

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	<div> <div></div> <div>Signature of officer</div> </div>				<div>2019-11-12</div> <div>Date</div>	
	<div> <div></div> <div>ROBERT A BROERMANN TREASURER</div> </div> <div>Type or print name and title</div>					
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	

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

SEE SCHEDULE O

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 \$ 2,025,515,368	including grants of \$ 90,410,964	(Revenue \$ 2,426,420,855)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	2,025,515,368
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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 Yes	
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	No
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	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	1,617	
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	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	15,085	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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	3	
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	0	
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 DR 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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) ROBERT A BROERMANN DIRECTOR/TREASURER	2 00 51 00	X		X				0	1,564,698	24,170
(2) MICHAEL V GENTRY DIRECTOR/PRESIDENT	2 00 51 00	X		X				0	1,960,778	33,423
(3) HOWARD P KERN DIRECTOR/CHAIRMAN	2 00 53 00	X		X				0	3,723,802	2,026,220
(4) JEFFREY P KING SECRETARY	1 00 48 00			X				0	722,372	94,140
(5) SAMUEL J HAWLEY ASSIST SECRETARY	1 00 45 00			X				0	187,887	18,491
(6) MARY L BLUNT KE (CORPORATE VP)	40 00 1 00				X			1,203,138	0	-24,520
(7) ELWOOD B BOONE III KE (PRESIDENT, SVBGH)	40 00 0 00				X			502,774	0	65,677
(8) TERESA L EDWARDS KE (CORPORATE VP)	40 00 1 00				X			1,013,011	0	36,718
(9) ROBERT C FIRESTONE KE (VP OPERATIONS, SNGH)	40 00 0 00				X			291,744	0	35,474
(10) KURT T HOFELICH KE (VP AMBULATORY SERVICES)	40 00 5 00				X			803,744	0	77,909
(11) GENEMARIE W MCGEE KE (CNO)	40 00 0 00				X			699,484	0	33,226
(12) MICHAEL J REAGIN KE (SVP, CHIEF INFO & INNOV OFFICER)	40 00 0 00				X			887,143	0	108,096
(13) JOANNE M INMAN KE (PRESIDENT SLH)	40 00 0 00				X			383,923	0	49,110
(14) CAROLYN C CARPENTER KE VP & COO, SNGH	40 00 0 00				X			509,192	0	51,971
(15) J STEPHEN JULIAN JR PRESIDENT, SOH	40 00 0 00					X		614,436	0	54,344
(16) THOMAS KLEVAN MEDICAL DIRECTOR, CARDIAC SVC LINE	40 00 0 00					X		603,002	0	61,037
(17) PAUL D CHIDESTER VP, MEDICAL AFFAIRS	40 00 0 00					X		478,983	0	49,556

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) DAVID N MOHR	40 00					X		455,283	0	31,472
VP, CLIN INFORMATICS/TRANSFORMATION	0 00									
(19) JOEL T BUNDY	40 00					X		438,235	0	57,210
VP MEDICAL AFFAIRS	0 00									
(20) BERTRAM REESE	0 00						X	386,438	0	0
FORMER KE	0 00									
(21) GRACE MYERS	40 00						X	315,609	0	42,694
FORMER KE (CNE)	0 00									
(22) THOMAS THAMES	0 00						X	0	488,265	55,189
FORMER T5	40 00									

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	9,586,139	8,647,802	2,981,607

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 **▶ 1,099**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
WHITING TURNER CONTRACTING COMPANY PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	53,678,467
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	MEDICAL PROFESSIONAL SERVICES	26,652,065
HOURLIGAN CONSTRUCTION CORP 4429 BONNEY RD STE 200 VIRGINIA BEACH, VA 23462	CONSTRUCTION	15,489,647
ARAMARK HEALTHCARE TECHNOLOGIES LLC 12483 COLLECTIONS CTR DR CHICAGO, IL 60693	MEDICAL TECHNOLOGIES & SERVICES	10,560,225
MORRISON MANAGEMENT SPECIALISTS INC PO BOX 160266 MOBILE, AL 36625	FOOD AND FACILITIES MANAGEMENT	8,691,285

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 **▶ 313**

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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c			
d	Related organizations	1d	8,555		
e	Government grants (contributions)	1e			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,564,558		
g Noncash contributions included in lines 1a - 1f \$					
h Total. Add lines 1a-1f		1,573,113			

Program Service Revenue

		Business Code				
2a	PATIENT SERVICE REVENUE	900099	2,358,893,230	2,358,893,230		
b	REFERENCE LAB	621500	39,605,391	18,912,195	20,693,196	
c	EQUITY IN AFFILIATES	900099	28,532,348	28,317,715	214,633	
d	OTHER PROGRAM SERVICE REVENUE	900099	13,924,956	13,924,956		
e	PREMIUM & CAP REVENUE	900099	4,150,633	4,150,633		
f All other program service revenue			1,512,410	1,512,410		
g Total. Add lines 2a-2f		2,446,618,968				

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)			2,526,785			2,526,785
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
6a	Gross rents	(i) Real	(ii) Personal				
		2,870,677					
	b Less rental expenses	0					
	c Rental income or (loss)	2,870,677					
d	Net rental income or (loss)			2,870,677			2,870,677
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			2,248,818				
	b Less cost or other basis and sales expenses		1,897,245				
	c Gain or (loss)		351,573				
d	Net gain or (loss)			351,573			351,573
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a	153,555,083				
	b Less cost of goods sold	b	148,051,579				
	c Net income or (loss) from sales of inventory			5,503,504	668,205	4,835,299	
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS SERVICES	900099	2,549,737		2,549,737		
b	OTHER	900099	172,339	41,511	24,870	105,958	
c							
d	All other revenue						
e Total. Add lines 11a-11d				2,722,076			
12 Total revenue. See Instructions				2,462,166,696	2,426,420,855	28,317,735	5,854,993

Form 990 (2018)

