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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Doing business as
SENTARA NORTHERN VA MED CENTER

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6015 POPLAR HALL DRIVE

City or town, state or province, country, and ZIP or foreign postal code
NORFOLK, VA 23502

D Employer identification number
54-0853898

E Telephone number
(757) 455-7020

G Gross receipts \$ 251,931,659

F Name and address of principal officer:
KATHERINE A JOHNSON
6015 POPLAR HALL DRIVE
NORFOLK, VA 23502

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.SENTARA.COM

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

L Year of formation: 1968

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 8

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,185

6 Total number of volunteers (estimate if necessary) 6 257

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 764,170

9 Program service revenue (Part VIII, line 2g) 9 220,560,618

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 402,770

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,135,012

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 223,862,570

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 2,527,822

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 86,008,879

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 148,258,892

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 236,795,593

19 Revenue less expenses. Subtract line 18 from line 12 19 -12,933,023

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 193,770,620

21 Total liabilities (Part X, line 26) 21 17,450,335

22 Net assets or fund balances. Subtract line 21 from line 20 22 176,320,285

Part II Signature Block

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

Sign Here

Signature of officer
ROBERT A BROERMANN TREASURER
Type or print name and title

2020-10-26
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶
Firm's address ▶

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no.

PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY THROUGH THE OPERATION OF A HOSPITAL AND OTHER HEALTH CARE FACILITIES IN PRINCE WILLIAM, SOUTHERN FAIRFAX, AND NORTHERN STAFFORD COUNTIES, FOR THE CARE OF ALL PERSONS REGARDLESS OF RACE, COLOR OR CREED, WHO ARE SUFFERING FROM ANY ILLNESS, INJURY OR DISABILITY WHICH MAY REQUIRE HOSPITAL AND OTHER HEALTH CARE.

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

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

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

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

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

4a (Code:) (Expenses \$ 188,544,695 including grants of \$ 2,576,158) (Revenue \$ 248,838,498)
See Additional Data




















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

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

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

4e Total program service expenses ► 188,544,695

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	136	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ►CORPORATE OFFICERS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 (757) 455-7020

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD P KERN FORMER DIRECTOR/OFFICER	0.00 53.00						X	0	4,253,331	3,800,414
(2) ROBERT A BROERMANN TREASURER/SECRETARY (EFFEC 6/19)	1.00 50.00			X				0	1,674,648	149,586
(3) MICHAEL V GENTRY DIRECTOR	1.00 50.00	X						0	1,524,592	218,927
(4) JEFFREY P KING SECRETARY (THRU 6/19)	1.00 48.00			X				0	970,273	106,745
(5) DOUGLAS J MOYER CHAIRMAN	1.00 42.00	X		X				0	578,598	99,793
(6) KATHERINE A JOHNSON PRESIDENT	40.00 0.00			X				531,872	0	110,928
(7) JOANNE M INMAN DIRECTOR	1.00 40.00	X						0	453,997	154,197
(8) VALERIE E KEANE KE (VP, NURSE EXECUTIVE)	40.00 0.00				X			300,340	0	274,632
(9) MICHAEL R REITZ VP, MEDICAL AFFAIRS	40.00 0.00					X		476,083	0	61,856
(10) MOHAMMAD A SALEEM SURGICAL ASSISTANT-CERTIFIED SNVMC	40.00 0.00					X		384,034	0	64,340
(11) XING P YUAN RNFA/ROBOTICS COORD	40.00 0.00					X		223,319	0	135,644
(12) CHRISTINA S GRABUS KE (VP, OPERATIONS)	40.00 0.00				X			266,891	0	65,624
(13) DORKA M PICARD VP, DIVISION VII	40.00 0.00					X		200,642	0	120,030
(14) KATHY A COX NURSE CLIN II - FT PERM WKND NIGHTS	40.00 0.00					X		228,660	0	64,956
(15) CAROL S SHAPIRO MD DIRECTOR	1.00 40.00	X						0	225,621	34,907
(16) DORIS J WARNER KE (DIR ED)	40.00 0.00				X			159,951	0	36,357
(17) CORINDA V PIPPINS FORMER OFFICER	2.00 40.00						X	0	148,316	44,188

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PEGGY AGOURIS PHD DIRECTOR (THRU 12/19)	1.00 0.00	X						0	0	0
(19) PETER DOLAN ESQ DIRECTOR	1.00 0.00	X						0	0	0
(20) MARY BETH MICHOS DIRECTOR	1.00 0.00	X						0	0	0
(21) MICHAEL D LUBELEY ESQ DIRECTOR/VICE CHAIR	2.00 0.00	X		X				0	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,771,792	9,829,376	5,543,124

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 **▶ 162**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHERIDAN ANESTHESIA SERVICES OF VA INC 2300 OPITZ BOULEVARD WOODBIDGE, VA 22191	ANESTHESIOLOGY SERVICES	1,636,204
SODEXO INC PO BOX 536922 ATLANTA, GA 30353	FOOD & FACILITY MGMT	1,433,004
VA CRITICAL CARE PLLC 6247 ROLLING SPRING COURT SPRINGFIELD, VA 22152	MEDICAL SERVICES	1,317,124
HANDCRAFT SERVICES 2810 COFER ROAD RICHMOND, VA 23224	LINEN & UNIFORM SERVICES	952,527
ARAMARK HEALTHCARE TECH LLC 12483 COLLECTIONS CENTER DR CHICAGO, IL 60693	MEDICAL TECHNOLOGIES & SERVICES	872,793

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 **▶ 48**

Form 990 (2019)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b	890				
	c	Fundraising events . . .	1c	5,000				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	461,784				
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f ▶		467,674				
Program Service Revenue	2a		Business Code					
	PATIENT SERVICE REV		900099	248,202,566	248,202,566			
	b EQUITY IN EARN OF AFFIL		900099	463,705	463,705			
	c OTHER PROGRAM SVC REV		900099	172,227	172,227			
	d							
	e							
	f All other program service revenue.							
	g	Total. Add lines 2a-2f. ▶		248,838,498				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	33,970		33,970		
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal				
			6a	1,917,532				
			b	Less: rental expenses	6b	756,389		
			c	Rental income or (loss)	6c	1,161,143		
	d	Net rental income or (loss) ▶		1,161,143		1,161,143		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		530,791			
			b	Less: cost or other basis and sales expenses	7b	84,148		
			c	Gain or (loss)	7c	446,643		
	d	Net gain or (loss) ▶		446,643		446,643		
	8a	Gross income from fundraising events (not including \$ 5,000 of contributions reported on line 1c). See Part IV, line 18	8a	42,802				
			b	Less: direct expenses	8b	18,573		
			c	Net income or (loss) from fundraising events . . . ▶		24,229		24,229
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
			b	Less: direct expenses	9b			
			c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . . .	10a	100,392				
b			Less: cost of goods sold . . .	10b	52,848			
c			Net income or (loss) from sales of inventory . . . ▶		47,544		47,544	
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d		All other revenue						
e		Total. Add lines 11a-11d ▶						
12		Total revenue. See instructions ▶		251,019,701	248,838,498	0	1,713,529	

Form 990 (2019)

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 ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,535,158	2,535,158		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	41,000	41,000		
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	1,746,595	1,449,849	296,746	
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	71,188,834	59,093,851	12,094,983	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,306,031	4,404,536	901,495	
9 Other employee benefits	4,300,282	3,569,664	730,618	
10 Payroll taxes	5,289,755	4,391,026	898,729	
11 Fees for services (non-employees):				
a Management	4,040,515	3,354,032	686,483	
b Legal	409,860	340,225	69,635	
c Accounting	4,720	3,918	802	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,564,201	26,056,724	507,477	
12 Advertising and promotion	938,479	779,031	159,448	
13 Office expenses	8,586,132	7,127,348	1,458,784	
14 Information technology	625,252	519,022	106,230	
15 Royalties				
16 Occupancy	5,152,849	4,277,380	875,469	
17 Travel	285,758	237,208	48,550	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,364	26,035	5,329	
20 Interest	1,667,934	1,667,934		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,707,879	11,378,910	2,328,969	
23 Insurance	1,110,549	921,867	188,682	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	45,274,080	45,274,080		
b SENTARA SERVICE EXPENSE	29,833,281		29,833,281	
c TAXES & LICENSES	8,754,772	8,753,776	996	
d PURCHASED SERVICES	1,602,482	1,330,220	272,262	
e All other expenses	1,219,011	1,011,901	207,110	
25 Total functional expenses. Add lines 1 through 24e	240,216,773	188,544,695	51,672,078	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		87,105	2	57,742	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		29,513,520	4	39,398,183	
	5	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			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		249,066	7	170,053	
	8	Inventories for sale or use		4,665,361	8	4,053,387	
	9	Prepaid expenses and deferred charges		649,692	9	507,224	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	355,313,052			
	b	Less: accumulated depreciation	10b	213,338,952	150,415,912	10c	141,974,100
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		2,597,709	14	9,539,301	
	15	Other assets. See Part IV, line 11		5,592,255	15	5,883,796	
16	Total assets. Add lines 1 through 15 (must equal line 34)		193,770,620	16	201,583,786		
Liabilities	17	Accounts payable and accrued expenses		6,450,236	17	8,569,550	
	18	Grants payable			18		
	19	Deferred revenue		18,556	19	77,059	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	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			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		10,981,543	25	16,472,692	
	26	Total liabilities. Add lines 17 through 25		17,450,335	26	25,119,301	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		173,282,912	27	173,989,864	
	28	Net assets with donor restrictions		3,037,373	28	2,474,621	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		176,320,285	32	176,464,485	
33	Total liabilities and net assets/fund balances		193,770,620	33	201,583,786		

Part XI Reconciliation of Net AssetsCheck 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	251,019,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	240,216,773
3	Revenue less expenses. Subtract line 2 from line 1	3	10,802,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176,320,285
5	Net unrealized gains (losses) on investments	5	124,064
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,782,792
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	176,464,485

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 54-0853898
Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Form 990 (2019)

Form 990, Part III, Line 4a:

SENTARA NORTHERN VIRGINIA MEDICAL CENTER ("SNVMC") PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES THROUGH THE OPERATION OF A 183-BED TERTIARY AND ACUTE CARE HOSPITAL THAT SERVES THE INCREASINGLY DIVERSE COMMUNITY IN PRINCE WILLIAM, SOUTHERN FAIRFAX, AND NORTHERN STAFFORD COUNTIES. THE HOSPITAL PROVIDED 97,426 ADJUSTED PATIENT DAYS OF CARE DURING 2019 AND OFFERS A WIDE RANGE OF MEDICAL SPECIALTIES, A HIGHLY QUALIFIED MEDICAL AND CLINICAL STAFF, AND STATE-OF-THE-ART TECHNOLOGY REQUIRED TO UPHOLD ITS MISSION. SNVMC ALSO OPERATES AN OFF-SITE OUTPATIENT CAMPUS THAT OFFERS 24-HOUR EMERGENCY CARE, DOCTORS' OFFICES, AND QUALITY DIAGNOSTIC TESTING INCLUDING ADVANCED IMAGING AND LAB SERVICES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

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

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

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

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

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
2		
3a 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>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c 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>		
3c		
4a 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>		
4a		
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>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
4c		
5a 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>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 54-0853898

Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an 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 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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

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 are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	3,037,373	2,667,134	2,055,154	2,142,554	2,089,193
b	Contributions	400,511	538,684	585,787	518,402	501,124
c	Net investment earnings, gains, and losses	124,064	-50,439	81,282		
d	Grants or scholarships	30,000			87,986	120,502
e	Other expenditures for facilities and programs	1,057,327	118,006	55,089	517,816	327,261
f	Administrative expenses					
g	End of year balance	2,474,621	3,037,373	2,667,134	2,055,154	2,142,554

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 26.960 %

c

Temporarily restricted endowment ▶ 73.040 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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	8,881,973	2,437,851	11,319,824	
b	Buildings		171,861,575	83,413,343	88,448,232
c	Leasehold improvements		535,212	464,628	70,584
d	Equipment		155,553,534	117,697,003	37,856,531
e	Other		16,042,907	11,763,978	4,278,929
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				141,974,100

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	16,472,692

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

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0853898
Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUND IS FOR THE PRIMARY PURPOSE OF PROVIDING SCHOLARSHIPS TO HIGH SCHOOL SENIORS PLANNING TO ENTER HEALTH CARE RELATED FIELDS OF STUDY. TEMPORARILY RESTRICTED CONTRIBUTIONS ARE TO SPECIFIC PURPOSE FUNDS OR PLANT EXPANSION FUNDS. SPECIFIC PURPOSE FUNDS INCLUDE GENERAL BENEFIT FUNDS SUCH AS MOBILE CLINIC OPERATIONS, MOBILE MAMMOVAN, EMS/EKG TRANSMISSION, AND DIABETES OUTREACH. OTHER SPECIFIC PURPOSE FUNDS ARE FOR CANCER/ONCOLOGY, AND CARDIAC. PLANT EXPANSION FUNDS INCLUDE FUNDS FOR GENERAL BUILDING.

