

EXTENDED TO NOVEMBER 15, 2019

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Department of the Treasury Internal Revenue Service

Form fields: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: SENTARA RMH MEDICAL CENTER; Address: 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502; D Employer identification number: 54-0506331; E Unrelated business activity code: 621500

Form fields: C Book value of all assets at end of year: 246,652,708; F Group exemption number; G Check organization type: 501(c) corporation

Form fields: H Enter the number of the organization's unrelated trades or businesses: 2; Describe the only (or first) unrelated trade or business here: LAB SERVICES

Form fields: I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes

Form fields: J The books are in care of: CORPORATE OFFICERS; Telephone number: (757) 455-7020

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income: 275,581.



Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-32. Total deductions: 263,577. Unrelated business taxable income: 12,004.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-T (2018)

10371003 137934 RMH

2018.04030 SENTARA RMH MEDICAL CENTER RMH

111

ENVELOPE POSTMARK DATE NOV 06 2019

SCANNED DEC 10 2019

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912-15

line

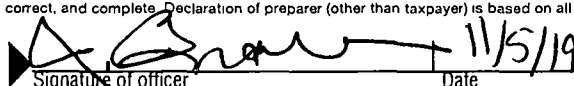
Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	12,004.
34	Amounts paid for disallowed fringes	45,850.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	57,854.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	56,854.

Part IV Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	11,939.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
41	Proxy tax See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	11,939.

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
45b	Other credits (see instructions)	
45c	General business credit. Attach Form 3800	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1,163.
45e	Total credits Add lines 45a through 45d	1,163.
46	Subtract line 45e from line 44	10,776.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	
48	Total tax Add lines 46 and 47 (see instructions)	10,776.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	0.
50a	Payments A 2017 overpayment credited to 2018	31,346.
50b	2018 estimated tax payments	
50c	Tax deposited with Form 8868	50,000.
50d	Foreign organizations. Tax paid or withheld at source (see instructions)	
50e	Backup withholding (see instructions)	
50f	Credit for small employer health insurance premiums (attach Form 8941)	
50g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	
51	Total payments. Add lines 50a through 50g	81,346.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	70,570.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	70,570. 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here	Yes No   X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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

**Sign Here**  
 Signature of officer:  Date: 11/5/19 Title: TREASURER  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			►	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

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

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b> <small>Enter here and on page 1, Part I line 11, col (A)</small>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col (B)</small>				<b>0.</b> <small>Enter here and on page 1, Part II, line 27</small>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

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FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
OUTSIDE LAB REVENUE	275,581.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	275,581.

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FORM 990-T	CONTRIBUTIONS	STATEMENT	3
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	312,834.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		312,834.

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPRECIATION	9,291.
UTILITIES	1,785.
OTHER DIRECT EXPENSES	128,368.
LAB ADMIN	5,655.
BILLING SUPPORT	2,062.
OTHER INDIRECT EXPENSES	33,939.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	181,100.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT

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QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	435,453
FOR TAX YEAR 2016	
FOR TAX YEAR 2017	

TOTAL CARRYOVER 435,453

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 312,834

TOTAL CONTRIBUTIONS AVAILABLE 748,287

TAXABLE INCOME LIMITATION AS ADJUSTED 6,317

EXCESS 10% CONTRIBUTIONS 741,970

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 741,970

ALLOWABLE CONTRIBUTIONS DEDUCTION 6,317

TOTAL CONTRIBUTION DEDUCTION 6,317

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

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name of the organization **SENTARA RMH MEDICAL CENTER** Employer identification number **54-0506331**

Unrelated business activity code (see instructions) ▶ **900099**  
Describe the unrelated trade or business ▶ **PASSTHROUGH ACTIVITY**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5	- 35.	- 35.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	- 35.	- 35.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	- 35.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	- 35.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION		NET INCOME OR (LOSS)
PINEBRIDGE PEP III DIRECT LP - ORDINARY BUSINESS INCOME (LOSS)		217.
PINEBRIDGE PEP III DIRECT LP - OTHER INCOME (LOSS)		-57.
PINEBRIDGE PEP III SECONDARY LP - ORDINARY BUSINESS INCOME (LOSS)		1.
PINEBRIDGE PEP III US BUYOUT LP - ORDINARY BUSINESS INCOME (LOSS)		-197.
PINEBRIDGE PEP III US BUYOUT LP - INTEREST INCOME		1.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5		-35.

Name <b>SENTARA RMH MEDICAL CENTER</b>		Employer identification number <b>54-0506331</b>
1	Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	<b>1,163.</b>
2	Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	
3	Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	
4	Add lines 1, 2, and 3	<b>1,163.</b>
5	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	<b>11,939.</b>
6	Enter the refundable minimum tax credit (see instructions)	<b>0.</b>
7	Add lines 5 and 6	<b>11,939.</b>
8a	Enter the <b>smaller</b> of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	<b>1,163.</b>
8b	<b>Current year minimum tax credit</b> Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	<b>1,163.</b>
8c	Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	
9	<b>Minimum tax credit carryforward to 2019.</b> Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	

PRIOR YEAR MINIMUM TAX CREDIT

STATEMENT

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<u>TAX YEAR</u>	<u>ORIGINAL</u>	<u>PREVIOUSLY APPLIED</u>	<u>REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/17	1,163.	0.	1,163.	1,163.
AVAILABLE FOR CREDIT			1,163.	1,163.