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.	90,045,152	90,045,152		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	365,812	365,812		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,727,814	5,517,480	1,210,334	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	117,498	96,360	21,138	
7 Other salaries and wages.	827,192,907	678,380,903	148,812,004	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	67,154,077	55,073,059	12,081,018	
9 Other employee benefits.	92,887,440	76,176,990	16,710,450	
10 Payroll taxes.	60,216,362	49,383,438	10,832,924	
11 Fees for services (non-employees):				
a Management.	21,545,860	17,669,760	3,876,100	
b Legal.	1,905,553	1,562,744	342,809	
c Accounting.	196,756	161,360	35,396	
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).	255,817,847	246,078,731	9,739,116	
12 Advertising and promotion.	937,980	769,237	168,743	
13 Office expenses.	100,466,092	82,392,242	18,073,850	
14 Information technology.	45,662,894	37,448,139	8,214,755	
15 Royalties.				
16 Occupancy.	52,688,530	43,209,863	9,478,667	
17 Travel.	4,831,375	3,962,211	869,164	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,031,080	845,589	185,491	
20 Interest.	15,995,756	15,119,583	876,173	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	123,133,165	100,981,509	22,151,656	
23 Insurance.	7,771,184	6,373,148	1,398,036	
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	506,711,912	506,711,912		
b UNRELATED BUSINESS INCO	-121,704	-121,704		
c TAXES & LICENSES	15,281,621	12,532,457	2,749,164	
d PURCHASED & CONTRACTED	11,030,510	9,046,121	1,984,389	
e All other expenses	-89,351,032	-14,266,728	-75,084,304	
25 Total functional expenses. Add lines 1 through 24e.	2,220,242,441	2,025,515,368	194,727,073	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	49,914
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	381,648
	4	Accounts receivable, net		313,376,418	4	355,720,815
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		214,611	7	298,691
	8	Inventories for sale or use		63,174,867	8	76,514,833
	9	Prepaid expenses and deferred charges		23,039,965	9	24,466,542
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,962,874,216		
	b	Less: accumulated depreciation	10b	1,952,961,215		
				972,617,241	10c	1,009,913,001
	11	Investments—publicly traded securities		1,666,311	11	1,598,332
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		24,492,714	14	24,492,714
15	Other assets. See Part IV, line 11		100,362,175	15	102,834,047	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,498,944,302	16	1,596,270,537	
Liabilities	17	Accounts payable and accrued expenses		78,162,560	17	90,761,501
	18	Grants payable			18	
	19	Deferred revenue		1,832,872	19	1,913,961
	20	Tax-exempt bond liabilities		3,775,000	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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		88,137,788	25	72,369,425
	26	Total liabilities. Add lines 17 through 25		171,908,220	26	165,044,887
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,316,324,224	27	1,419,902,023
	28	Temporarily restricted net assets		8,647,891	28	8,780,368
	29	Permanently restricted net assets		2,063,967	29	2,543,259
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		1,327,036,082	33	1,431,225,650	
34	Total liabilities and net assets/fund balances		1,498,944,302	34	1,596,270,537	

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	2,462,166,696
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,220,242,441
3	Revenue less expenses Subtract line 2 from line 1	3	241,924,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,327,036,082
5	Net unrealized gains (losses) on investments	5	166,360
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	-137,901,047
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,431,225,650

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

SENTARA HOSPITALS

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

54-1547408

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>		
	11a	
	11b	
	11c	

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>		
	1	
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>		
	2	

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>		
	1	

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?		
	1	
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>		
	2	
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>		
	3	

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>		
	2a	
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>		
	2b	
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>		
	3a	
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>		
	3b	

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316027249									
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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 the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>								
Name of the organization SENTARA HOSPITALS				Employer identification number 54-1547408									
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>													
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													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register													
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>(ii) Assets included in Form 990, Part X ► \$</div></div>													
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>b Assets included in Form 990, Part X ► \$</div></div>													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
		Cat No 52283D		Schedule D (Form 990) 2018									

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	10,711,859	10,273,804	8,850,538	7,643,282	7,043,911
b Contributions	2,828,029	2,980,655	3,248,986	3,660,769	2,993,334
c Net investment earnings, gains, and losses	9,091	82,803	9,768	42,179	55,903
d Grants or scholarships	365,812	399,763	279,462	271,985	242,200
e Other expenditures for facilities and programs	2,364,939	2,225,640	1,556,026	2,223,707	2,207,666
f Administrative expenses					
g End of year balance	10,818,228	10,711,859	10,273,804	8,850,538	7,643,282

2

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

a

Board designated or quasi-endowment

22 460 %

b

Permanent endowment

77 540 %

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,309,891	45,939,602		49,249,493
b Buildings		667,418,032	363,406,590	304,011,442
c Leasehold improvements		33,332,765	29,753,480	3,579,285
d Equipment		1,897,880,452	1,531,822,488	366,057,964
e Other		314,993,474	27,978,657	287,014,817
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,009,913,001

Schedule D (Form 990) 2018

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) DUE FROM AFFILIATES	4,545,580
(2) INVESTMENT IN AFFILIATES	98,288,467
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	102,834,047

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	
DUE TO AFFILIATES	2,012,740
OTHER LIABILITIES	21,731,059
DUE TO 3RD PARTY PAYORS	10,195,061
CAPITAL LEASE OBLIGATION	21,308,294
GENERAL RESERVE	17,122,271
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	72,369,425

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 ☐

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: 54-1547408
Name: SENTARA HOSPITALS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	TEMPORARILY RESTRICTED CONTRIBUTIONS ARE TO EITHER SPECIFIC PURPOSE FUNDS OR PLANT EXPANSI ON FUNDS SPECIFIC PURPOSE FUNDS INCLUDE GENERAL BENEFIT FUNDS SUCH AS BIOTERRORISM RESPON SE, NIGHTINGALE AIR AMBULANCE, AND THE SCHOOL OF NURSING GIFT FUND OTHER SPECIFIC PURPOSE FUNDS ARE FOR SCHOLARSHIPS, EDUCATION/RESEARCH/SYMPOSIUM, CANCER/ONCOLOGY, AND CARDIAC P LANT EXPANSION INCLUDE FUNDS FOR GENERAL BUILDING, BURN UNIT AND CANCER INSTITUTE PERMANE NTLY RESTRICTED FUNDS CONSIST OF INCOME PROVISIONS FOR SCHOLARSHIPS AND EDUCATIONAL RESOUR CES FOR THE SCHOOL OF NURSING, TO BENEFIT CARDIAC EDUCATION AND RESEARCH, AND TO SUPPORT S TUDIES BY THE CARDIOVASCULAR RESEARCH INSTITUTE SURGEONS AND CARDIOLOGISTS

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

SENTARA HOSPITALS

Employer identification number

54-1547408

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☐ Applied uniformly to all hospital facilities

☒ Applied uniformly to most hospital facilities

☐ 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other

%

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

No

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

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)			105,502,623		105,502,623	4 720 %
b Medicaid (from Worksheet 3, column a)			219,702,034	250,412,809	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			325,204,657	250,412,809	105,502,623	4 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			17,732,269		17,732,269	0 790 %
f Health professions education (from Worksheet 5)			34,287,524	12,889,500	21,398,024	0 960 %
g Subsidized health services (from Worksheet 6)			63,993,261	39,827,132	24,166,129	1 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			67,757,929		67,757,929	3 030 %
j Total. Other Benefits			183,770,983	52,716,632	131,054,351	5 860 %
k Total. Add lines 7d and 7j			508,975,640	303,129,441	236,556,974	10 580 %

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

Cat No 50192T

Schedule H (Form 990) 2018

Part III

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		8,928		8,928	0 %
7	Community health improvement advocacy					
8	Workforce development		22,151		22,151	0 %
9	Other		43,841		43,841	0 %
10	Total		74,920		74,920	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

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

280,166,245

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

42,024,937

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

643,315,427

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

691,631,479

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-48,316,052

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.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

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

No

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 PRINCESS ANNE AMB SURG MGT	OUTPATIENT SURGERY CENTER	51 520 %		48 480 %
2 2 SENTARA OBICI AMB SURG CTR	OUTPATIENT SURGERY CENTER	56 140 %		43 860 %
3 3 VA BEACH AMB SURG CTR	OUTPATIENT SURGERY CENTER	50 000 %		50 000 %
4 4 CANCER CENTERS OF VA LLC	EQUIPMENT LEASING	50 000 %		50 000 %
5 5 OBICI REAL EST HOLDINGS LLC	REAL ESTATE RENTAL	64 370 %		35 630 %
6 6 PET INSTITUTE OF HAMPTON ROADS LLC	MEDICAL SERVICES	13 750 %		45 000 %
7 7 CAREPLEX ORTHO AMBULATORY SURG CTR	OUTPATIENT SURGERY CENTER	50 000 %		50 000 %
8 8 ORTHOPAEDIC HOSPITAL MANAGEMENT LLC	ORTHO MGT SVCS	40 000 %		60 000 %
9				
10				
11				
12				
13				

Schedule H (Form 990) 2018

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?

