY WASHINGTON HEALTHCARE SERVICES, INC. -<br>54-1244509, 2300 FALL HILL AVE, SUITE 418,<br>FREDERICKSBURG, VA 22401 | RETAIL MEDICAL          | VA  | MWHC                                | C CORP   | 3,763,377.                      | 1,000,369.                               | 100.00%                        |   | X  |
| MARY WASHINGTON HEALTH PLAN - 82-3693765<br>2300 FALL HILL AVE, SUITE 418<br>FREDERICKSBURG, VA 22401                 | HEALTH MAINTENANCE      | VA  | MWHC                                | C CORP   | 83,537.                         | 13,936,152.                              | 100.00%                        |   | X  |
| PINNACLE HEALTH CORPORATION - 31-1636492<br>2300 FALL HILL AVE, SUITE 418<br>FREDERICKSBURG, VA 22401                 | HEALTH MANAGEMENT       | VA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |   |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| SPOTSYLVANIA PARKWAY MEDICAL<br>PLAZA, LLC - 26-2656396, 2300<br>FALL HILL AVE, STE 418,<br>FREDERICKSBURG, VA 22401    | REAL ESTATE             | VA  | MEDICORP<br>PROPERTIES,<br>INC.     | RELATED   | 144,403.                        | -662,204.                                |   | X  | N/A   |   | X  | 39.50%                         |
| SPOTSYLVANIA PARKWAY MEDICAL<br>PLAZA II, LLC - 45-4281946,<br>2300 FALL HILL AVE, STE 418,<br>FREDERICKSBURG, VA 22401 | REAL ESTATE             | VA  | MEDICORP<br>PROPERTIES,<br>INC.     | RELATED   | -10,830.                        | 914,775.                                 |   | X  | N/A   |   | X  | 39.50%                         |
| COMMONWEALTH IMAGING, LLC -<br>05-0622704, 2300 FALL HILL<br>AVE, STE 418, FREDERICKSBURG,<br>VA 22401                  | IMAGING                 | VA  | MWHC SERVICES,<br>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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |





**Part VII** Supplemental Information

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

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.

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**SANDRA W. BROWN - 2300 FALL HILL AVENUE, NO. 418 -  
FREDERICKSBURG, VA 22401**

- The books are in the care of ▶ **540-741-2507** Telephone No. ▶ **540-741-3534** Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **4243**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

Electronic Filing PDF Attachment

*Mary Washington Healthcare, in compliance with the Internal Revenue Service regulations related to section 501(r) of the Affordable Care Act, created the following document to provide a road map on how it will use the findings of the Rappahannock Region Health Needs Assessment to ensure it is meeting the needs of the communities it serves.*

## **Community Health Needs Assessment Summary**

Mary Washington Healthcare and the Rappahannock Area Health District launched the Rappahannock Region Community Health Needs Assessment in January 2015. The Rappahannock Region was charged with completing a Community Health Needs Assessment to identify high priority healthcare needs within the regional Mary Washington Healthcare service area. The Rappahannock Region is financially supported by Mary Washington Healthcare, the Rappahannock United Way, the Rappahannock Area Community Services Board, GEICO, Rappahannock Area Health District, Mary Washington Hospital Foundation, and Spotsylvania Regional Medical Center. The Health Communities Institute out of Stanford University was contracted to facilitate planning meetings, gather and analyze related data, and manage project timelines and schedules.

The Rappahannock Region established two committees: Advisory and Steering. The Rappahannock Region Advisory Committee comprises 40 community volunteers representing regional hospitals, health departments and insurers, private businesses, community-based organizations, and healthcare and mental health services providers. The Rappahannock Region Steering Committee includes representatives from Mary Washington Healthcare, the United Way, GEICO, the Moss Free Clinic, the University of Mary Washington, Spotsylvania Regional Medical Center, and the Rappahannock Area Health District.

Data Collection for the Rappahannock Region Community Health Needs Assessment focused on the following areas: community input, vital statistics, reasons for doctor and clinic visits, risk factors for common illness, lifestyle improvements, and localities where residents were not meeting established health targets. Some data is available only on the countywide level but still provides valuable information. Both qualitative and quantitative data were collected between April and August 2015.

