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Form 990-T

EXTENDED TO NOVEMBER 15, 2019
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0087

2018

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

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

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

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

Department of the Treasury
Internal Revenue Service

Check box if address changed

Exempt under section
☒ 501(c)(3) **03**
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)

SENTARA HOSPITALS

Number, street, and room or suite no. If a P.O. box, see instructions.

6015 POPLAR HALL DRIVE

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

NORFOLK, VA 23502

D Employer identification number (Employees' trust, see instructions)

54-1547408

E Unrelated business activity code (See instructions)

446110

Book value of all assets at end of year
1,596,259,801.

F Group exemption number (See instructions) **▶**

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

Enter the number of the organization's unrelated trades or businesses. **▶ 7** Describe the only (or first) unrelated trade or business here **▶ PHARMACY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **STMT 3 ▶ ☒ Yes ☐ No**
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ CORPORATE OFFICERS** Telephone number **▶ 757-455-7020**

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 126,037,844.			
b Less returns and allowances			
c Balance ▶	1c 126,037,844.		
2 Cost of goods sold (Schedule A, line 7)	2 121,202,545.		
3 Gross profit Subtract line 2 from line 1c	3 4,835,299.		4,835,299.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12	13 4,835,299.		4,835,299.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15 2,274,268.	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19 50,259.	
20 Charitable contributions (See instructions for limitations)	20 65,473.	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	0.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25 524,127.	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28 1,479,631.	
29 Total deductions Add lines 14 through 28	29 4,393,758.	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30 441,541.	
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32 441,541.	

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STATEMENT 4 SEE STATEMENT 1

SEE STATEMENT 2

921-24

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	682,799.
34	Amounts paid for disallowed fringes	34	148,715.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	831,514.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	830,514.

Part IV Tax Computation

39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	174,408.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	174,408.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46	174,408.	
47	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)	48	174,408.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.	
50a	Payments. A 2017 overpayment credited to 2018	50a	749,173.	
b	2018 estimated tax payments	50b	80,000.	
c	Tax deposited with Form 8868	50c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g		
51	Total payments. Add lines 50a through 50g	51	829,173.	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	654,765.	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 299,773. Refunded	55	354,992.	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

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

Sign Here

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

Signature of officer 

Date 11/5/19

TREASURER

Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **LOWER OF COST OR MARKET**

1	Inventory at beginning of year	1	8,983,003.	6	Inventory at end of year	6	23,390,247.
2	Purchases	2	135,324,010.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	121,202,545.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule) STMT 5	4a	285,779.			X	
b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5	144,592,792.				

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

(see instructions)

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

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

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

Form 990-T (2018)

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

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

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

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

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

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

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

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

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

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

Form 990-T (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
2018 AMOUNT	N/A	917,511.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		917,511.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
SUPPLIES & OTHER		1,421,934.	
RENT & UTILITIES		8,630.	
ADDITIONAL SECTION 263A COSTS		-165,016.	
DEPRECIATION		214,083.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,479,631.	

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	3
CORPORATION'S NAME		IDENTIFYING NO	
SENTARA HEALTHCARE		52-1271901	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013	772,392
FOR TAX YEAR 2014	914,417
FOR TAX YEAR 2015	10,749,683
FOR TAX YEAR 2016	937,577
FOR TAX YEAR 2017	943,123

TOTAL CARRYOVER	14,317,192
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	917,511
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TOTAL CONTRIBUTIONS AVAILABLE	15,234,703
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TAXABLE INCOME LIMITATION AS ADJUSTED	65,473
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EXCESS 10% CONTRIBUTIONS	15,169,230
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	15,169,230
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ALLOWABLE CONTRIBUTIONS DEDUCTION	65,473
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TOTAL CONTRIBUTION DEDUCTION	65,473
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FORM 990-T	ADDITIONAL SECTION 263 COSTS	STATEMENT	5
DESCRIPTION		AMOUNT	
PURCHASING		212,649.	
HANDLING & STORAGE		73,130.	
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4A		285,779.	