14

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	Facility reporting group
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)
VA BEACH AMB SURG CTR**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):** _____

14

		Yes	No
Community Health Needs Assessment			
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>16</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>REFER TO PART V, SECTION C, LINE 7D</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>16</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)**

VA BEACH AMB SURG CTR

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>0 000000000000</u> %			
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 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) <u>WWW VBASC COM/PATIENT-INFORMATION/FINANCIAL-INFORMATION/</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW VBASC COM/PATIENT-INFORMATION/FINANCIAL-INFORMATION/</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW VBASC COM/PATIENT-INFORMATION/FINANCIAL-INFORMATION/</u>			
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**

VA BEACH AMB SURG CTR

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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input 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)**

VA BEACH AMB SURG CTR

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
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)
SENTARA OBICI AMB SURG CTR**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):** _____

13

		Yes	No
Community Health Needs Assessment			
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>16</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>REFER TO PART V, SECTION C LINE 7D</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>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a	If "Yes" (list url) _____		
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 OBICI AMB SURG CTR

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>0 000000000000</u> %			
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) <u>WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX</u>			
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 OBICI AMB SURG CTR

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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input 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)**

SENTARA OBICI AMB SURG CTR

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)
PRINCESS ANNE AMB SURG CTR**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):** _____

11

		Yes	No
Community Health Needs Assessment			
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>16</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>REFER TO PART V, SECTION C LINE 7D</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>16</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)

PRINCESS ANNE AMB SURG CTR			
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) WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX		
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**

PRINCESS ANNE AMB SURG CTR

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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input 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)**

PRINCESS ANNE AMB SURG CTR

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)
CAREPLEX ORTHO AMBULATORY SURG CTR

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): _____

12

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>16</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>REFER TO PART V, SECTION C LINE 7D</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>16</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)**

CAREPLEX ORTHO AMBULATORY SURG CTR

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>0 000000000000</u> %			
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) <u>CAREPLEXORTHO COM/PATIENTS/FINANCIAL-ASSISTANCE/</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>CAREPLEXORTHO COM/PATIENTS/FINANCIAL-ASSISTANCE/</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>CAREPLEXORTHO COM/PATIENTS/FINANCIAL-ASSISTANCE/</u>			
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**

CAREPLEX ORTHO AMBULATORY SURG CTR

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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input 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)**

CAREPLEX ORTHO AMBULATORY SURG CTR

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)
FACILITY REPORTING GROUP A**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):** _____

		Yes	No
Community Health Needs Assessment			
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>16</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>REFER TO PART V, SECTION C LINE 7D</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>16</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)

FACILITY REPORTING GROUP A			Yes	No
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/BILLING/FINANCIAL-ASSISTANCE ASPX			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX			
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**

FACILITY REPORTING GROUP A

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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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)**

FACILITY REPORTING GROUP A

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)
SENTARA ALBEMARLE REGIONAL MEDICAL CENTE

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): _____ **7**

		Yes	No
Community Health Needs Assessment			
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 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 <u>20 16</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	Yes
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>REFER TO PART V, SECTION C LINE 7D</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 <u>20 16</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 ALBEMARLE REGIONAL MEDICAL CENTE			
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/BILLING/FINANCIAL-ASSISTANCE ASPX		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SENTARA COM/BILLING/FINANCIAL-ASSISTANCE ASPX		
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 ALBEMARLE REGIONAL MEDICAL CENTE

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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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 ALBEMARLE REGIONAL MEDICAL CENTE

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
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, 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? **121**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
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 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
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 SECTION 501(C)(3) SOLE MEMBER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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
PART VI - INFORMATION REGARDING THE ORGANIZATION'S ASC'S	THE ORGANIZATION IS A MEMBER OF SEVERAL JOINT VENTURES WHICH OWN AND OPERATE AMBULATORY SURGERY CENTERS ("ASCS") 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 ASCS ARE ORGANIZED AND OPERATED IN ACCORDANCE WITH THE ORGANIZATION'S CHARITABLE PURPOSES AS EXTENSIONS 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 STAYS ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE ASCS INDIVIDUALS DESIRING TREATMENT SPEAK WITH FACILITY PERSONNEL PRIOR TO BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS INSURANCE COVERAGE AND PAYMENT ARRANGEMENTS THE ASCS WORK WITH INDIVIDUALS TO COME UP WITH PAYMENT OPTIONS, OFFERING FREE CARE IN ACCORDANCE WITH EACH FACILITY'S FINANCIAL ASSISTANCE POLICY OR DISCOUNTED CARE IN ACCORDANCE WITH EACH FACILITY'S 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 II, COMMUNITY BUILDING ACTIVITIES	COALITION BUILDING THE ORGANIZATION COLLABORATES WITH VARIOUS COMMUNITY ORGANIZATIONS TO IDENTIFY AND ADDRESS HEALTH CARE NEEDS WITHIN THE COMMUNITY WORKFORCE DEVELOPMENT THE ORGANIZATION PROVIDES VARIOUS PROGRAMS WHERE HIGH SCHOOL AND COLLEGE STUDENTS WITH AN INTEREST IN HEALTH CARE CAREERS MAY PARTICIPATE IN JOB SHADOWING OR EXTERNSHIPS WITHIN ITS VARIOUS HOSPITALS OTHER - EMPLOYEES OF THE ORGANIZATION PARTICIPATE IN THE UNITED WAY DAY OF CARING, WHICH CAN INCLUDE ACTIVITIES SUCH AS MEALS ON WHEELS DELIVERIES, HEIGHT, WEIGHT AND VISION SCREENINGS AT LOCAL SCHOOLS, AND VARIOUS MAINTENANCE PROJECTS FOR OTHER SECTION 501(C)(3) TAX EXEMPT ORGANIZATIONS IN THE COMMUNITY
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 13-14 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(R) AND 4 ON PAGES 13-14 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	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 LOCAL HEALTH DISTRICTS (MAPP - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) AND OTHER ORGANIZATIONS SUCH AS UNITED WAY 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
PART VI, LINE 3	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	SENTARA HOSPITALS SERVES RESIDENTS OF OVER 30 CITIES AND COUNTIES IN SOUTHEASTERN VIRGINIA AND NORTHEASTERN NORTH CAROLINA THE AREA INCLUDES THE VIRGINIA BEACH-NORFOLK-NEWPORT NEWS, VA-NC METROPOLITAN STATISTICAL AREA, THE ELIZABETH CITY, NC METROPOLITAN STATISTICAL AREA, AND SURROUNDING RURAL COMMUNITIES THE AREA IS BORDERED TO THE EAST BY THE ATLANTIC OCEAN AND IS NOTED FOR ITS WATERWAYS, INCLUDING THE CHESAPEAKE BAY, CURRITUCK SOUND, AND YORK, JAMES AND ELIZABETH RIVERS THE 2018 POPULATION OF THE AREA IS 2,007,476 AND THE POPULATION IS PROJECTED TO INCREASE BY 2 8% OVER THE NEXT FIVE YEARS COMPARED TO A PROJECTED U S GROWTH RATE OF 3 5% 15 2% OF THE POPULATION ARE AGE 65+ COMPARED TO THE U S AT 15 9% EDUCATION-WISE, 10 1% OF THE ADULT POPULATION AGED 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION, COMPARED TO 13 0% FOR THE U S INCOME-WISE, THE AVERAGE HOUSEHOLD INCOME IS \$80,107 COMPARED TO \$86,278 FOR THE U S AND 18 1% OF THE HOUSEHOLDS HAVE AN ANNUAL INCOME OF LESS THAN \$25,000, COMPARED TO 20 4% FOR THE U S THE RACE AND ETHNICITY COMPOSITION IS AS FOLLOWS 56 5% FOR WHITE NON-HISPANIC, 29 3% FOR BLACK NON-HISPANIC, 6 8 % FOR HISPANIC, 3 7% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 3 7% FOR ALL OTHERS THIS COMPARES TO THE U S COMPOSITION OF 60 4% FOR WHITE NON-HISPANIC, 12 4% FOR BLACK NON-HISPANIC, 18 2% FOR HISPANIC, 5 8% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 3 2% FOR ALL OTHERS
PART VI, LINE 5	THE ORGANIZATION'S GOVERNING BODY IS ELECTED ANNUALLY BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A SECTION 501(C) TAX-EXEMPT ORGANIZATION, WHOSE 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	SENTARA HEALTHCARE, THE ORGANIZATION'S SECTION 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