### *Qualitative primary research:*

The qualitative primary research for the 2015 Community Health Needs Assessment was conducted by key informant interviews with community leaders from public and private organizations selected for the Rappahannock Region Advisory Committee and engagement of Mary Washington Healthcare's Citizen Advisory Council, along with solicited community input.

### *Secondary data and information sources:*

Information was obtained from a number of different sources such as the Healthy Communities Institute's Community Health Information Resource tool (CHIR), the Virginia Department of Health, the American Community Survey, the Urban Institute, Healthy People 2020, and information supplied directly from a sample of healthcare service providers within the defined community.

## Prioritizing Health Needs

The Steering Committee of the Rappahannock Region reviewed and established decision-making criteria to guide their discussions regarding identification of the region's highest priority healthcare needs. The criteria that follow are not listed in order of priority:

1. Magnitude of the identified priority
2. Severity of the problem – the risk of morbidity and mortality associated with the problem
3. Alignment of the priority with the community's strengths and health priorities
4. Impact of the identified priority on vulnerable populations – health care disparity
5. Importance of the priority to the community
6. Existing resources addressing the identified priority
7. Relationship of the priority to other community issues
8. Affordability of intervention strategies
9. Potential for short-term and long-term impact on the community

The criteria yielded **The Top Three Health Priorities** identified through the Rappahannock Region Community Health Needs Assessment:

1. **Access to Health Services and Preventative Care**
2. **Behavioral Health and Behavioral Disorders**
3. **Exercise, Nutrition and Weight**

## Addressing the Top Three Health Needs

Mary Washington Hospital and Stafford Hospital organized its implementation strategy around Mary Washington Healthcare's core Community Benefit objectives established for years 2019-2022. Utilizing the resources of Mary Washington Hospital and Mary Washington Healthcare's Centers of Excellence, all Top Three Health Needs will be addressed during the three-year period. The Mary Washington Hospital Implementation Strategy will target persons living in the City of Fredericksburg and the counties of southern Stafford, Spotsylvania, Caroline, King George, Westmoreland, and eastern Orange. Not all Community Benefit Programs listed in the implementation strategy will be held on the campus of Mary Washington Hospital. Promotion of activities and data collection will reflect the targeted communities described above and may result in the development of new sites based upon interest and need.

Internal and external strategies (See Note) along with related anticipated outcomes, identified community partnerships, and specific programs/activities for each Community Benefit outcome describe how the health needs are being addressed. The utilization of the Community Health Information Resource (CHIR) tool is encouraged to provide the ability to benchmark those specific diseases and conditions where a measurement or comparison is available to objectively evaluate the effectiveness of these strategies.

The implementation strategy is reviewed by the Mary Washington Healthcare Board of Trustees. Findings from formal evaluations of each Community Benefit program and continuous engagement of community

stakeholders influence modifications to the implementation strategy. The implementation strategy is approved annually by the Mary Washington Healthcare's Board of Trustees.

Note: Mary Washington Healthcare considers efforts to support its patients and Associates part of its commitment to the community. Therefore, while programs/activities that are open to the broader community (external strategies) are only reportable to the Internal Revenue Service, Mary Washington Healthcare includes internal strategies targeting only its patients and Associates in addition to reportable external strategies.

### ***Mary Washington Healthcare Community Benefit Objectives***

Create, promote, and make available educational programs to community groups. These presentations will specifically address health needs identified in the Rappahannock Region Community Health Needs Assessment.