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
		GOLF TOURNAMENT (event type)	PECAN SALES (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	24,486	9,824	6,220	40,530
	2 Less: Contributions	5,000			5,000
	3 Gross income (line 1 minus line 2)	19,486	9,824	6,220	35,530
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,388	7,884	300	18,572
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				18,572
11 Net income summary. Subtract line 10 from line 3, column (d) ►				16,958	

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				
	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law 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.

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number

54-0853898

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input checked="" type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
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 type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>40000.0000000000</u> %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			13,617,844		13,617,844	5.630 %
b Medicaid (from Worksheet 3, column a)			47,420,158	47,847,449	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			61,038,002	47,847,449	13,617,844	5.630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			729,124		729,124	0.300 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			5,739,857	2,468,507	3,271,350	1.350 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			110,893		110,893	0.050 %
j Total. Other Benefits			6,579,874	2,468,507	4,111,367	1.700 %
k Total. Add lines 7d and 7j			67,617,876	50,315,956	17,729,211	7.330 %

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			2,888		2,888	0 %
7 Community health improvement advocacy			4,415		4,415	0 %
8 Workforce development			83,672		83,672	0.030 %
9 Other						
10 Total			90,975		90,975	0.030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	32,846,964	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	4,927,045	
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	56,994,732
6 Enter Medicare allowable costs of care relating to payments on line 5	6	67,310,463
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,315,731
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" 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	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 LAKE RIDGE AMBULATORY SURGERY CNTR LLC	OUTPATIENT SURGERY CENTER	58.820 %		41.180 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
See Additional Data Table									

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)
SENTARA NORTHERN VIRGINIA MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 checked="" 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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SECTION C BELOW.</u>		
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.	8	Yes
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? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

SENTARA NORTHERN VIRGINIA MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
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			
c <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			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.SENTARA.COM/FINANCIALASSISTANCE			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.SENTARA.COM/FINANCIALASSISTANCE			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.SENTARA.COM/FINANCIALASSISTANCE			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <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)			
f <input checked="" 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)			
g <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			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <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 LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <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 <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) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
LAKE RIDGE AMBULATORY CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 checked="" 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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SECTION C BELOW.</u>		
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.	8	Yes
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? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

LAKE RIDGE AMBULATORY CENTER			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 0.000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
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			
c <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			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): LAKERIDGESURGERYCENTER.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE-POLICY/			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): LAKERIDGESURGERYCENTER.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE-POLICY/			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): LAKERIDGESURGERYCENTER.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE-POLICY/			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <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)			
f <input checked="" 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)			
g <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			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <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 LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

LAKE RIDGE AMBULATORY CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <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 <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) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

LAKE RIDGE AMBULATORY CENTER

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 1 - SENTARA LAKE RIDGE 12825 MINNIEVILLE ROAD LAKE RIDGE, VA 22192	ADVANCED IMAGING CENTER, LAB, AND FREESTANDING ED
2 2 - SENTARA RADIOLOGY ASSOCIATES 5055 SEMINARY ROAD STE 104 ALEXANDRIA, VA 22311	OTHER OUTPATIENT SITE
3 3 - SENTARA THERAPY CTR-REID'S PROSPECT 4565 DAISY REID AVE STE 215 WOODBIDGE, VA 22912	REHABILITATION CENTER
4 4 - SENTARA LORTON STATION IMAGING CTR 8986 LORTON STATION BLVD LORTON, VA 22079	ADVANCED IMAGING CENTER
5	
6	
7	
8	
9	
10	

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT WAS CONTAINED IN A SYSTEM-WIDE REPORT PREPARED BY SENTARA HEALTHCARE, EIN 52-1271901, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER.
PART I, LINE 7:	EXCEPT FOR SUBSIDIZED HEALTH SERVICES, A COST-TO-CHARGE RATIO, CALCULATED USING WORKSHEET 2, WAS USED TO CALCULATE COSTS REPORTED IN THE TABLE. SUBSIDIZED HEALTH SERVICES WERE REPORTED USING A COST-TO-CHARGE RATIO SPECIFIC TO EACH COST CENTER PROVIDING SUCH SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	COALITION BUILDING THE ORGANIZATION PARTICIPATED IN VARIOUS COALITIONS ON COMMUNITY ISSUES.COMMUNITY HEALTH IMPROVEMENT ADVOCACY - THE ORGANIZATION PARTICIPATED IN THE COMMUNITY HEALTH COALITION OF GREATER PRINCE WILLIAM COUNTY. WORKFORCE DEVELOPMENT - THE ORGANIZATION ENTERS INTO PHYSICIAN RECRUITING AGREEMENTS IN ORDER TO INCENT HIGHLY QUALIFIED PHYSICIANS INTO THE COMMUNITY TO FILL POSITIONS IN SERVICES AREAS WHERE THERE IS AN URGENT NEED.
PART III, LINE 2:	FOR SCHEDULE H PART III LINE 2 PURPOSES, THE ORGANIZATION REPORTS WHAT WOULD'VE BEEN CONSIDERED BAD DEBT EXPENSE PRIOR TO ITS 2018 ADOPTION OF ASC TOPIC 606. ASC TOPIC 606 NOW CLASSIFIES THIS COMPONENT OF UNCOMPENSATED CARE AS IMPLICIT PRICE CONCESSIONS, WHICH ARE A REDUCTION TO NET OPERATING REVENUE.IMPLICIT PRICE CONCESSIONS REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS THE ORGANIZATION EXPECTS TO COLLECT BASED ON ITS COLLECTIONS HISTORY WITH THOSE PATIENTS AND CURRENT MARKET CONDITIONS. IT UTILIZES A PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT TO ACCOUNT FOR PATIENT CONTRACTS WITH SIMILAR CHARACTERISTICS AS A COLLECTIVE GROUP RATHER THAN INDIVIDUALLY.SEE FOOTNOTES 3(R) AND 4 ON PAGES 14-15 OF THE ATTACHED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	IN COMPUTING LINE 3, THE ORGANIZATION CONSERVATIVELY ESTIMATES THAT 15% OF IMPLICIT PRICE CONCESSIONS (FORMERLY BAD DEBT) ARE ATTRIBUTABLE TO PATIENTS WHO WOULD QUALIFY FOR CHARITY ASSISTANCE IF SUFFICIENT DATA WAS AVAILABLE. THIS ESTIMATE IS BASED ON CREDIT REPORTING DATA PURCHASED FROM EQUIFAX. THIS DATA PROVIDES CREDIT SCORE, INCOME PREDICTION DATA AND NUMEROUS LINES OF CREDIT AND ASSET DATA. FOR UNRESPONSIVE PATIENTS, THE ORGANIZATION USES THE ESTIMATED INCOME, MARITAL STATUS, ASSET INFORMATION AND CREDIT LINE DATA TO DETERMINE WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY BASED ON A PROJECTED INCOME OF 200% OF THE FEDERAL POVERTY GUIDELINES WITH LITTLE TO NO ASSET DATA. THIS INFORMATION IS NOT ALL INCLUSIVE FOR ALL UNRESPONSIVE PATIENTS THAT COULD QUALIFY, AS DEPENDENT INFORMATION IS NOT READILY AVAILABLE.
PART III, LINE 4:	SEE FOOTNOTES 3(S) AND 4 ON PAGES 14-15 OF THE ATTACHED FINANCIAL STATEMENTS FOR THE FOOTNOTE WHICH DISCUSSES IMPLICIT PRICE CONCESSIONS (FORMERLY BAD DEBT.)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	WORKSHEET A IN THE INSTRUCTIONS WAS USED TO COMPUTE THE AMOUNT REPORTED ON LINE 6.
PART III, LINE 9B:	<p>UNDER THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY, A HOSPITAL FACILITY MUST TAKE REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE PRIOR TO ENGAGING IN COLLECTION EFFORTS AGAINST A PATIENT. SUCH EFFORTS INCLUDE NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE; PROVIDING ASSISTANCE IN THE APPLICATION PROCESS; ADVERTISING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON PATIENT STATEMENTS; FOLLOWING UP WITH PATIENTS WHO HAVE SUBMITTED INCOMPLETE APPLICATIONS TO TRY AND OBTAIN THE MISSING INFORMATION; AND INFORMING APPLICANTS REGARDING THEIR ELIGIBILITY DETERMINATION. PRIOR TO TURNING THE ACCOUNTS OF UNRESPONSIVE PATIENTS OVER TO COLLECTIONS, THE HOSPITAL FACILITY ALSO ATTEMPTS TO QUALIFY AND WRITE OFF BALANCES UNDER THE FINANCIAL ASSISTANCE POLICY BASED ON CREDIT REPORTING DATA THAT ASSISTS IN DETERMINING INCOME AND CREDIT WORTHINESS. WHEN THE CREDIT DATA SUGGESTS THAT A PATIENT'S INCOME IS AT OR BELOW THE 200% FEDERAL POVERTY GUIDELINES, THE ACCOUNT BALANCE IS WRITTEN-OFF TO PRESUMPTIVE CHARITY; AND ALL COLLECTIONS EFFORTS CEASE. IF THE CREDIT REPORTING DATA IS UNCLEAR ON AN UNRESPONSIVE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, THE PATIENT'S ACCOUNT MAY BE MOVED TO BAD DEBT AND FURTHER COLLECTIONS ACTIONS TAKEN. IF AT ANY TIME DURING THE BAD DEBT COLLECTIONS PROCESS THE HOSPITAL FACILITY RECEIVES INFORMATION THAT THE PATIENT IS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY, THE COLLECTION EFFORTS CEASE; AND THE ACCOUNT IS WRITTEN OFF TO CHARITY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES THROUGH THESE MEANS:-ANALYSIS OF AREA SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA: THE ANALYSIS FOCUSES ON IDENTIFICATION OF HEALTH CARE NEEDS FOR PLANNING AND DEVELOPMENT OF HEALTH SERVICES AND PROGRAMS. THIS ANALYSIS IS UTILIZED IN THE DEVELOPMENT OF ORGANIZATIONAL PLANS.-OBTAINING INPUT FROM KEY STAKEHOLDERS AND THE PUBLIC HEALTH COMMUNITY: IN ADDITION TO THE ANALYSIS OF SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA, ADDITIONAL INFORMATION IS OBTAINED AND ANALYZED. THIS INCLUDES INPUT FROM KEY STAKEHOLDERS INCLUDING THE LOCAL PUBLIC HEALTH COMMUNITY.-REVIEW OF HEALTH CARE NEEDS ASSESSMENTS AND DATA DEVELOPED BY COMMUNITY PARTNERS (SUCH AS STATE HEALTH DEPARTMENTS AND LOCAL HEALTH DISTRICTS), REGIONAL AGENCIES (SUCH AS THE PLANNING COUNCIL OR PLANNING DISTRICT COMMISSION), NATIONAL ORGANIZATIONS WHICH REPORT ON A LOCAL BASIS (SUCH AS COUNTY HEALTH RANKINGS), AND INFORMATION REPORTED IN LOCAL MEDIA: THIS INFORMATION IS STUDIED, INCORPORATED INTO THE ORGANIZATION'S PLANS, AND SHARED WITH ORGANIZATIONAL DECISION MAKERS.-PARTICIPATION IN COLLABORATIVE HEALTH PLANNING AND NEEDS ASSESSMENT ACTIVITIES SUCH AS THOSE SPONSORED BY THE LOCAL HEALTH DISTRICT AND OTHER ORGANIZATIONS. INFORMATION GATHERED THROUGH THESE ACTIVITIES IS INCORPORATED INTO THE ORGANIZATION'S PLANNING.-INFORMATION AND INPUT FROM PATIENTS AND CARE PROVIDERS: PATIENT CHARACTERISTICS AND TRENDS ARE REVIEWED TO ASSIST IN IDENTIFYING NEW COMMUNITY NEEDS. INPUT FROM PATIENTS AND CARE PROVIDERS IS SOUGHT AND CYCLED INTO THE ASSESSMENT PHASE OF PROJECTS.</p>
PART VI, LINE 3:	<p>FINANCIAL ASSISTANCE BROCHURES AND OTHER INFORMATION ARE POSTED AT EACH POINT OF SERVICE. A TOLL-FREE NUMBER IS GIVEN TO PATIENTS TO REACH CUSTOMER SERVICE REPRESENTATIVES DURING THE BUSINESS DAY FOR QUESTIONS OR CONCERNS. FINANCIAL ASSISTANCE PROGRAMS ARE ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE AND INCLUDED ON THE STATEMENTS PROVIDED TO PATIENTS. THE ORGANIZATION EMPLOYS FINANCIAL COUNSELORS WHO ARE AVAILABLE TO HELP PATIENTS COMPLETE APPLICATIONS FOR MEDICAID OR OTHER GOVERNMENT PAYMENT ASSISTANCE PROGRAMS, OR APPLY FOR CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF APPLICABLE. THE ORGANIZATION ALSO EMPLOYS AN EXTERNAL FIRM TO ASSIST IN THE ELIGIBILITY PROCESS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	SENTARA NORTHERN VIRGINIA MEDICAL CENTER'S SERVICE AREA INCLUDES THE FOLLOWING AREAS OF PRINCE WILLIAM, STAFFORD, AND FAIRFAX COUNTIES IN NORTHERN VIRGINIA: WOODBRIDGE, DUMFRIES, STAFFORD, TRIANGLE, QUANTICO, MANASSAS, AND LORTON. THE 2019 POPULATION OF THE AREA IS 460,472 AND THE POPULATION IS PROJECTED TO INCREASE BY 7.1% OVER THE NEXT FIVE YEARS COMPARED TO A PROJECTED U.S. GROWTH RATE OF 3.5%. 9.8% OF THE POPULATION IS AGE 65+ COMPARED TO THE U.S. AT 16.2%. EDUCATION-WISE, 10% OF THE ADULT POPULATION AGED 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION, COMPARED TO 12% FOR THE U.S. INCOME-WISE, THE MEDIAN HOUSEHOLD INCOME IS \$103,663 COMPARED TO \$67,811 FOR THE U.S. AND 5.7% OF THE HOUSEHOLDS HAVE AN ANNUAL INCOME OF LESS THAN \$25,000, COMPARED TO 20.1% FOR THE U.S. RACIALLY, THE SERVICE AREA IS HOME TO 53.4% WHITES (VS. 69.7% FOR THE US), 21.2% BLACK/AFRICAN AMERICANS (VS. 13.4% US), 9.1% ASIANS (VS. 6.0% US), WITH 16.2% REPORTING ANOTHER RACE VS. 10.7% NATIONALLY. ETHNICALLY, THE SERVICE AREA IS HOME TO 24.2% HISPANICS VS. 17.9% NATIONALLY, AND 75.8% NON-HISPANICS, VS. 82.1% NATIONALLY.
PART VI, LINE 5:	THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF TWO CLASSES, DIRECTORS APPOINTED BY THE ORGANIZATION'S 501(C)(3) SOLE MEMBER, SENTARA HEALTHCARE, AND DIRECTORS APPOINTED BY POTOMAC HEALTH FOUNDATION, A 501(C)(3) ORGANIZATION, AND APPROVED BY SENTARA HEALTHCARE. SENTARA HEALTHCARE'S COMMUNITY-BASED BOARD IS COMPRISED OF A MAJORITY OF MEMBERS WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF SENTARA HEALTHCARE, NOR FAMILY MEMBERS THEREOF. GENERALLY, MEDICAL STAFF MEMBERSHIP IS OPEN TO ALL CARE PROVIDERS WHO MAY QUALIFY. THE ORGANIZATION'S SURPLUS FUNDS ARE USED FOR IMPROVEMENTS IN PATIENT CARE, PROVISION OF SERVICES TO THE UNINSURED AND UNDERINSURED, MEDICAL EDUCATION, AND COMMUNITY PROGRAMS.