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 1

OMB No 1545-0087

2018

Department of the Treasury
Internal Revenue Service (99)

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

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

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

Name of the organization **SENTARA HOSPITALS** Employer identification number **54-1547408**

Unrelated business activity code (see instructions) ▶ **621500**

Describe the unrelated trade or business ▶ **LAB SERVICES**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales						
b Less returns and allowances		c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)			2			
3 Gross profit Subtract line 2 from line 1c			3			
4 a Capital gain net income (attach Schedule D)			4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b			
c Capital loss deduction for trusts			4c			
5 Income (loss) from a partnership or an S corporation (attach statement)			5			
6 Rent income (Schedule C)			6			
7 Unrelated debt-financed income (Schedule E)			7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9			
10 Exploited exempt activity income (Schedule I)			10			
11 Advertising income (Schedule J)			11			
12 Other income (See instructions, attach schedule) \$TMT 6			12	20,693,196.		20,693,196.
13 Total. Combine lines 3 through 12			13	20,693,196.		20,693,196.

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

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	4,663,685.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	333,051.
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	898,901.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule) SEE STATEMENT 7		28	16,772,577.
29 Total deductions. Add lines 14 through 28		29	22,668,214.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	-1,975,018.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income Subtract line 31 from line 30		32	-1,975,018.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER INCOME	STATEMENT	6
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DESCRIPTION	AMOUNT
OUTSIDE LAB REVENUE	20,693,196.
TOTAL TO SCHEDULE M, PART I, LINE 12	20,693,196.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	7
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DESCRIPTION	AMOUNT
ADMINISTRATIVE & GENERAL	7,797,018.
SUPPLIES & OTHER	8,927,696.
UTILITIES	47,863.
TOTAL TO SCHEDULE M, PART II, LINE 28	16,772,577.

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 2

OMB No 1545-0887

2018

Department of the Treasury
Internal Revenue Service (99)

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

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

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

Name of the organization

SENTARA HOSPITALS

Employer identification number

54-1547408

Unrelated business activity code (see instructions) ▶ **621990**

Describe the unrelated trade or business ▶ **PASSTHROUGH ACTIVITY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8	5	245,541.		245,541.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
13 Total. Combine lines 3 through 12	13	245,541.		245,541.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules) STATEMENT 9	20	24,554.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	24,554.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	220,987.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	220,987.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	8
DESCRIPTION		NET INCOME OR (LOSS)	
RADIOLOGY SERVICES, LLC - ORDINARY BUSINESS INCOME (LOSS)		6,154.	
P.E.T. INSTITUTE OF HAMPTON ROADS, LC - ORDINARY BUSINESS INCOME (LOSS)		24,754.	
CANCER CENTERS OF VIRGINIA, LLC - ORDINARY BUSINESS INCOME (LOSS)		214,633.	
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5		245,541.	

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT	9
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CASH ONLY	N/A	24,554.	
TOTAL TO SCHEDULE M, PART II, LINE 20		24,554.	

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 3

OMB No 1545-0087

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning _____, and ending _____
▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name of the organization **SENTARA HOSPITALS** Employer identification number **54-1547408**

Unrelated business activity code (see instructions) ▶ **561000**
Describe the unrelated trade or business ▶ **MISCELLANEOUS SERVICES**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales		c Balance ▶	1c			
b Less returns and allowances						
2 Cost of goods sold (Schedule A, line 7)			2			
3 Gross profit Subtract line 2 from line 1c			3			
4a Capital gain net income (attach Schedule D)			4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b			
c Capital loss deduction for trusts			4c			
5 Income (loss) from a partnership or an S corporation (attach statement)			5			
6 Rent income (Schedule C)			6			
7 Unrelated debt-financed income (Schedule E)			7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9			
10 Exploited exempt activity income (Schedule I)			10			
11 Advertising income (Schedule J)			11			
12 Other income (See instructions, attach schedule) \$TMT 10			12	2,480,612.		2,480,612.
13 Total. Combine lines 3 through 12			13	2,480,612.		2,480,612.