1. Facilitate **access to preventative health-related** services for uninsured/underinsured, while supporting a stronger community referral process and creating **population health** programs.
  1. MWHC supports programs that are continuing to expand our understanding of the many different social, economic and environmental factors which shape our communities health, and empowering communities nationwide with the data, knowledge and tools they need to enable everyone to live the healthiest life possible. MWHC will work to help identify and address the root causes of our communities' health disparities.
  2. MWHC will focus on eliminating racial/ ethnic health disparities in maternal-fetal health for our PD 16 residents
2. Improve access to **behavioral health and behavioral disorders**, both directly and in providing support for community initiatives.
  1. Inform seniors and their caregivers of relevant issues including understanding of mental changes associated with aging, end-of-life decisions, and community resources.
  2. Support the initiatives of community outreach programs that address behavioral health in youth and young adults.
3. Increase focus on **exercise, nutrition, and weight** for improving and maintaining health.
  1. Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes populations with a focus on programming that addresses nutrition and obesity from birth through adulthood.
  2. Increase healthy food options to targeted PD 16 food deserts.
  3. Strengthen existing community partnerships to increase access to exercise programs and facilities in PD 16.

**Community Benefit Objective 1: Facilitate access to health-related services for uninsured/underinsured, while supporting a stronger community referral process and population management.**

Top Health Need:

Objective 1 will specifically explore ways to improve access to primary care providers in the Mary Washington Hospital community as well as develop processes to improve the coordination of care for uninsured and/or underinsured patients.

Internal Strategies:

1. Explore opportunities to partner with local primary care physicians and safety net providers to establish referral patterns for all unassigned patients being discharged from the emergency and inpatient departments at Mary Washington Hospital.
2. Provide community resources information to all identified, uninsured/underinsured MWHC patients.
3. Work with internal departments to collect Social Determinants of Health data (including language Race, Ethnicity).

External Strategies:

1. Collaborate with various community service groups and safety-net providers to streamline enrollment processes for financial assistance programs taking into consideration current criteria for various social service programs
2. Host information sessions for community groups and advocates to raise awareness of MWHC's Patient Financial Assistance Programs (PFAP).
3. Raise awareness of community resources, including education related to insurance access
4. Partner with community stakeholders to create initiatives that address the Social Determinants of Health (SDoH) to the health outcomes and reduce readmission rates.

Anticipated Primary Outcomes:

- Improve health status of patients by establishing medical homes resulting in reduced readmission rates for patients seeking primary care follow-up in emergency departments.
- Better understanding of community health-related services in the community and appropriate use of medical services
- Increased participation in **Medicaid/Medicare Expansion** products, **MWHC's Patient Financial Assistance** Programs as compared to last year.
- Increased coordination of care for uninsured/underinsured patients navigating various free or reduced-fee community services.
- Increase transition care plans for all eligible patients.

Community Benefit Tactic(s) 2019-2022

1. Develop a partnership between MWHC, key safety- net providers, willing community physicians, and other community partners that will

encourage a coordinated continuum of care for uninsured/underinsured.

2. Collaborate with The MWHC Alliance to create an intentional plan to address transitional care plans for our patients and the community.

### **Potential Core Evaluation Metrics**

#### **Access to Care Health Coverage**

- Children without health coverage
- Adults without health coverage
- Adults without dental coverage
- Access to Services Adults who delayed care due to cost
- Population in poverty living in primary care shortage areas
- Adults without a usual primary care provider
- Avoidable hospitalizations
- Average travel distance to hospital-based birthing services

### **OUTCOMES TO DATE**

**Due to COVID-19 Pandemic this and all plans are being re-evaluated to address the needs of the pandemic.**

**Community Benefit Objective 2: Improve access to behavioral health services, both directly as well as in providing support for community initiatives.**

#### **Top Health Need:**

Mental health and mental disorders will be addressed in Objective 2. Resources at Mary Washington Hospital and Snowden at Fredericksburg will play a critical role in addressing this objective.

#### **Internal Strategies:**

1. Increase capacity and services provided to promote access at Snowden of Fredericksburg to reduce referrals to other facilities due to the lack of beds or specialty services.
2. Continued mental health assessment and physician-requested consultations for disposition with referrals for appropriate services
3. Provide expertise and awareness about mental health and mental disorders as they address specific community mental health concerns.