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Form and Line Reference	Explanation
PART VI, LINE 6:	SENTARA HEALTHCARE, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER, PROVIDES A NUMBER OF PROGRAMS TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES, IN ADDITION TO THOSE IDENTIFIED FOR THE ORGANIZATION. SEE FORM 990 PART III SCHEDULE O DISCLOSURE FOR FURTHER INFORMATION ON THE SERVICES AND FACILITIES PROVIDED BY THE SENTARA HEALTHCARE SYSTEM.
PART VI	GENERAL NARRATIVE REGARDING ASCS:THE ORGANIZATION IS A MEMBER OF A JOINT VENTURE WHICH OWNS AND OPERATES AN AMBULATORY SURGERY CENTER ("ASC") LOCATED IN VIRGINIA (SEE PART V FOR OWNERSHIP INFORMATION). AS VIRGINIA REQUIRES ASCS TO GO THROUGH A CERTIFICATE OF PUBLIC NEED PROCESS AND RETAIN A HOSPITAL LICENSE, VIRGINIA ASCS MEET THE DEFINITION OF HOSPITAL FACILITIES FOR FORM 990 REPORTING PURPOSES.THE ORGANIZATION'S ASC IS ORGANIZED AND OPERATED IN ACCORDANCE WITH THE ORGANIZATION'S CHARITABLE PURPOSES AS AN EXTENSION OF ITS OUTPATIENT FACILITIES, IN PARTNERSHIP WITH ITS PHYSICIANS, TO PROVIDE A MORE EFFECTIVE MEANS OF CARING FOR LESS SERIOUS NON-EMERGENCY MEDICAL CONDITIONS THAT DO NOT REQUIRE INPATIENT HOSPITAL CARE. ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE ASC. INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL PRIOR TO BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS. THE ASC WORKS WITH INDIVIDUALS TO COME UP WITH PAYMENT OPTIONS, SUCH AS PAYMENT PLANS, OFFERING FREE OR DISCOUNTED CARE IN ACCORDANCE WITH ITS FINANCIAL ASSISTANCE POLICY AND DISCOUNT PRACTICES. DISCOUNTED CARE IS NOT OFFERED UNDER THE ASCS' WRITTEN FINANCIAL ASSISTANCE POLICIES; ONLY FREE CARE IS OFFERED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE ORGANIZATION USES A MULTI-FACETED REVIEW OF AN APPLICANT'S SITUATION TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE. AN APPLICANT'S HOUSEHOLD INCOME IS EVALUATED IN LIGHT OF RELEVANT FACTS AND CIRCUMSTANCES, SUCH AS REPORTED INCOME, ASSETS, LIABILITIES, EXPENSES, AND OTHER RESOURCES AVAILABLE TO THE APPLICANT OR THE APPLICANT'S RESPONSIBLE PARTY, WHEN DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE THAT AN APPLICANT QUALIFIES FOR UNDER THE FINANCIAL ASSISTANCE POLICY.