Additional Data

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

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

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? 14		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
1	SENTARA NORFOLK GENERAL HOSP 600 GRESHAM DRIVE NORFOLK, VA 23507 WWW SENTARA COM H 1896	X	X		X		X	X			A
2	SENTARA LEIGH HOSPITAL 830 KEMPSVILLE ROAD NORFOLK, VA 23502 WWW SENTARA COM H 1895	X	X		X			X			A
3	SENTARA VA BEACH GEN HOSP 1060 FIRST COLONIAL ROAD VA BEACH, VA 23454 WWW SENTARA COM H 1897	X	X		X			X			A
4	SENTARA CAREPLEX HOSPITAL 3000 COLISEUM DRIVE HAMPTON, VA 23666 WWW SENTARA COM H 1894	X	X					X			A
5	SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434 WWW SENTARA COM H 1869	X	X		X			X			A

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

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? 14		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
6	SENTARA WMSBG REG MED CTR 100 SENTARA CIRCLE WILLIAMSBURG, VA 23188 WWW.SENTARA.COM H 1898	X	X					X			A
7	SENTARA ALBEMARLE MEDICAL CTR 1144 N ROAD STREET ELIZABETH CITY, NC 27909 WWW.SENTARA.COM H0054	X	X					X			
8	SENTARA LEIGH HOSP AMB SRG CTR 830 KEMPSVILLE ROAD NORFOLK, VA 23502 WWW.SENTARA.COM OH 669	X								AMBULATORY SURGERY CENTER	A
9	SENTARA PORT WARWICK AMB SRG CTR 1031 LOFTIS BLVD NEWPORT NEWS, VA 23606 WWW.SENTARA.COM OH 704	X						X		AMBULATORY SURGERY CENTER	A
10	GEDDY OUTPATIENT CTR AT SWRMC 400 SENTARA CIRCLE WILLIAMSBURG, VA 23188 WWW.SENTARA.COM OH 670	X								AMBULATORY SURGERY CENTER	A

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
<p>(list in order of size from largest to smallest—see instructions)</p> <p>How many hospital facilities did the organization operate during the tax year?</p> <p>14</p> <p>Name, address, primary website address, and state license number</p>											
11	<p>PRINCESS ANNE AMB SURG CTR</p> <p>1975 GLENN MITCHELL DRIVE</p> <p>VA BEACH, VA 23456</p> <p>WWW SENTARA COM</p> <p>OH 706</p>	X								AMBULATORY SURGERY CENTER	
12	<p>CAREPLEX ORTHO AMBULATORY SURG CTR</p> <p>3000 COLISEUM DRIVE</p> <p>HAMPTON, VA 23666</p> <p>CAREPLEXORTHO COM</p> <p>OH 718</p>	X								AMBULATORY SURGERY CENTER	
13	<p>SENTARA OBICI AMB SURG CTR</p> <p>2750 GODWIN BLVD</p> <p>SUFFOLK, VA 23434</p> <p>WWW SENTARA COM</p> <p>OH 710</p>	X								AMBULATORY SURGERY CENTER	
14	<p>VA BEACH AMB SURG CTR</p> <p>1700 WILL-O-WISP DRIVE</p> <p>VA BEACH, VA 23454</p> <p>WWW VBASC COM</p> <p>OH 681</p>	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
VA BEACH AMB SURG CTR	PART V, SECTION B, LINE 5 SEE RESPONSE UNDER FACILITY REPORTING GROUP A
SENTARA OBICI AMB SURG CTR	PART V, SECTION B, LINE 5 SEE RESPONSE UNDER FACILITY REPORTING GROUP A

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
PRINCESS ANNE AMB SURG CTR	PART V, SECTION B, LINE 5 SEE RESPONSE UNDER FACILITY REPORTING GROUP A
CAREPLEX ORTHO AMBULATORY SURG CTR	PART V, SECTION B, LINE 5 SEE RESPONSE UNDER FACILITY REPORTING GROUP A

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 ALBEMARLE REGIONAL MEDICAL CENTER, LLC	PART V, SECTION B, LINE 5 SEE RESPONSE UNDER FACILITY REPORTING GROUP A
VA BEACH AMB SURG CTR	PART V, SECTION B, LINE 6A THE CHNA OF VIRGINIA BEACH AMBULATORY SURGERY CENTER WAS CONDUCTED WITH PRINCESS ANNE AMBULATORY SURGERY CENTER, SENTARA PRINCESS ANNE HOSPITAL, AND VARIOUS HOSPITAL FACILITIES IN FACILITY REPORTING GROUP A (DETAILS GIVEN BELOW)

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 OBICI AMB SURG CTR	PART V, SECTION B, LINE 6A THE CHNA OF OBICI AMBULATORY SURGERY CENTER WAS CONDUCTED WITH SENTARA OBICI HOSPITAL, A HOSPITAL FACILITY INCLUDED IN FACILITY REPORTING GROUP A
PRINCESS ANNE AMB SURG CTR	PART V, SECTION B, LINE 6A THE CHNA OF PRINCESS ANNE AMBULATORY SURGERY CENTER WAS CONDUCTED WITH VIRGINIA BEACH AMBULATORY SURGERY CENTER, SENTARA PRINCESS ANNE HOSPITAL, AND VARIOUS HOSPITAL FACILITIES IN FACILITY REPORTING GROUP A (DETAILS GIVEN BELOW)