#### **External Strategies:**

1. Continue community-based collaborations with such organizations as the Rappahannock Area Community Services Board, regional utilization management teams, and Mental Health of America and to improve coordination of care and increase access to behavioral health services
2. Continue to provide free mental health assessments and screenings to individuals in the community with appropriate referrals to services offered in the community.
3. Continued grant support for 24-hour Crisis Hotline with professional therapists to address immediate, behavioral health needs of community, including referrals to appropriate programs.
5. Continue to partner with Be Well Rappahannock to continue the Opioid crisis taskforce and continue to align with the initiatives.
6. Support the development of a strong mental health workforce with trainings and internships



Anticipated Primary Outcomes:

- Community members will have increased knowledge and awareness of key mental health signs and symptoms as well as a better understanding of services available.
- To have a more resilient community that can support one another through mental health trauma and substance abuse.

Potential Core Evaluation Metrics

**Substance Use Disorder**

- Drug Overdose Deaths
- Drug Overdose Hospitalizations
- Substance Use Disorder Hospitalizations
- Liver Disease Deaths
- Alcohol-Impaired Driving Deaths

**Mental Health**

- Depression
- Suicide
- Suicide attempts

OUTCOMES TO DATE

**Due to COVID-19 Pandemic this and all plans are being re-evaluated to address the needs of the pandemic.**

**Community Benefit Objective 3: Exercise, Nutrition, and Weight Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes population with a focus on programming that addresses nutrition and obesity from birth through adulthood.**

Objective 3 will address both diabetes and obesity through its strategies and programs. Resources from MWHC's Diabetes Management Program will be critical in implementing the following strategies.

Internal Strategies:

1. Provide referrals to Community Benefit programs that address diabetes and obesity prevention to/management to adult patients

2. Promotion of Health & Wellness initiatives related to nutrition and fitness for MWHC Associates

External Strategies:

1. Conduct diabetes-related health screenings in the community
2. Provide diabetes and obesity related support
3. Raise awareness and provide access to healthy food seminars, classes and town halls
4. Advocate for area-wide “health living” campaign
5. Supply educational training related to nutrition counseling for the community
6. Provide community-wide blood pressure screens

Anticipated Primary Outcomes:

- Improved understanding of nutritional needs to reduce on-set of diabetes, as measured by pre- and post-test analysis with Community Benefit program participants.
- Increased knowledge of new and healthy foods to low-income youths and their families using access to free fruits and vegetables, recipe/cooking tips and social media reminders.
- Improved self-efficacy of diabetes management, as measured by pre/post-test analysis

**Community Benefit Tactics 2019-2022:**

1. Continue to host “Kids for a Cure Diabetes” Summer Camp in order to promote healthy management of diabetes and provide educational resources to help children manage their health. (MWHC Diabetes Management Program and Diabetes and Obesity work group)
2. Participate in the “Balanced Living with Diabetes” program
3. Work with the area YMCA to enroll eligible patients into the YMCA LEAN and Exercise program

**Potential Core Evaluation Metrics**

**Cardiovascular Disease**

- Adults with hypertension Hospitalizations for hypertension
- Hospitalizations for stroke Deaths due to stroke
- Preventable deaths from heart disease, stroke, or hypertensive disease

**Diabetes**

- **Adults with diabetes**
- **Adults with pre-diabetes Hospitalizations for diabetes**

**Diet, Exercise, and Weight**

- Adults consuming 5+ servings of fruits and/or vegetables per day
- Physical activity
- Adult overweight and obesity

**Tobacco, e-cigarettes, and Vaping Smoke tobacco**

- Adults using e-cigarette or vaping delivery systems

**OUTCOMES TO DATE\***

**Due to COVID-19 Pandemic this and all plans are being re-evaluated to address the needs of the pandemic.**

*Mary Washington Healthcare, in compliance with the Internal Revenue Service regulations related to section 501(r) of the Affordable Care Act, created the following document to provide a road map on how it will use the findings of the Rappahannock Region Health Needs Assessment to ensure it is meeting the needs of the communities it serves.*