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

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	1,947,119.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	12,387.
20 Charitable contributions (See instructions for limitation rules) \$STATEMENT 11		20	1,871.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	422,914.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule) \$SEE STATEMENT 12		28	79,487.
29 Total deductions. Add lines 14 through 28		29	2,463,778.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	16,834.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income Subtract line 31 from line 30		32	16,834.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER INCOME	STATEMENT 10
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DESCRIPTION	AMOUNT
MISCELLANEOUS SERVICES	2,480,612.
TOTAL TO SCHEDULE M, PART I, LINE 12	2,480,612.

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 11
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	1,871.
TOTAL TO SCHEDULE M, PART II, LINE 20		1,871.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 12
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DESCRIPTION	AMOUNT
ADMINISTRATIVE & GENERAL	2,329.
SUPPLIES & OTHER	68,675.
UTILITIES	8,483.
TOTAL TO SCHEDULE M, PART II, LINE 28	79,487.

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 4

OMB No 1545-0087

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning _____, and ending _____
▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name of the organization **SENTARA HOSPITALS** Employer identification number **54-1547408**

Unrelated business activity code (see instructions) ▶ **541900**

Describe the unrelated trade or business ▶ **PHYSICIAN QUALITY REPORTING SYSTEM**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule) \$TMT 13	12	19,125.		19,125.
13 Total. Combine lines 3 through 12	13	19,125.		19,125.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	15,306.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules) STATEMENT 14	20	382.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	15,688.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	3,437.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	3,437.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER INCOME	STATEMENT 13
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DESCRIPTION	AMOUNT
IT SERVICE REVENUE	19,125.
TOTAL TO SCHEDULE M, PART I, LINE 12	19,125.

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 14
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	382.
TOTAL TO SCHEDULE M, PART II, LINE 20		382.

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 5

OMB No 1545-0087

2018

Department of the Treasury
Internal Revenue Service (99)

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

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

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

Name of the organization

SENTARA HOSPITALS

Employer identification number

54-1547408

Unrelated business activity code (see instructions) ▶ **518210**

Describe the unrelated trade or business ▶ **DATA PROCESSING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule) \$TMT 15	12	50,000.		50,000.
13 Total. Combine lines 3 through 12	13	50,000.		50,000.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 16	28	148,945.
29 Total deductions. Add lines 14 through 28	29	148,945.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-98,945.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	-98,945.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER INCOME	STATEMENT 15
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DESCRIPTION	AMOUNT
MISCELLANEOUS SERVICES	50,000.
TOTAL TO SCHEDULE M, PART I, LINE 12	50,000.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 16
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DESCRIPTION	AMOUNT
ADMINISTRATIVE & GENERAL	148,945.
TOTAL TO SCHEDULE M, PART II, LINE 28	148,945.

SCHEDULE M
(Form 990-T)

Department of the Treasury
Internal Revenue Service (99)

Unrelated Business Taxable Income for
Unrelated Trade or Business

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

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
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ENTITY 6

OMB No 1545-0087

2018

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

Name of the organization

SENTARA HOSPITALS

Employer identification number

54-1547408

Unrelated business activity code (see instructions) ▶ **561499**

Describe the unrelated trade or business ▶ **MANAGEMENT SERVICES PASSTHROUGH ACTIVITY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 17	5	-6,038.		-6,038.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
13 Total. Combine lines 3 through 12	13	-6,038.		-6,038.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-6,038.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	-6,038.

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Schedule M (Form 990-T) 2018

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 17
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DESCRIPTION

NET INCOME
OR (LOSS)MANAGEMENT SERVICES PASSTHROUGH - ORDINARY BUSINESS INCOME
(LOSS)

-6,038.

TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5

-6,038.