Additional Data

Software ID:
Software Version:
EIN: 54-0853898
Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2											
Name, address, primary website address, and state license number											
1	SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BOULEVARD WOODBIDGE, VA 22191 WWW.SENTARA.COM H 1881	X	X					X			
2	LAKE RIDGE AMBULATORY SURGERY CNTR LLC 12825 MINNIEVILLE RD SUITE 204 WOODBIDGE, VA 22192 LAKERIDGESURGERYCENTER.COM OH 720	X								AMBULATORY SURGERY CENTER	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 5: IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING REPRESENTATIVES OF THE LOCAL PUBLIC HEALTH DEPARTMENT AND ORGANIZATIONS SERVING THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS THROUGH: 1) SURVEYING KEY COMMUNITY STAKEHOLDERS BY USE OF AN ONLINE SURVEY TO IDENTIFY SIGNIFICANT HEALTH PROBLEMS AND SERVICE GAPS; 2) REVIEW OF ASSESSMENTS AND OTHER PLANNING DOCUMENTS PREPARED BY COMMUNITY ORGANIZATIONS SUCH AS THE LOCAL HEALTH DEPARTMENT; AND 3) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS.1) SNVMC WORKED WITH A COALITION WHICH INCLUDED REPRESENTATIVES OF THE PRINCE WILLIAM HEALTH DISTRICT, THE PRINCE WILLIAM AREA FREE CLINIC, THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER, NOVANT PRINCE WILLIAM HOSPITAL, AND SEVERAL OTHER HEALTH-RELATED ORGANIZATIONS. THE COMMITTEE WAS RESPONSIBLE FOR IDENTIFYING KEY STAKEHOLDERS TO RECEIVE THE SURVEY. THE SURVEY LIST WAS REVIEWED TO ENSURE BROAD REPRESENTATION, INCLUDING REPRESENTATIVES OF THE LOCAL HEALTH DEPARTMENTS, FREE CLINICS, FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS, COMMUNITY SERVICES BOARDS (MENTAL HEALTH AND SUBSTANCE ABUSE), SOCIAL SERVICES DEPARTMENTS, EDUCATIONAL INSTITUTIONS, PROVIDERS (MEDICAL, DENTAL, ETC.), BUSINESSES, VOLUNTARY HEALTH AGENCIES, AREA AGENCIES ON AGING, CIVIC LEAGUES, THE FAITH COMMUNITY AND OTHER HEALTH AND HUMAN SERVICES ORGANIZATIONS AND GROUPS. DURING THE SURVEY PROCESS, THE RESPONSE RATE WAS MONITORED AND FOLLOW UP WAS MADE TO ENSURE GOOD AND BROADLY REPRESENTATIVE PARTICIPATION.2) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS WAS ALSO AN IMPORTANT PART OF THE PROCESS. THE COMMUNITY INPUT INCLUDED SURVEYS AND TOWN HALL MEETINGS INVOLVING THE COMMUNITY MEMBERS AND KEY STAKEHOLDERS INCLUDING PUBLIC HEALTH, SOCIAL SERVICES, SERVICE PROVIDERS, AND THOSE WHO REPRESENT UNDERSERVED POPULATIONS.
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 5: THE FACILITY RELIED ON THE ASSESSMENT CONDUCTED BY SNVMC WHEN CONDUCTING ITS OWN ASSESSMENT. SEE THE RESPONSE UNDER SNVMC FOR ADDITIONAL INFORMATION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 6A: THE CHNA OF SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) WAS CONDUCTED WITH LAKE RIDGE AMBULATORY SURGERY CENTER.
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 6A: THE CHNA OF LAKE RIDGE AMBULATORY SURGERY CENTER WAS CONDUCTED WITH SENTARA NORTHERN VIRGINIA MEDICAL CENTER.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 7D: COPIES OF THE ASSESSMENT HAVE BEEN MADE AVAILABLE TO OTHER ORGANIZATIONS, INCLUDING THE COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM.THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS: HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/2019-SNVMC-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 7D: COPIES OF THE ASSESSMENT HAVE BEEN MADE AVAILABLE TO OTHER ORGANIZATIONS, INCLUDING THE COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM.THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS: HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/2019-LRASC-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 11: THE SNVMC COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED NUMEROUS HEALTH ISSUES. DURING THE CHNA PROCESS, THE HOSPITAL UNDERWENT A PRIORITIZATION PROCESS TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS FOR WHICH IMPLEMENTATION STRATEGIES SHOULD BE DEVELOPED. THE PROCESS CONSIDERED FACTORS SUCH AS SIZE AND SCOPE OF THE HEALTH PROBLEM, THE INTENSITY AND SEVERITY OF THE ISSUE, THE POTENTIAL TO EFFECTIVELY ADDRESS THE PROBLEM AND THE AVAILABILITY OF COMMUNITY RESOURCES, IMPACT ON HEALTH DISPARITIES, THE IMPORTANCE TO THE COMMUNITY, AND SENTARA'S MISSION "TO IMPROVE HEALTH EVERYDAY". FOR THE SIGNIFICANT HEALTH NEEDS, IN ADDITION TO EXECUTION OF THE IMPLEMENTATION STRATEGIES, THE HOSPITAL IS PARTICIPATING IN THE COUNTY-WIDE COLLABORATIVE, THE COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM. SOME OF THE AREA NEEDS WHICH ARE NOT SPECIFICALLY ADDRESSED IN THE IMPLEMENTATION STRATEGY WERE IDENTIFIED AS LOWER PRIORITY BECAUSE THEY DID NOT RANK HIGH WITH THE PRIORITIZATION FACTORS.
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 11: THE FACILITY WORKED TOGETHER WITH SNVMC TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN ITS CHNA AND WENT THROUGH THE SAME PRIORITIZATION PROCESS TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS FOR WHICH IMPLEMENTATION STRATEGIES SHOULD BE DEVELOPED. SEE THE RESPONSE FOR SNVMC FOR FURTHER INFORMATION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 20E: THE HOSPITAL USES OUTSIDE VENDORS THAT SCREEN ALL PATIENTS WITHOUT INSURANCE FOR ELIGIBILITY FOR GOVERNMENT PROGRAMS, AND FINANCIAL COUNSELORS WHO SCREEN THOSE THAT ARE NOT ELIGIBLE FOR GOVERNMENT PROGRAMS TO DETERMINE WHETHER THEY MEET CRITERIA FOR FINANCIAL ASSISTANCE. IN ADDITION, THE PRESUMPTIVE ELIGIBILITY PROCESS ELIMINATES FROM COLLECTION EFFORTS THOSE PATIENTS WHO ARE UNLIKELY TO HAVE THE RESOURCES TO PAY THEIR ACCOUNT BALANCES, EVEN IF THEY ARE INELIGIBLE FOR FINANCIAL ASSISTANCE BY MODEL.
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 20E: AS ONLY PRE-ARRANGED PROCEDURES ARE PERFORMED AT THE FACILITY, INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL BEFORE BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS. FAP-ELIGIBILITY WAS DISCUSSED AT THIS TIME.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 21D: THE FACILITY IS AN AMBULATORY SURGERY CENTER AND DOES NOT TREAT INDIVIDUALS REQUIRING EMERGENCY MEDICAL CARE. ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE FACILITY. SEE PART VI NARRATIVE ON THE ORGANIZATION'S AMBULATORY SURGERY CENTER FOR FURTHER INFORMATION.
LAKE RIDGE AMBULATORY CENTER:	PART V, SECTION B, LINE 7A: HTTPS://LAKERIDGESURGERYCENTER.COM/ASSETS/UPLOADS/2017/01/LAKE-RIDGE-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-FINAL-REDUCED-SIZE.PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER:	PART V, SECTION B, LINE 3E: THE SIGNIFICANT HEALTH NEEDS PRESENTED IN THE CHNA ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED BY COMMUNITY MEMBERS VIA MULTIPLE METHODS. IN ADDITION TO A KEY STAKEHOLDER SURVEY CONDUCTED ONLINE, FOCUS GROUPS ARE CONDUCTED, WITH ADDITIONAL INTERVIEWS WITH POLICY MAKERS AND REPRESENTATIVES OF INDEPENDENT COMMUNITY ORGANIZATIONS. SENTARA ENSURES THAT RESPONDENTS TO REQUESTS FOR INPUT REPRESENT MANY TYPES OF COMMUNITY ACTORS: POLICY MAKERS, SERVICE PROVIDERS, REPRESENTATIVES OF PUBLIC HEALTH ORGANIZATIONS, REPRESENTATIVES OF UNDERSERVED POPULATIONS, SOCIAL SERVICE PROVIDERS AND GOVERNMENT FUNCTIONS SUCH AS SCHOOLS, AND THE BUSINESS AND LARGER COMMUNITIES.
LAKE RIDGE AMBULATORY CENTER:	PART V, SECTION B, LINE 3E: THE SIGNIFICANT HEALTH NEEDS PRESENTED IN THE CHNA ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED BY COMMUNITY MEMBERS VIA MULTIPLE METHODS. IN ADDITION TO A KEY STAKEHOLDER SURVEY CONDUCTED ONLINE, FOCUS GROUPS ARE CONDUCTED, WITH ADDITIONAL INTERVIEWS WITH POLICY MAKERS AND REPRESENTATIVES OF INDEPENDENT COMMUNITY ORGANIZATIONS. SENTARA ENSURES THAT RESPONDENTS TO REQUESTS FOR INPUT REPRESENT MANY TYPES OF COMMUNITY ACTORS: POLICY MAKERS, SERVICE PROVIDERS, REPRESENTATIVES OF PUBLIC HEALTH ORGANIZATIONS, REPRESENTATIVES OF UNDERSERVED POPULATIONS, SOCIAL SERVICE PROVIDERS AND GOVERNMENT FUNCTIONS SUCH AS SCHOOLS, AND THE BUSINESS AND LARGER COMMUNITIES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
54-0853898

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	13	41,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY. EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM. THE ORGANIZATION DONATES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITH A SIMILAR MISSION OF PROVIDING AND PROMOTING HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY. SUCH ORGANIZATIONS ALSO HAVE COMMUNITY BOARDS WHICH OVERSEE THE PROPER EXPENDITURES OF SUCH FUNDS. AUXILIARY SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO PLAN TO PURSUE CAREERS IN A MEDICAL HEALTH CARE OR RELATED FIELD. IN 2019, THE AUXILIARY AWARDED \$11,000 IN SCHOLARSHIPS. NURSING SCHOLARSHIPS ARE AWARDED TO NON-BSN RN STUDENTS WHO PLAN TO PURSUE CAREERS IN NURSING. IN 2019, THE HOSPITAL AWARDED \$30,000 IN SCHOLARSHIPS.

Additional Data

Software ID:
Software Version:
EIN: 54-0853898
Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SENTARA HEALTHCARE 6015 POPLAR HALL DR NORFOLK, VA 23502	52-1271901	501(C)(3)	2,453,280				CORPORATE ALLOCATION TO PARENT
LEADERSHIP PRINCE WILLIAM 9720 CAPITAL COURT MANASSAS, VA 20110	20-8649170	501(C)(3)	7,400				DONATION/SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SKILLSOURCE GROUP INC 8300 BOONE BLVD 450 VIENNA, VA 22182	30-0129320	501(C)(3)	29,678				DONATION/SPONSORSHIP
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVE NW 310 WASHINGTON, DC 20016	52-1880478	501(C)(3)	20,000				DONATION/SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MSN 1A3 FAIRFAX, VA 22030	54-1603842	501(C)(3)	8,000				DONATION/SPONSORSHIP

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM		Employer identification number 54-0853898

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

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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	SENTARA HEALTHCARE, THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF AN INDEPENDENT COMPENSATION CONSULTANT AND A COMPENSATION STUDY.
PART I, LINES 4A-B	JEFFREY P. KING RECEIVED \$218,939 IN COMPENSATION RELATED TO HIS SEPARATION FROM SERVICE. THIS AMOUNT HAS BEEN INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II. HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS. VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH. EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE. HOWARD KERN, ROBERT BROERMANN, MICHAEL GENTRY, JEFFREY KING, JOANNE INMAN, KATHERINE JOHNSON, AND DOUGLAS MOYER PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN. PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE. UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE). DURING 2019, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN (\$154,711); MICHAEL GENTRY (\$116,632); HOWARD KERN (\$721,088); AND JEFFREY KING (\$228,358). THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II.
PART I, LINE 7	DURING THE CURRENT TAX YEAR, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS: ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE. BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL. KEY CONTRIBUTOR AWARDS - REWARDS EXCEPTIONAL INDIVIDUALS OR TEAMS FOR SIGNIFICANT CONTRIBUTION AND RESULTS AS RECOGNIZED BY BUSINESS UNITS. PERFORMANCE PLUS - ELIGIBLE FULL-TIME AND PART-TIME EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN MAY EARN ADDITIONAL COMPENSATION IF THEIR BUSINESS UNIT MEETS FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE GOALS, AND THE SYSTEM NET OPERATING MARGIN GOAL HAS BEEN MET. INDIVIDUAL PAYOUT IS BASED ON JOB CLASSIFICATION, BUSINESS UNIT GOAL SUCCESS AND PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION. GOALS AND THE PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN. AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD; BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE; AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE. SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION.