## **Community Health Needs Assessment Summary**

Mary Washington Healthcare and the Rappahannock Area Health District launched the Rappahannock Region Community Health Needs Assessment in January 2015. The Rappahannock Region was charged with completing a Community Health Needs Assessment to identify high priority healthcare needs within the regional Mary Washington Healthcare service area. The Rappahannock Region is financially supported by Mary Washington Healthcare, the Rappahannock United Way, the Rappahannock Area Community Services Board, GEICO, Rappahannock Area Health District, Mary Washington Hospital Foundation, and Spotsylvania Regional Medical Center. The Health Communities Institute out of Stanford University was contracted to facilitate planning meetings, gather and analyze related data, and manage project timelines and schedules.

The Rappahannock Region established two committees: Advisory and Steering. The Rappahannock Region Advisory Committee comprises 40 community volunteers representing regional hospitals, health departments and insurers, private businesses, community-based organizations, and healthcare and mental health services providers. The Rappahannock Region Steering Committee includes representatives from Mary Washington Healthcare, the United Way, GEICO, the Moss Free Clinic, the University of Mary Washington, Spotsylvania Regional Medical Center, and the Rappahannock Area Health District.

Data Collection for the Rappahannock Region Community Health Needs Assessment focused on the following areas: community input, vital statistics, reasons for doctor and clinic visits, risk factors for common illness, lifestyle improvements, and localities where residents were not meeting established health targets. Some data is available only on the countywide level but still provides valuable information. Both qualitative and quantitative data were collected between April and August 2015.

### *Qualitative primary research:*

The qualitative primary research for the 2015 Community Health Needs Assessment was conducted by key informant interviews with community leaders from public and private organizations selected for the Rappahannock Region Advisory Committee and engagement of Mary Washington Healthcare's Citizen Advisory Council, along with solicited community input.

### *Secondary data and information sources:*

Information was obtained from a number of different sources such as the Healthy Communities Institute's Community Health Information Resource tool (CHIR), the Virginia Department of Health, the American Community Survey, the Urban Institute, Healthy People 2020, and information supplied directly from a sample of healthcare service providers within the defined community.

## Prioritizing Health Needs

The Steering Committee of the Rappahannock Region reviewed and established decision-making criteria to guide their discussions regarding identification of the region's highest priority healthcare needs. The criteria that follow are not listed in order of priority:

1. Magnitude of the identified priority
2. Severity of the problem – the risk of morbidity and mortality associated with the problem
3. Alignment of the priority with the community's strengths and health priorities
4. Impact of the identified priority on vulnerable populations – health care disparity
5. Importance of the priority to the community
6. Existing resources addressing the identified priority
7. Relationship of the priority to other community issues
8. Affordability of intervention strategies
9. Potential for short-term and long-term impact on the community

The criteria yielded **The Top Three Health Priorities** identified through the Rappahannock Region Community Health Needs Assessment:

1. **Access to Health Services and Preventative Care**
2. **Behavioral Health and Behavioral Disorders**
3. **Exercise, Nutrition and Weight**

## Addressing the Top Three Health Needs

Mary Washington Hospital and Stafford Hospital organized its implementation strategy around Mary Washington Healthcare's core Community Benefit objectives established for years 2019-2022. Utilizing the resources of Mary Washington Hospital and Mary Washington Healthcare's Centers of Excellence, all Top Three Health Needs will be addressed during the three-year period. The Mary Washington Hospital Implementation Strategy will target persons living in the City of Fredericksburg and the counties of southern Stafford, Spotsylvania, Caroline, King George, Westmoreland, and eastern Orange. Not all Community Benefit Programs listed in the implementation strategy will be held on the campus of Mary Washington Hospital. Promotion of activities and data collection will reflect the targeted communities described above and may result in the development of new sites based upon interest and need.

Internal and external strategies (See Note) along with related anticipated outcomes, identified community partnerships, and specific programs/activities for each Community Benefit outcome describe how the health needs are being addressed. The utilization of the Community Health Information Resource (CHIR) tool is encouraged to provide the ability to benchmark those specific diseases and conditions where a measurement or comparison is available to objectively evaluate the effectiveness of these strategies.