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
CAREPLEX ORTHO AMBULATORY SURG CTR	PART V, SECTION B, LINE 6A THE CHNA OF CAREPLEX ORTHOPAEDIC AMBULATORY SURGERY CENTER WAS CONDUCTED WITH VARIOUS HOSPITAL FACILITIES IN FACILITY REPORTING GROUP A (DETAILS GIVEN BELOW)
SENTARA ALBEMARLE REGIONAL MEDICAL CENTER, LLC	PART V, SECTION B, LINE 6A THE CHNA OF SENTARA ALBEMARLE MEDICAL CENTER WAS CONDUCTED WITH VIDANT HEALTH

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 ALBEMARLE REGIONAL MEDICAL CENTER, LLC	PART V, SECTION B, LINE 6B THE CHNA OF SENTARA ALBEMARLE MEDICAL CENTER WAS CONDUCTED WITH THE ALBEMARLE REGIONAL HEALTH SERVICES (ARHS) AND THE DARE COUNTY DEPARTMENT OF PUBLIC HEALTH DISTRICT, I E , THE LOCAL HEALTH DEPARTMENT
VA BEACH AMB SURG CTR	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENTS HAVE BEEN PROVIDED TO OTHER ORGANIZATIONS SUCH AS ACCESS PARTNERSHIP AND LOCAL HEALTH DEPARTMENTS THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTPS //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/VIRGINIA-BEACH-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT 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 OBICI AMB SURG CTR	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENTS HAVE BEEN PROVIDED TO OTHER ORGANIZATIONS SUCH AS ACCESS PARTNERSHIP AND LOCAL HEALTH DEPARTMENTS THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTPS //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/OBICI-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT PDF
PRINCESS ANNE AMB SURG CTR	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENTS HAVE BEEN PROVIDED TO OTHER ORGANIZATIONS SUCH AS ACCESS PARTNERSHIP AND LOCAL HEALTH DEPARTMENTS THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTPS //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/PRINCESS-ANNE-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT 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
CAREPLEX ORTHO AMBULATORY SURG CTR	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENTS HAVE BEEN PROVIDED TO OTHER ORGANIZATIONS SUCH AS ACCESS PARTNERSHIP AND LOCAL HEALTH DEPARTMENTS THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTPS //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/CAREPLEX-ORTHO-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT PDF
SENTARA ALBEMARLE REGIONAL MEDICAL CENTER, LLC	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENTS HAVE BEEN PROVIDED TO OTHER ORGANIZATIONS SUCH AS ACCESS PARTNERSHIP AND LOCAL HEALTH DEPARTMENTS THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTPS //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SAMC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT 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
VA BEACH AMB SURG CTR	PART V, SECTION B, LINE 11 SEE RESPONSE UNDER FACILITY REPORTING GROUP A
SENTARA OBICI AMB SURG CTR	PART V, SECTION B, LINE 11 SEE RESPONSE UNDER FACILITY REPORTING GROUP A

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
PRINCESS ANNE AMB SURG CTR	PART V, SECTION B, LINE 11 SEE RESPONSE UNDER FACILITY REPORTING GROUP A
CAREPLEX ORTHO AMBULATORY SURG CTR	PART V, SECTION B, LINE 11 SEE RESPONSE UNDER FACILITY REPORTING GROUP A

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 ALBEMARLE REGIONAL MEDICAL CENTER, LLC	PART V, SECTION B, LINE 11 SEE RESPONSE UNDER FACILITY REPORTING GROUP A
VA BEACH AMB SURG CTR	PART V, SECTION B, LINE 20E AS ONLY PRE-ARRANGED PROCEDURES ARE PERFORMED AT THE FACILITY, UNINSURED 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
SENTARA OBICI AMB SURG CTR	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
PRINCESS ANNE AMB SURG CTR	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
CAREPLEX ORTHO AMBULATORY SURG CTR	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
SENTARA ALBEMARLE REGIONAL MEDICAL CENTER, LLC	PART V, SECTION B, LINE 20E REFER TO RESPONSE FOR FACILITY REPORTING GROUP A

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
VA BEACH AMB SURG CTR	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 CENTERS FOR FURTHER INFORMATION
SENTARA OBICI AMB SURG CTR	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 CENTERS 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
PRINCESS ANNE AMB SURG CTR	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 CENTERS FOR FURTHER INFORMATION
CAREPLEX ORTHO AMBULATORY SURG CTR	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 CENTERS 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
PART V, SECTION B, LINE 20D - VBASC	THE FACILITY DOES NOT MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS
PART V, SECTION B, LINE 20D - PA ASC	THE FACILITY DOES NOT MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS

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
PART V, SECTION B, LINE 20D - OBICI ASC	THE FACILITY DOES NOT MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS
PART V, SECTION B, LINE 3E - FACILITY REPORTING GROUP A	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

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
PART V, SECTION B, LINE 3E - VIRGINIA BEACH AMBULATORY SURGERY CENTER	SEE RESPONSE UNDER FACILITY REPORTING GROUP A
PART V, SECTION B, LINE 3E - SENTARA OBICI AMBULATORY SURGERY CENTER	SEE RESPONSE UNDER FACILITY REPORTING GROUP A

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
PART V, SECTION B, LINE 3E - PRINCESS ANNE AMBULATORY SURGERY CENTER	SEE RESPONSE UNDER FACILITY REPORTING GROUP A
PART V, SECTION B, LINE 3E - CAREPLEX ORTHOPEDIC AMBULATORY SURGERY CENTER	SEE RESPONSE UNDER FACILITY REPORTING GROUP A

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
PART V, SECTION B, LINE 3E - SENTARA ALBEMARLE REGIONAL MEDICAL CENTER LLC	SEE RESPONSE UNDER FACILITY REPORTING GROUP A
PART V, SECTION B	FACILITY REPORTING GROUP A

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
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 SENTARA NORFOLK GENERAL HOSP, - FACILITY 2 SENTARA LEIGH HOSPITAL, - FACILITY 3 SENTARA VA BEACH GEN HOSP, - FACILITY 4 SENTARA CAREPLEX HOSPITAL, - FACILITY 5 SENTARA OBICI HOSPITAL, - FACILITY 6 SENTARA WMSBG REG MED CTR, - FACILITY 8 SENTARA LEIGH HOSP AMB SRG CTR, - FACILITY 9 SENTARA PORT WARWICK AMB SRG CTR, - FACILITY 10 GEDDY OUTPATIENT CTR AT SWRMC
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 5	1) IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS), EACH HOSPITAL FACILITY 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 DEPARTMENTS AND ORGANIZATIONS SERVING THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS THROUGH METHODS INCLUDING 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 EACH HOSPITAL FACILITY PARTICIPATED IN A CHNA STEERING COMMITTEE RESPONSIBLE FOR OVERSEEING THE ASSESSMENT THE COMMITTEES WERE 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) THE STEERING COMMITTEE ALSO REVIEWED HEALTH-RELATED ASSESSMENTS AND PLANS DEVELOPED BY OTHER ORGANIZATIONS SEVERAL OF THE LOCAL HEALTH DEPARTMENTS HAD GONE THROUGH THE MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) PROCESS AND REPORTS WERE AVAILABLE FOR THE STEERING COMMITTEE THE FINDINGS OF THESE REPORTS WERE TAKEN INTO ACCOUNT IN THE IDENTIFICATION OF SIGNIFICANT HEALTH ISSUES AND IN THE DEVELOPMENT OF THE HOSPITAL'S IMPLEMENTATION STRATEGIES 3) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS WAS ALSO AN IMPORTANT PART OF THE PROCESS EACH OF THE HOSPITAL FACILITIES CONDUCTED EITHER TARGETED FOCUS GROUPS OR INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS MEMBERS OF THE STEERING COMMITTEES OF THE HOSPITAL FACILITIES PARTICIPATED IN LOCAL COALITIONS SUCH AS THE SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY AND ACCESS PARTNERSHIP AND PROVIDED ADDITIONAL INPUT