Additional Data

Software ID:

Software Version:

EIN: 54-0853898

Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1HOWARD P KERN FORMER DIRECTOR/OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,721,005	1,718,080	814,246	3,776,265	24,149	8,053,745	81,692
1ROBERT A BROERMANN TREASURER/SECRETARY (EFFEC 6/19)	(i)	0	0	0	0	0	0	0
	(ii)	865,809	603,561	205,278	132,432	17,154	1,824,234	0
2MICHAEL V GENTRY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	820,035	555,458	149,099	198,191	20,736	1,743,519	0
3JEFFREY P KING SECRETARY (THRU 6/19)	(i)	0	0	0	0	0	0	0
	(ii)	274,339	156,153	539,781	82,095	24,650	1,077,018	165,897
4DOUGLAS J MOYER CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	441,135	136,392	1,071	65,722	34,071	678,391	0
5KATHERINE A JOHNSON PRESIDENT	(i)	387,548	119,305	25,019	74,958	35,970	642,800	0
	(ii)	0	0	0	0	0	0	0
6JOANNE M INMAN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	290,495	134,899	28,603	125,335	28,862	608,194	0
7VALERIE E KEANE KE (VP, NURSE EXECUTIVE)	(i)	199,540	64,062	36,738	258,346	16,286	574,972	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL R REITZ VP, MEDICAL AFFAIRS	(i)	369,327	106,196	560	33,430	28,426	537,939	0
	(ii)	0	0	0	0	0	0	0
9MOHAMMAD A SALEEM SURGICAL ASSISTANT- CERTIFIED SNVMC	(i)	382,936	750	348	38,706	25,634	448,374	0
	(ii)	0	0	0	0	0	0	0
10XING P YUAN RNFA/ROBOTICS COORD	(i)	221,857	750	712	134,070	1,574	358,963	0
	(ii)	0	0	0	0	0	0	0
11CHRISTINA S GRABUS KE (VP, OPERATIONS)	(i)	206,451	58,916	1,524	35,107	30,517	332,515	0
	(ii)	0	0	0	0	0	0	0
12DORKA M PICARD VP, DIVISION VII	(i)	177,298	15,854	7,490	112,535	7,495	320,672	0
	(ii)	0	0	0	0	0	0	0
13KATHY A COX NURSE CLIN II - FT PERM WKND NIGHTS	(i)	223,225	1,125	4,310	50,889	14,067	293,616	0
	(ii)	0	0	0	0	0	0	0
14CAROL S SHAPIRO MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	219,086	5,000	1,535	33,537	1,370	260,528	0
15DORIS J WARNER KE (DIR ED)	(i)	144,800	9,025	6,126	23,080	13,277	196,308	0
	(ii)	0	0	0	0	0	0	0
16CORINDA V PIPPINS FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	128,623	18,281	1,412	31,832	12,356	192,504	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493300017500
SCHEDULE O (Form 990 or 990-EZ)	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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM		Employer identification number 54-0853898	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>SENTARA HEALTHCARE I. SENTARA HEALTHCARE - YOUR NOT-FOR-PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE CELEBRATES MORE THAN 131 YEARS IN PURSUIT OF ITS MISSION - WE IMPROVE HEALTH EV ERY DAY. NAMED TO IBM WATSON HEALTH'S 2018 "TOP 15 HEALTH SYSTEMS," SENTARA IS AN INTEGRAT ED, NOT-FOR-PROFIT SYSTEM OF 12 HOSPITALS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA, INC LUDING A LEVEL I TRAUMA CENTER, THE NATIONALLY RANKED SENTARA HEART HOSPITAL, TWO ORTHOPED IC HOSPITALS, ACCREDITED SENTARA CANCER NETWORK AND THE SENTARA NEUROSCIENCES INSTITUTE. T HE SENTARA FAMILY ALSO INCLUDES FOUR MEDICAL GROUPS, NIGHTINGALE REGIONAL AIR AMBULANCE AN D GROUND MEDICAL TRANSPORT, SENIOR CARE, HOME CARE AND HOSPICE, NURSING REHABILITATION CEN TERS, AMBULATORY OUTPATIENT CAMPUSES, ADVANCED IMAGING AND DIAGNOSTIC CENTERS, A CLINICALL Y INTEGRATED NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES AND THE OPTIMA HEALTH PLAN SE RVING 450,000 MEMBERS IN VIRGINIA, NORTH CAROLINA AND OHIO. WITH NEARLY 28,000 EMPLOYEES A ND RANKED ONE OF FORBES "AMERICA'S BEST EMPLOYERS" IN 2018, SENTARA IS STRATEGICALLY FOCUS ED ON CLINICAL QUALITY AND SAFETY, INNOVATION AND CREATING AN EXTRAORDINARY HEALTHCARE EXP ERIENCE FOR OUR PATIENTS AND MEMBERS. EFFORTS ARE CENTERED ON PROVIDING THE RIGHT CARE IN THE RIGHT SETTING AT THE RIGHT TIME AND ADDING VALUE TO THE COMMUNITIES WE SERVE. WE STRIV E TO SERVE ALL OF OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCI AL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS. II. COMMITM ENT TO THE COMMUNITY A. SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHAR ITY CARE ON AN ANNUAL BASIS. THE 2019 VALUE OF COMMUNITY BENEFIT TOTALED \$309.5M. SENTARA PROVIDED \$239,251,000 IN NET UNCOMPENSATED PATIENT CARE COSTS; \$45,011,000 IN NET UNFUNDED COSTS OF TEACHING PROGRAMS; AND \$25,261,000 IN INCURRED COSTS FOR COMMUNITY BENEFIT PROGR AMS. IN 2019, AN AVERAGE OF 34 INDIVIDUALS SOUGHT CARE AT SENTARA HOSPITALS WHO HAVE NO AB ILITY TO PAY FOR CARE. THESE SERVICES RANGE FROM EMERGENCY VISITS TO LIFE SAVING TRAUMA CA RE. B. SENTARA DEVELOPED A CORPORATE SOCIAL RESPONSIBILITY (CSR) PROGRAM TO SUPPORT THE NE EDS OF THE COMMUNITIES WE SERVE IN THE MOST IMPACTFUL WAY. SENTARA COMMITTED \$5M IN 2019. THE CSR PROGRAM WILL DELIVER ECONOMIC, SOCIAL AND ENVIRONMENTAL BENEFITS FOR STAKEHOLDERS ACROSS ALL SENTARA MARKETS AND INCREASE OUR COMMUNITY CONNECTION. IT WILL BUILD ON SENTARA RECOGNIZED LEADERSHIP AND COMMITMENT TO THE COMMUNITIES WE SERVE. C. SENTARA HEALTHCARE A ND OPTIMA HEALTH, IN PARTNERSHIP WITH THE LOCAL INITIATIVES SUPPORT CORPORATION (LISC), TH E NATION'S LARGEST COMMUNITY DEVELOPMENT ORGANIZATION, ANNOUNCED A \$100 MILLION INVESTMENT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN UNDERSERVED COMMUNITIES ACROSS THE COMMONWEAL TH OF VIRGINIA. THIS INVESTMENT, WHICH IS PART OF OUR CORPORATE SOCIAL RESPONSIBILITY PROG RAM, BUILDS UPON SENTARA'S COMMITMENT TO CREATE HEALTHIER COMMUNITIES AND IMPROVE THE QUAL ITY OF LIFE FOR VIRGINIANS MOS</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>T IN NEED. SENTARA WILL CONTRIBUTE \$50M TO ADVANCE THESE GOALS IN PARTNERSHIP WITH LISC, WHO HAS COMMITTED TO ASSEMBLING AN ADDITIONAL \$50M FROM PUBLIC AND PRIVATE SOURCES TO COMPLEMENT SENTARA'S INVESTMENT. D. SENTARA HIRED ITS FIRST CHIEF DIVERSITY OFFICER TO FOCUS ON THE IMPORTANT WORK OF DIVERSITY IN OUR WORKFORCE, TO DEEPEN OUR UNDERSTANDING ON CARING FOR OUR DIVERSE PATIENT POPULATION AND TO DEVELOP STRONG RELATIONSHIPS WITH DIVERSE COMMUNITY POPULATIONS. ADDITIONALLY, WE HIRED OUR FIRST DIRECTOR OF HEALTH EQUITY. THE HEALTH EQUITY DIVISION WAS CREATED WITH THE GOAL TO IDENTIFY AND REMOVE BARRIERS SO PEOPLE CAN RECEIVE THE CARE THEY NEED. THE TEAM IDENTIFIES HEALTH DISPARITIES AND RESEARCHES POSSIBLE CAUSES. THIS INCLUDES CHRONIC HEALTH ISSUES SUCH AS HYPERTENSION, DIABETES, AND THE HIGH RATES OF CANCER DEATHS IN MINORITY COMMUNITIES. E. IN RESPONSE TO THE TRAGEDY THAT TOOK PLACE AT THE VIRGINIA BEACH MUNICIPAL CENTER IN MAY 2019, SENTARA COLLABORATED WITH THE CITY OF VIRGINIA BEACH TO OPEN THE VB STRONG CENTER THAT PROVIDES RESOURCES AND DEDICATED STAFF TO ENSURE THOSE IN THE COMMUNITY WHO NEED OR WANT ASSISTANCE FOLLOWING THE TRAGEDY CAN RECEIVE PERSONALIZED CARE. SERVICES INCLUDE INDIVIDUAL COUNSELING, GROUP THERAPY, ART, YOGA, MEDITATION, MENTAL HEALTH COUNSELING, INTAKE AND CASE COORDINATION, AND OTHER SERVICES AS DIRECTED BY A LICENSED MENTAL HEALTH CLINICIAN. F. SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATIONS. THESE FOUNDATIONS RAISED MONEY TO SUPPORT THE CLINICAL NEEDS OF THE SYSTEM AND PROVIDED FUNDING THROUGH GRANTS AND DIRECT CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT HAVE SIMILAR INTERESTS IN SUPPORTING COMMUNITY HEALTH NEEDS. G. SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN. SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED DEVASTATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNESS. IN 2019, THE HOPE FUND AWARDED \$151,124 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM.</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.</p>	<p>H. COMMUNITY HEALTH INITIATIVES SENTARA AND OPTIMA HEALTH HAVE LONG BEEN COMMITTED TO PROVIDING HEALTH AND PREVENTION SERVICES TO THE COMMUNITIES WE SERVE THROUGH MANY CHANNELS INCLUDING THE SENTARA HEALTHCARE COMMUNITY HEALTH AND PREVENTION ORGANIZATION WITHIN SENTARA. BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2019: I. HEALTH IMPROVEMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS. II. SENTARA CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WAL KABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAI CHI AND YOGA. SENTARA HOSTS A NUMBER OF COMMUNITY EVENTS RAISING AWARENESS AROUND KEY HEALTH AWARENESS MONTHS. ONE GOOD EXAMPLE IS THE FOCUS ON COLON CANCER PREVENTION: DON'T SIT ON COLON CANCER. THROUGH THE SENTARA CANCER NETWORK, SENTARA HOSTED A 5K AT SENTARA PRINCESS ANNE HOSPITAL IN VIRGINIA BEACH. THROUGH SENTARA HEART, WE PROMOTED THE "28 (+1) DAYS OF HEART" IN FEBRUARY 2019 IN SUPPORT OF HEART HEALTH AWARENESS. ONLINE PROMOTIONS, RADIO ADS, VIDEOS, SCREENINGS AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DISEASE THROUGHOUT THE COMMUNITIES WE SERVE IN VIRGINIA AND NORTH CAROLINA. III. GROWTH IN SENTARA HEALTHCARE SENTARA HAS REACHED OUT TO OTHER INDUSTRY LEADERS AND JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVICES TO MORE PEOPLE. IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND IN OTHER STATES - NORTH CAROLINA AND OHIO - BY SEEKING PARTNERSHIPS WITH SUCCESSFUL HOSPITALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY AND CUSTOMER FOCUS. OUR GROWTH IN 2019 INCLUDED THE FOLLOWING: A. SENTARA ANNOUNCED THE INTENT TO PURCHASE 80% OF VIRGINIA PREMIER, AN INSURANCE COMPANY AFFILIATED WITH VCU HEALTH IN RICHMOND, VIRGINIA. OPTIMA HEALTH AND VIRGINIA PREMIER WILL CONTINUE AS TWO SEPARATE COMPANIES AND RETAIN THEIR RESPECTIVE NAMES AND BRANDS IN THE MARKETPLACE. THE TWO PLANS WILL SERVE MORE THAN 800,000 MEMBERS. B. OPTIMA HEALTH CONTINUED AS ONE OF 6 MANAGED CARE ORGANIZATIONS THAT COLLECTIVELY SERVED OVER 400,000 ELIGIBLE VIRGINIANS WHO QUALIFIED FOR MEDICAID EXPANSION. C. SENTARA DEVELOPED NEWLY DESIGNED RETAIL AND AMBULATORY SERVICES. SENTARA WAS PROUD TO INTRODUCE TWO SITES OF CARE WHERE PRIMARY CARE AND PHYSICAL THERAPY ARE CO-LOCATED WITH A SEAMLESS CUSTOMER EXPERIENCE. ADDITIONALLY, SENTARA INTRODUCED PHYSICAL THERAPY WITH VIRTUAL CARE AT ONE SITE IN NORTH CAROLINA. D. SENTARA EXPANDED ITS VELOCITY URGENT CARE CENTERS ACROSS VIRGINIA. ACROSS SITES, 193,372 PATIENT VISITS TOOK PLACE REPRESENTING A 22% GROWTH OVER 2018. IV. NEW INITIATIVES A. SENTARA LAUNCHED THE NEW SENTARA "APP" IN SEPTEMBER 2019 FOLLOWING THE INTRODUCTION OF THE NEW OPTIMA APP IN LATE 2018. BY END OF 2019, MORE THAN 47,000 CONSUMERS HAD ACTIVATED THEIR ACCOUNTS IN EITHER THE SENTARA OR OPTIMA APP. OUR AIM IS TO CONTINUOUSLY IMPROVE THE VIRTUAL EXPERIENCE, ENABLE VOICE OF THE CUSTOMER DRIVE CHANGE TO THE EXPERIENCE, AND ALLOW FOR A MORE F</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.</p>	<p>RICTIONLESS EXPERIENCE. B. THE VOICE OF THE CUSTOMER MODEL WAS HEAVILY UTILIZED TO UNDERSTAND AND MORE FROM SENTARA AND OPTIMA CUSTOMERS. THE MODEL IS AN OPERATIONAL DESIGN THAT ENABLES SENTARA TO INTEGRATE THE VOICE OF THE CUSTOMER INTO ALL FACETS OF BUSINESS DECISION-MAKING AND PRODUCT DEVELOPMENT BOTH IN THE BRICK AND MORTAR WORLD AND IN THE WORLD OF VIRTUAL CARE. C. A NUTRITION AS MEDICINE CONFERENCE WAS HELD IN NOVEMBER 2019. THIS DAY-LONG CONFERENCE FEATURED NATIONAL EXPERTS SPEAKING ON THE BENEFITS OF A PLANT-BASED LIFESTYLE AND HOW IT CAN BE USED TO TREAT, REVERSE, OR PREVENT WIDESPREAD CHRONIC DISEASE SUCH AS HEART DISEASE, DIABETES, AND OBESITY. D. A "BEYOND CANCER" CONFERENCE SURVIVORSHIP EVENT TOOK PLACE IN JUNE 2019. THE EVENT WAS SPONSORED BY THE SENTARA CANCER NETWORK AND OFFERED SUPPORT FOR THOSE AFFECTED BY CANCER FROM CURRENT CANCER PATIENTS TO CAREGIVERS, TO SURVIVORS IN REMISSION. V. OFFERING NEW PROCEDURES AND TECHNOLOGIES A. CLINICAL BREAKTHROUGHS AND ADVANCEMENTS: SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS AND ADVANCEMENTS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING NEWBORN CARE, TRANSPLANT, AND CANCER CARE. I. NEWBORN METABOLIC SCREENING AUTOMATION - SENTARA NORFOLK GENERAL HOSPITAL IN NORFOLK, VIRGINIA WAS THE FIRST HOSPITAL IN VIRGINIA TO INTRODUCE THE PROCESS THAT IDENTIFIES APPARENTLY HEALTHY INFANTS WITH SERIOUS INHERITED DISORDERS, GENERALLY METABOLIC IN ORIGIN, THAT ARE USUALLY CORRECTABLE BY DIETARY OR DRUG INTERVENTIONS BEFORE THEY SUFFER SIGNIFICANT MORBIDITY OR MORTALITY. II. HEPATITIS C TRANSPLANT: SENTARA NORFOLK GENERAL HOSPITAL PERFORMED THE FIRST KIDNEY TRANSPLANT FROM A DONOR WITH HEPATITIS C IN THE SOUTHEAST VIRGINIA REGION. THIS CREATES ORGAN AVAILABILITY THAT IS MUCH NEEDED. III. LUTATHERA NEUROENDOCRINE RADIODIOTOPES TUMOR THERAPY: SENTARA NORFOLK GENERAL HOSPITAL WAS THE FIRST IN SOUTHEASTERN VIRGINIA TO INTRODUCE THIS THERAPY. IV. CAR-T CELL THERAPY: SENTARA NORFOLK GENERAL HOSPITAL WAS APPROVED TO PERFORM CAR-T CELL THERAPY, WHICH IS UNIQUE IN THAT IT IS THE FIRST NON-ACADEMIC SITE IN VIRGINIA TO PERFORM THIS THERAPY AND ONE OF A HANDFUL ACROSS THE COUNTRY DONE AT A NON-ACADEMIC CENTER. VI. EXPANDING EDUCATIONAL OPPORTUNITIES A. SENTARA IS COMMITTED TO ALWAYS IMPROVING--INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONAL OPPORTUNITIES. CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS. IN 2019, SENTARA REACHED 82% OF SENTARA NURSES HAVING EARNED OR ARE UNDER CONTRACT TO EARN A BSN BY 2020. IN 2019, SENTARA HAD 66.7% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 15.3% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN.</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.</p>	<p>B. RESEARCH: RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING. HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM: I. HEART: THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE WAS ESTABLISHED IN 2005 TO ADVANCE THE UNDERSTANDING AND TREATMENT OF CARDIOVASCULAR DISEASE, WHICH IS THE NATION'S NUMBER-ONE KILLER. UNIQUELY QUALIFIED REGISTERED NURSE RESEARCH COORDINATORS AND CARDIOLOGISTS COLLABORATE WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOMEDICAL COMPANIES TO PERFORM CLINICAL RESEARCH TRIALS. ULTIMATELY, THE WORK OF SCRI ENABLES CLINICIANS TO IMPROVE CLINICAL CARE DELIVERY, PATIENT OUTCOMES AND THE OVERALL HEALTH OF OUR COMMUNITY. OUR SERVICES COVER ALL TYPES OF CARDIOVASCULAR RESEARCH SUCH AS MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CARDIAC INTERVENTIONAL PROCEDURES AND MEDICAL MANAGEMENT OF CAD RISK FACTORS SUCH AS DIABETES AND LIPID MANAGEMENT, AMONG OTHERS. RESEARCH NURSES EDUCATE AND FOLLOW RESEARCH PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS. THEY COORDINATE ALL ASPECTS OF THE PATIENT'S EXPERIENCE AND ADVOCATE FOR THEM, HELPING THEM FEEL CARED FOR WHILE AT THEIR MOST VULNERABLE. OUR PROGRAM CURRENTLY HAS RESEARCH NURSES WHO ARE HIGHLY AUTONOMOUS AND SELF-DIRECTED. COLLECTIVELY, THEY COORDINATE MORE THAN 80 CLINICAL TRIALS. MANY OF THE TRIALS WE PARTICIPATE IN ARE NATIONALLY AND INTERNATIONALLY RECOGNIZED. THEY HAVE BEEN DESIGNED TO IDENTIFY NEW, IMPROVED TREATMENT METHODS AND PROTOCOLS, WHILE AT THE SAME TIME ELIMINATE THERAPIES AND APPROACHES TO CLINICAL CARE THAT ARE NOT AS EFFECTIVE OR MAY HAVE BEEN SHOWN TO BE HARMFUL. II. CANCER: THE SENTARA CANCER NETWORK CONTINUES TO EXPAND ITS RESEARCH CAPABILITIES IN CONJUNCTION WITH VIRGINIA ONCOLOGY ASSOCIATES, EASTERN VIRGINIA MEDICAL SCHOOL, AND OTHER NATIONAL AND LOCAL ORGANIZATIONS IN ORDER TO CHANGE THE FUTURE OF CANCER. FOR TODAY'S PATIENTS, PHYSICIANS IN THE SENTARA NETWORK CAN PROVIDE ACCESS TO NUMEROUS CLINICAL TRIALS, BOTH LOCAL AND NATIONAL. PROMISING CLINICAL TRIALS ARE BEING CONDUCTED ALL OVER THE COUNTRY FOR PATIENTS WITH CANCER, AND SOME OF THESE ARE BEING CONDUCTED WITHIN THE SENTARA CANCER NETWORK. SOME PEOPLE THINK THAT CLINICAL RESEARCH IS INTENDED AS A LAST RESORT, BUT MANY OF THESE TRIALS ARE LOOKING AT PROMISING NEW FIRST-LINE TREATMENTS. IN ADDITION, MANY STUDIES ARE NOT FOCUSED ON INCREASED TREATMENTS, BUT ADJUSTMENTS IN TREATMENTS AND OPTIONS FOR LESS INVASIVE OPTIONS. IN ADDITION TO CLINICAL TRIALS THAT ARE ADMINISTERED AS PART OF CANCER TREATMENT FOR PATIENTS NOW, THE SENTARA CANCER NETWORK ALSO PARTICIPATES IN RESEARCH THAT COULD LEAD TO MORE AND BETTER OPTIONS FOR PREVENTION, DIAGNOSIS AND TREATMENT IN THE FUTURE. EXAMPLES OF OTHER RESEARCH INCLUDE FINDING WAYS TO IMPROVE QUALITY OF LIFE FOR OUR PATIENTS, COMPARING COMMON CHARACTERISTICS FOR A SPECIFIC TYPE OF CANCER, AND IMPROVING PROCESSES AND TECHNOLOGY. VII. BUILDING FOR TOMORROW AND STRENGTHENING OUR COMMUNITIES A. SENTARA HEALTHCARE COMMITTED TO INCREASING ITS MINIMUM</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.</p>	<p>M WAGE FOR ALL SENTARA AND OPTIMA HEALTH EMPLOYEES WITH A PLAN TO REACH A \$15 PER HOUR MINIMUM WAGE BY JANUARY 2022. THIS SIGNIFICANT INCREASE APPLIES TO ALL POSITIONS IN THE COMMUNITIES SENTARA SERVES ACROSS VIRGINIA AND NORTH CAROLINA AND IS MORE THAN DOUBLE THE FEDERALLY MANDATED MINIMUM WAGE OF \$7.25 PER HOUR. B. SENTARA CAREPLEX HOSPITAL, HAMPTON, VIRGINIA, ADDED NEUROSURGERY SERVICES. WITH THE ADDITION OF THESE SERVICES, PATIENTS ON THE PENINSULA WILL BE ABLE TO RECEIVE SURGICAL TREATMENT FOR BRAIN AND SPINE DISORDERS, INCLUDING NEUROONCOLOGY AND NEUROTRAUMA. C. SENTARA MARTHA JEFFERSON HOSPITAL'S PHILIPS CANCER CENTER, CHARLOTTESVILLE, VIRGINIA, WAS GRANTED A THREE YEAR ACCREDITATION WITH COMMENDATION BY THE COMMISSION ON CANCER (COC), A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS (AC S). ALSO, SENTARA MARTHA JEFFERSON HAS RECEIVED AN 'A' IN THE FALL 2019 LEAPFROG HOSPITAL SAFETY GRADE, A NATIONAL RECOGNITION FOR PATIENT SAFETY. D. THE SENTARA RMH HAHN CANCER CENTER, HARRISONBURG, VIRGINIA, INSTALLED A NEW, STATE-OF-THE-ART LINEAR ACCELERATOR, THE VIRGINIAN TRUEBEAM RADIO THERAPY SYSTEM, FOR TREATING CANCER PATIENTS. E. SENTARA HOSPICE HAS COORDINATED CAMP LIGHTHOUSE, WHICH IS A CAMP FOR BEREAVED FAMILIES, FOR 10 YEARS. THROUGHOUT THE CAMP, SPECIALLY TRAINED SENTARA EMPLOYEES VOLUNTEER ALONG WITH COMMUNITY MEMBERS. ABOUT 50 VOLUNTEERS MAKE THE CAMPS POSSIBLE AFTER MONTHS OF PLANNING. F. SENTARA NORTHERN VIRGINIA MEDICAL CENTER, WOODBRIDGE, VIRGINIA, INTRODUCED A SENTARA FOOT & ANKLE CENTER FEATURING HIGHLY SKILLED PHYSICIANS WITH STATE-OF-THE-ART PROCEDURES. THE CENTER PARTNERS WITH EXPERT PHYSICIANS ON ADVANCED PROCEDURES SO PATIENTS WILL HAVE A PATHWAY TO RECEIVE THE RIGHT CARE FOR THEIR FOOT AND ANKLE HEALTH CONCERNS, ALL WHILE STAYING CLOSE TO HOME FOR TREATMENT. G. THREE TIMES PER WEEK, SENTARA LIFE CARE RESIDENTS WITH DEMENTIA PUT THEIR HANDS ON A BUSY BOARD AND OPERATE THE LIGHT SWITCHES, DOOR AND WINDOW LATCHES AND WATER SPIGOTS TO STIMULATE MEMORIES OF DAY-TO-DAY ACTIVITIES. BUSY BOARD THERAPY IS ONE PART OF THE LIFE ENRICHMENT ACTIVITIES PROGRAM (LEAP) AT SENTARA LIFE CARE VIRGINIA BEACH. H. FIVE SENTARA HOSPITALS INCLUDING SENTARA CAREPLEX HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA OBICHO SPITAL, SENTARA PRINCESS ANNE HOSPITAL AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER HAVE CONSISTENTLY EARNED AN 'A' GRADE IN HOSPITAL SAFETY SCORES FROM THE LEAPFROG GROUP SINCE THE ORGANIZATION BEGAN HANDING OUT THE LETTER GRADES IN 2012. I. MORE THAN 100 EMPLOYEES AT SENTARA LEIGH HOSPITAL, NORFOLK, VIRGINIA, SPENT THEIR TIME STUFFING BACKPACKS FULL OF BRAND NEW SCHOOL SUPPLIES FOR INGLESIDE ELEMENTARY. IN JUST THREE SHORT HOURS, 600 BACKPACKS WERE FILLED WITH CRAYONS, PENCILS, FOLDERS, NOTEBOOKS, A FIRST AID KIT AND MUCH MORE. THERE WERE ENOUGH STUFFED FOR EVERY STUDENT IN THE ENTIRE SCHOOL! HOSPITAL STAFF TEAMED UP WITH UNITED WAY OF SOUTH HAMPTON ROADS TO FULFILL THIS DONATION REQUEST. J. SENTARA ALBEMARLE MEDICAL CENTER, ELIZABETH</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	<p>CITY, NORTH CAROLINA, LAUNCHED A PILOT PROGRAM IN EARLY 2019 CALL FOOD RX. NOW, PATIENTS CAN RECEIVE PRESCRIPTIONS FOR MEDICINE TO HELP THEM ONCE THEY LEAVE THE HOSPITAL, AND A PRESCRIPTION TO EAT WELL, WITH THE HEALTHY FOOD TO DO SO. THEIR GOAL IS HELP 100 PATIENTS THIS YEAR. IN ADDITION TO OFFERING THE SPECIALLY STOCKED FOOD BOXES TO PATIENTS MONTHLY, SENTARA ALBEMARLE MEDICAL CENTER EDUCATORS MAKE REFERRALS TO HEALTHY COOKING AND BUDGETING CLASSES RUN THROUGH THE FOOD BANK AND PASQUOTANK CENTER OF NORTH CAROLINA COOPERATIVE EXTENSION. THEY ALSO ENCOURAGE VISITS TO THE LOCAL HEALTH DEPARTMENT, WHICH CAN OFFER EXTRA RESOURCES TO OVERCOME FOOD AND FINANCIAL CONCERNS. K. SENTARA BELLEHARBOUR, AN OUTPATIENT CAMPUS OF SENTARA OBICI HOSPITAL, SUFFOLK, VIRGINIA, CONTINUES TO GROW. A NEWLY OPENED SECOND MEDICAL OFFICE BUILDING OFFERS OUTPATIENT SURGERIES IN TWO OPERATING ROOMS, NEW OBSERVATION BEDS FOR OVERNIGHT RECOVERY AND EVALUATION, A LARGER 24-HOUR EMERGENCY DEPARTMENT WITH A 'VERTICAL' ELEMENT FOR IN-AND-OUT PATIENTS AND A NEW HELIPAD FOR THE NIGHTINGALE REGIONAL AIR AMBULANCE.</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.</p>	<p>L. SENTARA PRINCESS ANNE HOSPITAL AGAIN HOSTED THE "DON'T SIT ON COLON CANCER 5K" TO PROVIDE COLON CANCER AWARENESS AND EDUCATION. RUNNERS THROUGHOUT THE REGION CAME OUT TO PARTICIPATE IN THIS RACE AND FOR THE EXCELLENT CAUSE. M. SENTARA HALIFAX REGIONAL HOSPITAL, SOUTH BOSTON, VIRGINIA, BEGAN OFFERING MEDICAL STABILIZATION SERVICES TO HELP PEOPLE OVERCOME WITHDRAWAL SYMPTOMS FROM DRUG AND ALCOHOL ADDICTIONS. ADULTS ARE MEDICALLY SUPERVISED FOR INPATIENT STABILIZATION THAT LASTS ABOUT THREE DAYS. UPON DISCHARGE, PATIENTS ARE REFERRED TO COMMUNITY BASED TREATMENT PROGRAMS TO CONTINUE WITH THEIR TREATMENT AND TO PREVENT RELAPSE. N. SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, WILLIAMSBURG, VIRGINIA, PARTICIPATED IN THE HEARTSAFE ALLIANCE, WHICH IS A PUBLIC-PRIVATE PARTNERSHIP WORKING TO IMPROVE SUDDEN CARDIAC ARREST SURVIVAL IN THE GREATER WILLIAMSBURG COMMUNITY. THE LAUNCH OF THE PROGRAM INCLUDED FREE, COMMUNITY-WIDE CPR AND AED TRAINING. MOREOVER, LATER IN 2019, THE HEARTSAFE ALLIANCE OFFICIALLY LAUNCHED THE PULSEPOINT APP, WHICH IS AN APP DESIGNED TO REDUCE THE NUMBER OF DEATHS FROM SUDDEN CARDIAC ARREST BY IDENTIFYING AED LOCATIONS IN THE COMMUNITY FOR USE BY THE PUBLIC. VIII. QUALITY AND PATIENT SAFETY DISTINCTIONS A. AWARD-WINNING CARE -AS ALWAYS, SENTARA IS PROUD AND HUMBLBY THE VARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVED OVER THE COURSE OF THE YEAR. OUR MISSION IS TO IMPROVE HEALTH EVERY DAY. TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION DRIVEN WORK. HERE ARE A FEW OF THE 2019 AWARDS AND RECOGNITIONS: I. SENTARA NORFOLK GENERAL HOSPITAL EARNED A TOP 50 NATIONAL RANKING FROM U.S. NEWS & WORLD REPORT: EAR, NOSE & THROAT (ENT). THIS EXTRAORDINARY RANKING, 43RD IN THE NATION, IS DUE TO THE GREAT PARTNERSHIP AND COLLABORATION WITH EASTERN VIRGINIA MEDICAL SCHOOL (EVMS) AND THE SENTARA CANCER NETWORK. II. NURSING MAGNET STATUS: SENTARA VIRGINIA BEACH GENERAL HOSPITAL IS THE NINTH SENTARA HOSPITAL TO ACHIEVE MAGNET DESIGNATION. ONLY 8% OF U.S. HOSPITALS HAVE SUCH A DESIGNATION. IX. OPTIMA HEALTH A. GROWTH OPTIMA HEALTH CONTINUES TO SEE GROWTH IN THE COMMERCIAL EMPLOYER MARKET AND WITH OUR FRANCHISE PARTNERSHIP WITH OHIO HEALTHY. ADDITIONALLY, OPTIMA HEALTH CONTINUED DELIVERING AN EXCELLENT DIGITAL EXPERIENCE THROUGH UPGRADING ITS DIGITAL "APP AND ADDING FEATURES MAKING IT MORE CUSTOMER CENTRIC. OPTIMA CONTINUED ITS MEDICARE ADVANTAGE NETWORK EXPANSION BY ADDING NEW PROVIDERS AND FACILITIES. AND, OPTIMA HEALTH IS NOW AVAILABLE IN THE MARKETS OF NORTHERN VIRGINIA AND HALIFAX WITH BOTH MEDICARE ADVANTAGE AND MEDICAID PLANS. CONCLUSION: SENTARA HEALTHCARE IS COMMITTED TO OUR MISSION - WE IMPROVE HEALTH EVERY DAY. WE PROVIDE QUALITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE ALL WITH A CONSTANT FOCUS ON INNOVATION. AND, WE ARE COMMITTED TO SUPPORTING THE COMMUNITIES WE SERVE THROUGH OUR CORPORATE SOCIAL RESPONSIBILITY PROGRAM,</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	SERVING DIVERSITY AND EXPLORING HEALTH EQUITIES, VOLUNTEERISM, GRANTS, SPONSORSHIPS, AND SUPPORTING INITIATIVES THAT LIFT OUR COMMUNITIES. WE LOOK FORWARD TO ANOTHER YEAR OF COMMUNITY SUCCESS, GROWTH AND INNOVATION IN 2020.