The implementation strategy is reviewed by the Mary Washington Healthcare Board of Trustees. Findings from formal evaluations of each Community Benefit program and continuous engagement of community

stakeholders influence modifications to the implementation strategy. The implementation strategy is approved annually by the Mary Washington Healthcare's Board of Trustees.

Note: Mary Washington Healthcare considers efforts to support its patients and Associates part of its commitment to the community. Therefore, while programs/activities that are open to the broader community (external strategies) are only reportable to the Internal Revenue Service, Mary Washington Healthcare includes internal strategies targeting only its patients and Associates in addition to reportable external strategies.

### ***Mary Washington Healthcare Community Benefit Objectives***

Create, promote, and make available educational programs to community groups. These presentations will specifically address health needs identified in the Rappahannock Region Community Health Needs Assessment.

1. Facilitate **access to preventative health-related** services for uninsured/underinsured, while supporting a stronger community referral process and creating **population health** programs.
  1. MWHC supports programs that are continuing to expand our understanding of the many different social, economic and environmental factors which shape our communities health, and empowering communities nationwide with the data, knowledge and tools they need to enable everyone to live the healthiest life possible. MWHC will work to help identify and address the root causes of our communities' health disparities.
  2. MWHC will focus on eliminating racial/ ethnic health disparities in maternal-fetal health for our PD 16 residents
2. Improve access to **behavioral health and behavioral disorders**, both directly and in providing support for community initiatives.
  1. Inform seniors and their caregivers of relevant issues including understanding of mental changes associated with aging, end-of-life decisions, and community resources.
  2. Support the initiatives of community outreach programs that address behavioral health in youth and young adults.
3. Increase focus on **exercise, nutrition, and weight** for improving and maintaining health.
  1. Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes populations with a focus on programming that addresses nutrition and obesity from birth through adulthood.
  2. Increase healthy food options to targeted PD 16 food deserts.
  3. Strengthen existing community partnerships to increase access to exercise programs and facilities in PD 16.

**Community Benefit Objective 1: Facilitate access to health-related services for uninsured/underinsured, while supporting a stronger community referral process and population management.**

Top Health Need:

Objective 1 will specifically explore ways to improve access to primary care providers in the Mary Washington Hospital community as well as develop processes to improve the coordination of care for uninsured and/or underinsured patients.

Internal Strategies:

1. Explore opportunities to partner with local primary care physicians and safety net providers to establish referral patterns for all unassigned patients being discharged from the emergency and inpatient departments at Mary Washington Hospital.
2. Provide community resources information to all identified, uninsured/underinsured MWHC patients.
3. Work with internal departments to collect Social Determinants of Health data (including language Race, Ethnicity).

External Strategies:

1. Collaborate with various community service groups and safety-net providers to streamline enrollment processes for financial assistance programs taking into consideration current criteria for various social service programs
2. Host information sessions for community groups and advocates to raise awareness of MWHC's Patient Financial Assistance Programs (PFAP).
3. Raise awareness of community resources, including education related to insurance access
4. Partner with community stakeholders to create initiatives that address the Social Determinants of Health (SDoH) to the health outcomes and reduce readmission rates.

Anticipated Primary Outcomes:

- Improve health status of patients by establishing medical homes resulting in reduced readmission rates for patients seeking primary care follow-up in emergency departments.
- Better understanding of community health-related services in the community and appropriate use of medical services
- Increased participation in **Medicaid/Medicare Expansion** products, **MWHC's Patient Financial Assistance** Programs as compared to last year.
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- Increase transition care plans for all eligible patients.

Community Benefit Tactic(s) 2019-2022

1. Develop a partnership between MWHC, key safety-net providers, willing community physicians, and other community partners that will

encourage a coordinated continuum of care for uninsured/underinsured.