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
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 6A	THE CHNAS OF SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, AND SENTARA LEIGH HOSPITAL AMBULATORY SURGERY CENTER, WHICH ARE ALL A PART OF FACILITY REPORTING GROUP A, WERE CONDUCTED WITH SENTARA PRINCESS ANNE HOSPITAL, PRINCESS ANNE AMBULATORY SURGERY CENTER, AND VIRGINIA BEACH AMBULATORY SURGERY CENTER THE CHNAS OF SENTARA CAREPLEX HOSPITAL, SENTARA PORT WARWICK, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, AND GEDDY OUTPATIENT CENTER AT SWRMC, WHICH ARE ALL A PART OF FACILITY REPORTING GROUP A, WERE CONDUCTED WITH CAREPLEX ORTHOPAEDIC AMBULATORY SURGERY CENTER ADDITIONALLY, THE COMMUNITY INPUT COMPONENT OF THESE CHNAS WERE CONDUCTED WITH RIVERSIDE HEALTH SYSTEM THE CHNA OF SENTARA OBICI HOSPITAL WAS CONDUCTED WITH OBICI AMBULATORY SURGERY CENTER
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 7D	COPIES OF THE ASSESSMENTS HAVE BEEN PROVIDED TO OTHER ORGANIZATIONS SUCH AS ACCESS PARTNERSHIP AND LOCAL HEALTH DEPARTMENTS THE DIRECT URL ADDRESSES FOR THE VARIOUS COMMUNITY HEALTH NEEDS ASSESSMENTS ARE AS FOLLOWS SENTARA NORFOLK GENERAL HOSPITAL HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SNGH-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF SENTARA LEIGH HOSPITAL HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SLH-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF SENTARA VIRGINIA BEACH GENERAL HOSPITAL HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SVBGH-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF SENTARA CAREPLEX HOSPITAL HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SCH-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF SENTARA OBICI HOSPITAL HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SOH-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SWRMC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF SENTARA LEIGH HOSPITAL AMBULATORY SURGERY CENTER HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SENTARA-LEIGH-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF SENTARA PORT WARWICK AMBULATORY SURGERY CENTER HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SENTARA-PORT-WARWICK-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.PDF GEDDY OUTPATIENT CENTER AT SWRMC HTTPS://WWW.SENTARA.COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/GEDDY-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT.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
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11	EACH OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS IDENTIFIED NUMEROUS HEALTH ISSUES DURING THE CHNA PROCESS, THE HOSPITAL FACILITIES 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 FACILITIES ARE PARTICIPATING IN BOTH REGIONAL AND CITY LEVEL COLLABORATIVE EFFORTS. AN EXAMPLE IS THE MENTAL HEALTH/OPIOID EPIDEMIC IN OUR REGION. SEVERAL OF OUR FACILITIES ARE COLLABORATING TO CREATE AWARENESS AND EDUCATION FOR THE COMMUNITY AND THOSE IMPACTED. SOME OF THE AREA NEEDS WHICH ARE NOT SPECIFICALLY ADDRESSED IN THE IMPLEMENTATION STRATEGIES WERE IDENTIFIED AS LOWER PRIORITY BECAUSE THEY DID NOT RANK HIGH WITH THE PRIORITIZATION FACTORS. IN ADDITION, SOME COMMUNITY NEEDS ARE BEING ADDRESSED AT THE HEALTH SYSTEM LEVEL RATHER THAN THE INDIVIDUAL HOSPITAL LEVEL.
FACILITY REPORTING GROUP A 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.

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? _____

Name and address	Type of Facility (describe)
1 1 - ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD VIRGINIA BEACH, VA 23454	IMAGING CENTER
1 2 - ADVANCED IMAGING CENTER-LEIGH 890 KEMPSVILLE ROAD NORFOLK, VA 23502	IMAGING CENTER
2 3 - ADVANCED IMAGING CENTER-GREENBRIER 713 VOLVO PARKWAY STE 105 CHESAPEAKE, VA 23320	OTHER OUTPATIENT SITE
3 4 - SENTARA BELLEHARBOUR 3920A BRIDGE ROAD STE 100 SUFFOLK, VA 23435	DIAGNOSTIC CENTER
4 5 - PORT WARWICK MEDICAL ARTS 11803 JEFFERSON AVE NEWPORT NEWS, VA 23606	OTHER OUTPATIENT SITE
5 6 - SENTARA INDEPENDENCE 800 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23455	OTHER OUTPATIENT SITE
6 7 - SENTARA LEIGH COMP BREAST CT 880 KEMPSVILLE ROAD STE 1200 NORFOLK, VA 23502	BREAST DIAGNOSTIC CENTER
7 8 - PORT WARWICK COMPREHENSIVE BREAST CTR 1051 LOFTIS BLVD STE 200 NEWPORT NEWS, VA 23606	DIAGNOSTIC CENTER
8 9 - SENTARA THERAPY CENTER-LEIGH 6315 N CENTER DR BLDG 20 STE 101 NORFOLK, VA 23502	REHABILITATION CENTER
9 10 - SVBGH PAIN MANAGEMENT UNIT 1080 FIRST COLONIAL ROAD STE 201 VIRGINIA BEACH, VA 23454	PAIN MGT CENTER
10 11 - SENTARA PORT WAR PHYS THER & WOUND CARE 11803 JEFFERSON AVE STE 125 NEWPORT NEWS, VA 23606	REHABILITATION CENTER
11 12 - SENTARA THERAPY CENTER-OBICI YMCA ROUTE 10/GODWIN BLVD SUFFOLK, VA 23434	REHABILITATION CENTER
12 13 - SENTARA THERAPY CENTER-LYNNHAVEN 2728-2732 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23452	REHABILITATION CENTER
13 14 - SENTARA THERAPY CENTER-GREENBRIER 713 VOLVO PARKWAY STE 101 CHESAPEAKE, VA 23320	REHABILITATION CENTER
14 15 - SENTARA PHYSICAL THERAPY-TREYBURN 3901 TREYBURN DRIVE WILLIAMSBURG, VA 23185	REHABILITATION CENTER