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Return Reference	Explanation
FORM 990, PART V, LINE 1A	NUMBER REPORTED IN BOX 3 OF FORM 1096: SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, MAINTAINS AN AGENCY RELATIONSHIP WITH THE ORGANIZATION AND ISSUES ALL 1099S ON ITS BEHALF. THE NUMBER REPORTED IS A BEST ESTIMATE OF THE 1099S ATTRIBUTABLE TO THE ORGANIZATION. THE EXACT NUMBER CANNOT BE DETERMINED; AS SOME OF THE 1099S ISSUED BY THE AGENT ARE ATTRIBUTABLE TO MORE THAN ONE ENTITY, AND THERE IS NO REPORTING MECHANISM TO DETERMINE 1099'S ATTRIBUTABLE SOLELY TO THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PETER DOLAN, ESQ. AND MICHAEL LUBELEY, ESQ. HAVE A BUSINESS RELATIONSHIP. THE ORGANIZATION'S OFFICERS AND DIRECTORS SERVED TOGETHER ON THE BOARDS OF OTHER ORGANIZATIONS WITHIN THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AS WELL AS JOINT VENTURES IN WHICH THE SYSTEM HAD AN OWNERSHIP INTEREST. SEE SCHEDULE R FOR A LISTING OF SUCH ENTITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE MEMBER WAS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	A BOARD OF DIRECTORS WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY WAS COMPOSED OF TWO CLASSES OF DIRECTORS, A CLASS OF DIRECTORS APPOINTED BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NON-STOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM AND A CLASS OF DIRECTORS APPOINTED BY POTOMAC HEALTH FOUNDATION, A VIRGINIA NON-STOCK CORPORATION AND SECTIN 501(C)(3) TAX EXEMPT ENTITY, AND APPROVED BY SENTARA HEALTHCARE. THE COVENANT PERIOD (AS DEFINED IN AN AFFILIATION AGREEMENT TO WHICH ORGANIZATION IS A PARTY) EXPIRED ON DECEMBER 1, 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY OF THE ORGANIZATION, HAS EXCLUSIVE AUTHORITY TO DIRECT AND MANAGE THE OPERATIONS AND AFFAIRS OF THE ORGANIZATION AND TO MAKE ALL DECISIONS REGARDING THE BUSINESS OF THE ORGANIZATION, SUBJECT TO THE OVERSIGHT OF THE ORGANIZATION'S BOARD OF DIRECTORS. THE ORGANIZATION MAY NOT TAKE OR ALLOW ANY CERTAIN ACTIONS WITHOUT THE WRITTEN CONSENT OF THE ITS SOLE MEMBER, INCLUDING: ESTABLISH ANY COMMITTEE OR APPOINT ANY MEMBER TO SUCH COMMITTEE WHICH SHALL HAVE ANY OF THE AUTHORITY OF THE BOARD OF DIRECTORS TO BIND THE ORGANIZATION; ALTER, AMEND OR REPEAL OF THE GOVERNING DOCUMENTS OF THE ORGANIZATION, APPROVE, OR ADOPT OPERATING AND CAPITAL BUDGET OF THE ORGANIZATION AND FORMAL LONG-RANGE PLANS FOR OPERATIONS; APPROVE ANY SINGLE, UNBUDGETED CAPITAL EXPENDITURE IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000), OR AGGREGATE UNBUDGETED CAPITAL EXPENDITURES DURING ANY 12-MONTH PERIOD IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000); INCUR INDEBTEDNESS, WHETHER SECURED OR UNSECURED, NOT INCLUDED IN A BUDGET APPROVED BY THE MEMBER AND INCLUDING, BUT NOT LIMITED TO, LEASES, IN EXCESS OF ONE HUNDRED THOUSAND (\$100,000) IN ANY SINGLE INSTANCE OR FIVE HUNDRED THOUSAND (\$500,000) IN THE AGGREGATE IN ANY 12-MONTH PERIOD; GUARANTEE THE INDEBTEDNESS OF ANY THIRD PARTY; APPROVE OR ADOPT OF ANY PLAN OF MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, THE VOLUNTARY DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION, REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS, OR ANY DECISION TO FILE A PETITION REQUESTING OR CONSENTING TO AN ORDER FOR RELIEF UNDER THE FEDERAL BANKRUPTCY LAWS OR SIMILAR STATE LAWS; CREATE OR ACQUIRE ANY SUBSIDIARY OF THE ORGANIZATION, OR ACQUIRE INTERESTS OF ANY KIND IN OR OF ANY OTHER CORPORATION OF WHICH THE ORGANIZATION IS TO BE A MEMBER, OR ENTER INTO ANY JOINT VENTURE, PARTNERSHIP OR SIMILAR ARRANGEMENT WITH ANY OTHER PERSON OR ENTITY, OR DISSOLVE, TERMINATE OR OTHERWISE CHANGE IN ANY MANNER SUCH EXISTING LEGAL RELATIONSHIP; COMMENCE OR SETTLE ANY LITIGATIONS OR ARBITRATION OR OTHER PROCEEDING, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS INVOLVING NOT MORE THAN FIFTY THOUSAND (\$50,000). IN ANY ONE INSTANCE AND TWO HUNDRED FIFTY THOUSAND (\$250,000) IN THE AGGREGATE DURING ANY 12-MONTH PERIOD, OR CONFESS A JUDGMENT AGAINST THE ORGANIZATION; APPROVE ALL DECISIONS CONCERNING THE HIRING& THE REPLACEMENT, THE RENEWAL OF THE EMPLOYMENT CONTRACT OF, AND THE SETTING OF COMPENSATION FOR THE ADMINISTRATOR OF THE HOSPITAL; CHANGE THE ORGANIZATION'S ACCOUNTING METHODS OR PRACTICES, PROCEDURES OR POLICIES; CHANGE THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS, AUDITORS, OR ORGANIZATION'S TAX YEAR; OR ENTER INTO ANY TRANSACTION, AGREEMENT OR COMMITMENT, WHETHER WRITTEN OR NOT, WITH ANY OFFICER, DIRECTOR OR MEMBER OF THE MEDICAL STAFF OR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	F THE ORGANIZATION, ANY FAMILY MEMBER OF ANY OF THE FOREGOING, OR ANY ENTITY OF WHICH ANY OF THE EQUITY, PROFITS OR VOTING INTERESTS ARE OWNED BY ANY OF THE FOREGOING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION WAS PART OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM"), AND AS SUCH, USED THE SYSTEM'S IN-HOUSE TAX DEPARTMENT, HEADED BY A LICENSED CERTIFIED PUBLIC ACCOUNTANT, TO BOTH PREPARE AND REVIEW ITS FORM 990. DURING THE PREPARATION AND REVIEW PROCESS, THE TAX DEPARTMENT WORKED CLOSELY WITH OTHER SYSTEM DEPARTMENTS, SUCH AS LEGAL, COMPENSATION AND BENEFITS, COMPLIANCE, FINANCE, AND MARKETING, TO ENSURE THAT A COMPLETE AND ACCURATE RETURN WAS FILED. THE PARENT OF THE SYSTEM IS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES ARE REQUESTED TO SUBMIT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED. ADDITIONALLY, EACH ORGANIZATION'S GOVERNING BOARD OR APPROPRIATE BODY MONITORS TRANSACTIONS INVOLVING DISCLOSED POTENTIAL CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS PART OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION. SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS. THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION. IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES. THE SYSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES. THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY. IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY. FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED. THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEAR. THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 29 NOT-FOR-PROFIT HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION. OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE. THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A) ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD. THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL. ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS. THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S TREASURER/SECRETARY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	; WHO ALSO SERVED AS EXECUTIVE VICE PRESIDENT AND CFO OF THE SYSTEM. THE PROCESS WAS LAST UNDERTAKEN DURING THE CURRENT TAX YEAR. THE OUTSIDE MARKET STUDY DESCRIBED ABOVE WAS ALSO USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, WHO IS CONSIDERED THE TOP MANAGEMENT OFFICIAL OF THE ORGANIZATION. RESULTS WERE PRESENTED TO THE PRESIDENT AND CEO OF THE SYSTEM FOR REVIEW AND APPROVAL RATHER THAN THE SYSTEM'S COMPENSATION COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CONSOLIDATED FINANCIAL STATEMENTS FOR SENTARA HEALTHCARE AND SUBSIDIARIES WERE MADE PUBLICLY AVAILABLE THROUGH THE USE OF DAC BOND (DISCLOSURE DISSEMINATION AGENT) AND CAN BE FOUND ON THE INTERNET AT WWW.DACBOND.COM . THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1B	BOARD MEMBER INDEPENDENCE: A BOARD OF DIRECTORS, WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY, WAS COMPOSED OF TWO CLASSES OF DIRECTORS, A CLASS OF DIRECTORS APPOINTED BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, AND A CLASS OF DIRECTORS APPOINTED BY POTOMAC HEALTH FOUNDATION, A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT ENTITY, AND APPROVED BY SENTARA HEALTHCARE. SENTARA HEALTHCARE'S GOVERNING BOARD IS A COMMUNITY-BASED BOARD COMPRISED OF 17 VOTING MEMBERS, 16 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	NON-EMPLOYEE HEALTHCARE PROFESSIONALS: PROGRAM SERVICE EXPENSES 23,577,285. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 23,577,285. OTHER: PROGRAM SERVICE EXPENSES 2,479,439. MANAGEMENT AND GENERAL EXPENSES 507,477. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,986,916.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RECLASS OF INTERCOMPANY ACCOUNTS TO EQUITY -10,832,792. OTHER CHANGE IN FUND BALANCE 50,000.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