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### **Potential Core Evaluation Metrics**

#### **Access to Care Health Coverage**

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- Adults without dental coverage
- Access to Services Adults who delayed care due to cost
- Population in poverty living in primary care shortage areas
- Adults without a usual primary care provider
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- Average travel distance to hospital-based birthing services

### **OUTCOMES TO DATE**

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**Community Benefit Objective 2: Improve access to behavioral health services, both directly as well as in providing support for community initiatives.**

#### **Top Health Need:**

Mental health and mental disorders will be addressed in Objective 2. Resources at Mary Washington Hospital and Snowden at Fredericksburg will play a critical role in addressing this objective.

#### **Internal Strategies:**

1. Increase capacity and services provided to promote access at Snowden of Fredericksburg to reduce referrals to other facilities due to the lack of beds or specialty services.
2. Continued mental health assessment and physician-requested consultations for disposition with referrals for appropriate services
3. Provide expertise and awareness about mental health and mental disorders as they address specific community mental health concerns.

#### **External Strategies:**

1. Continue community-based collaborations with such organizations as the Rappahannock Area Community Services Board, regional utilization management teams, and Mental Health of America and to improve coordination of care and increase access to behavioral health services
2. Continue to provide free mental health assessments and screenings to individuals in the community with appropriate referrals to services offered in the community.
3. Continued grant support for 24-hour Crisis Hotline with professional therapists to address immediate, behavioral health needs of community, including referrals to appropriate programs.
5. Continue to partner with Be Well Rappahannock to continue the Opioid crisis taskforce and continue to align with the initiatives.
6. Support the development of a strong mental health workforce with trainings and internships



Anticipated Primary Outcomes:

- Community members will have increased knowledge and awareness of key mental health signs and symptoms as well as a better understanding of services available.
- To have a more resilient community that can support one another through mental health trauma and substance abuse.

Potential Core Evaluation Metrics

**Substance Use Disorder**

- Drug Overdose Deaths
- Drug Overdose Hospitalizations
- Substance Use Disorder Hospitalizations
- Liver Disease Deaths
- Alcohol-Impaired Driving Deaths

**Mental Health**

- Depression
- Suicide
- Suicide attempts

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**Community Benefit Objective 3: Exercise, Nutrition, and Weight Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes population with a focus on programming that addresses nutrition and obesity from birth through adulthood.**

Objective 3 will address both diabetes and obesity through its strategies and programs. Resources from MWHC's Diabetes Management Program will be critical in implementing the following strategies.

Internal Strategies:

1. Provide referrals to Community Benefit programs that address diabetes and obesity prevention to/management to adult patients

2. Promotion of Health & Wellness initiatives related to nutrition and fitness for MWHC Associates

External Strategies:

1. Conduct diabetes-related health screenings in the community
2. Provide diabetes and obesity related support
3. Raise awareness and provide access to healthy food seminars, classes and town halls
4. Advocate for area-wide “health living” campaign
5. Supply educational training related to nutrition counseling for the community
6. Provide community-wide blood pressure screens

Anticipated Primary Outcomes:

- Improved understanding of nutritional needs to reduce on-set of diabetes, as measured by pre- and post-test analysis with Community Benefit program participants.
- Increased knowledge of new and healthy foods to low-income youths and their families using access to free fruits and vegetables, recipe/cooking tips and social media reminders.
- Improved self-efficacy of diabetes management, as measured by pre/post-test analysis

**Community Benefit Tactics 2019-2022:**

1. Continue to host “Kids for a Cure Diabetes” Summer Camp in order to promote healthy management of diabetes and provide educational resources to help children manage their health. (MWHC Diabetes Management Program and Diabetes and Obesity work group)
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3. Work with the area YMCA to enroll eligible patients into the YMCA LEAN and Exercise program

**Potential Core Evaluation Metrics**

**Cardiovascular Disease**

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- **Adults with diabetes**
- **Adults with pre-diabetes Hospitalizations for diabetes**

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- Adults consuming 5+ servings of fruits and/or vegetables per day
- Physical activity
- Adult overweight and obesity

**Tobacco, e-cigarettes, and Vaping Smoke tobacco**

- Adults using e-cigarette or vaping delivery systems

**OUTCOMES TO DATE\***

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