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? _____

Name and address	Type of Facility (describe)
16 16 - SWRMC OUTPATIENT REHABILITATION SERVICES YMCA BUILDING 301 SENTARA CIR WILLIAMSBURG, VA 23188	REHABILITATION CENTER
1 17 - ADVANCED IMAG CTR-WAINWRIGHT 229 WEST BUTE ST STE 900 9TH FL NORFOLK, VA 23510	IMAGING CENTER
2 18 - SENTARA THERAPY CTR-ALBEMARLE YMCA 1240 N ROAD STREET ELIZABETH CITY, NC 27909	REHABILITATION CENTER
3 19 - SENTARA THERAPY CENTER-BLOCKER YMCA 312 WEST BUTE ST NORFOLK, VA 23510	REHABILITATION CENTER
4 20 - NORFOLK DIAGNOSTIC CENTER 850 KEMPSVILLE ROAD NORFOLK, VA 23502	DIAGNOSTIC CENTER
5 21 - OUTPATIENT INFUSION CENTER III 850 KEMPSVILLE ROAD NORFOLK, VA 23502	OTHER OUTPATIENT SITE
6 22 - SENTARA THERAPY CENTER-GRANBY YMCA 2901 GRANBY ST STE 200 NORFOLK, VA 23504	REHABILITATION CENTER
7 23 - SENTARA THERAPY CENTER-CAREPLEX 4000 COLISEUM DR STE 120 HAMPTON, VA 23666	REHABILITATION CENTER
8 24 - SENTARA HAND THERAPY CENTER 5712 CLEVELAND ST STE 150 VIRGINIA BEACH, VA 23464	REHABILITATION CENTER
9 25 - SENTARA HAND THERAPY CENTER 844 KEMPSVILLE ROAD STE 104 NORFOLK, VA 23052	OTHER OUTPATIENT SITE
10 26 - SENTARA THER CTR-ST LUKESSMITHFIELD 20209 SENTARA WAY STE 102 CARROLLTON, VA 23314	REHABILITATION CENTER
11 27 - SENTARA NORFOLK GENERAL DAY REHAB CTR 890 KEMPSVILLE ROAD NORFOLK, VA 23502	REHABILITATION CENTER
12 28 - SENTARA INDEPENDENCE THERAPY CENTER 816 INDEPENDENCE BLVD STE 3F VIRGINIA BEACH, VA 23455	REHABILITATION CENTER
13 29 - SENTARA THERAPY CENTER-GREAT BRIDGE 633 BATTLEFIELD BLVD S CHESAPEAKE, VA 23322	REHABILITATION CENTER
14 30 - SENTARA OBICI MAMMOGRAPHYDIAGNOSTIC CTR 20209 SENTARA WAY CARROLLTON, VA 23314	BREAST DIAGNOSTIC CENTER

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? _____	
Name and address	Type of Facility (describe)
31 31 - ADVANCED IMAGING CENTER-ST LUKE'S 20209 SENTARA WAY STE 108 CARROLLTON, VA 23314	OTHER OUTPATIENT SITE
1 32 - SENTARA THERAPY CENTER-GRASSFIELD 1001 SCENIC PARKWAY STE 101 CHESAPEAKE, VA 23323	REHABILITATION CENTER
2 33 - SENTARA THERAPY CENTER-COLISEUM 4001 COLISEUM DR STE 200 HAMPTON, VA 23666	REHABILITATION CENTER
3 34 - SENTARA THERAPY CENTER-QUINTON 2500 NEW KENT HWY PO BOX 339 QUINTON, VA 23141	REHABILITATION CENTER
4 35 - AMBULATORY CARE CLINIC 130 COLLEY AVE NORFOLK, VA 23507	OTHER OUTPATIENT SITE
5 36 - CAREPLEX MEDICAL ARTS SLEEP LAB 4000 COLISEUM DR STE 350 HAMPTON, VA 23666	SLEEP DISORDER CLINIC
6 37 - CARDIOLOGY SPEC-KEMPSVILLE RD 844 KEMPSVILLE ROAD STE 204 NORFOLK, VA 23502	OTHER OUTPATIENT SITE
7 38 - SENTARA THERAPY CENTER-INDIAN RIVER 5660 INDIAN RIVER ROAD STE 121 VIRGINIA BEACH, VA 23464	REHABILITATION CENTER
8 39 - SVBGH-SENTARA HEALTH AND WELLNESS CTR 1708 OLD DONATION PARKWAY VIRGINIA BEACH, VA 23454	OTHER OUTPATIENT SITE
9 40 - SENTARA THERAPY CENTER-MARINA SHORES 2865 LYNNHAVEN DRIVE VIRGINIA BEACH, VA 23451	REHABILITATION CENTER
10 41 - COMPREHENSIVE PAIN MANAGEMENT CENTER 400 GRESHAM DR STE 712 NORFOLK, VA 23501	PAIN MGT CENTER
11 42 - SENTARA THER CTR HAMPTON YMCA 1 YMCA WAY HAMPTON, VA 23669	REHABILITATION CENTER
12 43 - SENTARA THERAPY CTR-PEDS NEWTOWN 818 NEWTOWN ROAD VIRGINIA BEACH, VA 23462	REHABILITATION CENTER
13 44 - SENTARA THERAPY CENTER-MATTHEWS 33 CRICKET HILL RD STE 100 HUDGINS, VA 23076	REHABILITATION CENTER
14 45 - SENTARA THERAPY CENTER-WAKEFIELD 103 RAILROAD AVE WAKEFIELD, VA 23888	REHABILITATION CENTER

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? _____

Name and address	Type of Facility (describe)
46 46 - SENTARA MOBILE MAMMOGRAPHY 880 KEMPSVILLE ROAD NORFOLK, VA 23502	MOBILE MAMMOGRAPHY
1 47 - CARDIOLOGY SPEC-FORT NORFOLK 301 RIVERVIEW AVE STE 700 NORFOLK, VA 23510	OTHER OUTPATIENT SITE
2 48 - NEW TOWN INTERNAL MEDICINE 4374 NEW TOWN AVE STE 102 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE
3 49 - NEW TOWN FAMILY PRACTICE 4374 NEW TOWN AVE STE 200 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE
4 50 - SENTARA FAM MED PHYS-1ST COLONIAL 1024 FIRST COLONIAL ROAD STE 102 VIRGINIA BEACH, VA 23454	OTHER OUTPATIENT SITE
5 51 - SENTARA FORT NK COMP BREAST CTR 301 RIVERVIEW AVE STE 830 NORFOLK, VA 23510	BREAST DIAGNOSTIC CENTER
6 52 - SENTARA THERAPY CENTER & CHIRO SVCS 1809 COLONIAL MEDICAL COURT VIRGINIA BEACH, VA 23454	REHABILITATION CENTER
7 53 - FAMILY MED WILLIAMSBURG 400 SENTARA CIR STE 450 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE
8 54 - GLOUCESTER IMAGING CENTER 5659 PARKWAY DR STE 130 GLOUCESTER, VA 23061	IMAGING CENTER
9 55 - SENTARA FAM MED & UC PHYS-VBTC INDEP 816 INDEPENDENCE BLVD STE 100 VIRGINIA BEACH, VA 23455	OTHER OUTPATIENT SITE
10 56 - SENTARA FAM & INT MED PHYS CLPX W 4001 COLISEUM DR STE 300 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
11 57 - SENTARA INT MED PHYS-PORT WARWICK 1 11803 JEFFERSON AVE STE 140 NEWPORT NEWS, VA 23606	OTHER OUTPATIENT SITE
12 58 - SENTARA PODIATRY SPECIALISTS 5253 PROVIDENCE ROAD STE 100 VIRGINIA BEACH, VA 23464	OTHER OUTPATIENT SITE
13 59 - SENTARA CARDIOLOGY SPEC-OBICI 2790 GODWIN BLVD STE 100 SUFFOLK, VA 23434	OTHER OUTPATIENT SITE
14 60 - VASCULAR & TRANSPLANT SPEC-VAB 397 LITTLE NECK ROAD STE 120 VIRGINIA BEACH, VA 23452	OTHER OUTPATIENT SITE