54-0853898

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

See Additional Data Table

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

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

1s

No

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0853898
Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501(C)(3)	LINE 7	N/A		No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801459	HLTH/WELFARE	VA	501(C)(3)	LINE 7	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0506331	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1401357	INVEST/MGT SVCS FOR SUPPORTED ORG	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 30-0041113	FUNDRAISING FOR SUPPORTED ORG	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0261840	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3623430	SUPPORTS MCAID HMO	NC	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 84-2066617	MEDICARE HMO	NC	501(C)(4)	LINE 12A, I	SENTARA HEALTHCARE	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C				Yes	
MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C				Yes	
SENTARA SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C	233,038	3,076,161	100.000 %	Yes	
ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	OTHER INSURANCE FUNDS	CJ	N/A	C				Yes	
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	
THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 56-2295574	BUILDING ASSOCIATION	VA	N/A	C				Yes	
MEDSTREAMING EGYPT SOFTWARE 15 ANMAR IBN YASSER ST CAIRO EG	CONSULTING	EG	N/A	C				Yes	
HIGHLAND DIRECT HEDGED EQUITY FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	INVESTMENT	CJ	N/A	C				Yes	
MEDSTREAMING INC 9840 WILLOWS ROAD NE SUITE 200 REDMOND, WA 98052 45-1573625	SOFTWARE DEVELOPMENT	WA	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SENTARA HOSPITALS	B	199,787,574	CORP BOOKS/REC
SENTARA HOSPITALS	M	22,586,411	CORP BOOKS/REC
SENTARA HOSPITALS	N	6,485,421	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	9,944,276	CORP BOOKS/REC
SENTARA MEDICAL GROUP	M	10,087,002	CORP BOOKS/REC
SENTARA MEDICAL GROUP	A	533,885	CORP BOOKS/REC
SENTARA ENTERPRISES	C	1,083,926	CORP BOOKS/REC
SENTARA ENTERPRISES	M	1,041,934	CORP BOOKS/REC
POTOMAC VENTURES CORP	A	34,609	CORP BOOKS/REC
POTOMAC VENTURES CORP	O	323,768	CORP BOOKS/REC
SENTARA HEALTH PLANS	L	283,411	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	C	220,736	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	B	98,390	CORP BOOKS/REC
MPB	C	363,568	CORP BOOKS/REC
MPB	K	728,995	CORP BOOKS/REC
OPTIMA HEALTH PLAN	L	1,230,729	CORP BOOKS/REC