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? _____

Name and address	Type of Facility (describe)
61 61 - SENTARA FAM MED PHYS-SUFFOLK 2760 GODWIN BLVD STE 100 SUFFOLK, VA 23434	OTHER OUTPATIENT SITE
1 62 - FAMILY MED-THOROUGHGOOD 2017 PLEASURE HOUSE ROAD VIRGINIA BEACH, VA 23455	OTHER OUTPATIENT SITE
2 63 - SENTARA ST LUKE'S LAB SERVICES 20209 SENTARA WAY CARROLLTON, VA 23314	LAB SERVICES
3 64 - SENTARA THERAPY CENTER-YORK 100 ENTERPRISE DRIVE YORKTOWN, VA 23692	REHABILITATION CENTER
4 65 - SENTARA HAND SURGERY SPECIALISTS-VAB 5716 CLEVELAND ST STE 210 VIRGINIA BEACH, VA 23462	REHABILITATION CENTER
5 66 - SENTARA THERAPY CENTER-NN YMCA 7827 WARWICK BLVD NEWPORT NEWS, VA 23607	REHABILITATION CENTER
6 67 - SENTARA THERAPY CTR-WARD'S CORNER 7419 GRANBY STREET NORFOLK, VA 23505	REHABILITATION CENTER
7 68 - SENTARA FAMILY MED PHYS-ST LUKE'S 20209 SENTARA WAY STE 200 CARROLLTON, VA 23314	OTHER OUTPATIENT SITE
8 69 - SENTARA RADIOLOGY SPECIALISTS-KEMPS 850 KEMPSVILLE ROAD NORFOLK, VA 23502	OTHER OUTPATIENT SITE
9 70 - SENTARA FAM MED PHYS-OLD HAMPTON 200 EATON ST HAMPTON, VA 23669	OTHER OUTPATIENT SITE
10 71 - FAMILY MED-1080 BLDG 1080 FIRST COLONIAL ROAD STE 200 VIRGINIA BEACH, VA 23454	OTHER OUTPATIENT SITE
11 72 - VASCULAR & TRANSPLANT SPEC-PORT WARWICK 1051 LOFTIS BLVD STE 205 NEWPORT NEWS, VA 23606	OTHER OUTPATIENT SITE
12 73 - OCEANFRONT FAMILY PRACTICE 303 35TH STREET STE 102 VIRGINIA BEACH, VA 23451	OTHER OUTPATIENT SITE
13 74 - SENTARA NEUROLOGY SPEC-KEMPSVILLE 844 KEMPSVILLE RD STE 104 NORFOLK, VA 23502	OTHER OUTPATIENT SITE
14 75 - VASCULAR & TRANSPLANT SPECIALISTS-NK 600 GRESHAM DR STE 8620 NORFOLK, VA 23507	OTHER OUTPATIENT SITE

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? _____

Name and address	Type of Facility (describe)
76 76 - NEW TOWN DIAGNOSTIC CENTER 4374 NEW TOWN AVE STE 104 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE
1 77 - NORFOLK SURGICAL GROUP 880 KEMPSVILLE ROAD STE 1000 NORFOLK, VA 23502	OTHER OUTPATIENT SITE
2 78 - SENTARA FAM MED PHYS-PENINSULA TOWNE 2104 EXECUTIVE DR HAMPTON, VA 23666	OTHER OUTPATIENT SITE
3 79 - SENTARA CARDIOLOGY SPEC-WILLIAMSBURG 500 SENTARA CIR STE 100 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE
4 80 - SENTARA FAM MED PHYS-PORT WARWICK I 11803 JEFFERSON AVE STE 100 NEWPORT NEWS, VA 23606	OTHER OUTPATIENT SITE
5 81 - SENTARA SURG SPEC-PORT WARWICK I 11803 JEFFERSON AVE STE 235 NEWPORT NEWS, VA 23606	OTHER OUTPATIENT SITE
6 82 - SENTARA NEUROLOGY SPEC-CAREPLEX 4001 COLISEUM DR STE 300 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
7 83 - ENDOCRINOLOGY SPECIALISTS-SCP 4000 COLISEUM DR STE 345 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
8 84 - SENTARA INTERNAL MEDICINE PHYS-KINGSMILL 477 MCCLAWS CIR STE 1 WILLIAMSBURG, VA 23185	OTHER OUTPATIENT SITE
9 85 - SENTARA FAM MED& UC PHYS-LITTLE NECK 2859 VIRGINIA BEACH BLVD STE 100 VIRGINIA BEACH, VA 23452	OTHER OUTPATIENT SITE
10 86 - FORT NORFOLK MEDICAL CENTER 301 RIVERVIEW AVE NORFOLK, VA 23510	OTHER OUTPATIENT SITE
11 87 - FIRST COLONIAL DIAGNOSTIC CENTER 1080 FIRST COLONIAL ROAD STE 100 VIRGINIA BEACH, VA 23454	DIAGNOSTIC CENTER
12 88 - SENTARA PULMONARY & CC SPEC-NK 600 GRESHAM DR STE 8630 NORFOLK, VA 23507	OTHER OUTPATIENT SITE
13 89 - SENTARA INTERNAL MED PHYS-FORT NK 301 RIVERVIEW AVE STE 710 NORFOLK, VA 23510	OTHER OUTPATIENT SITE
14 90 - NEW TOWN URGENT CARE 4374 NEW TOWN AVE STE 100 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE

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? _____

Name and address	Type of Facility (describe)
91 91 - FAMILY MEDICAL PYSICIANS-KINGSMILL 1919 POCAHONTAS TRAIL STE F5 WILLIAMSBURG, VA 23185	OTHER OUTPATIENT SITE
1 92 - SENTARA URGENT CARE-J CLYDE 747 J CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601	OTHER OUTPATIENT SITE
2 93 - VASCULAR & TRANSPLANT SPEC-CAREPLEX W 4000 COLISEUM DR STE 310 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
3 94 - SENTARA RHEUMATOLOGY SPEC-CAREPLEX W 4001 COLISEUM DR STE 310 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
4 95 - SENTARA URGENT CARE-ST LUKE'S 20209 SENTARA WAY STE 100 CARROLLTON, VA 23314	OTHER OUTPATIENT SITE
5 96 - CARDIOLOGY SPECIALISTS-PORT WARWICK 1031 LOFTIS BLVD STE 100 NEWPORT NEWS, VA 23606	OTHER OUTPATIENT SITE
6 97 - SENTARA KITTY HAWK 5200 N CROATAN HWY KITTY HAWK, NC 27949	SURGERY AND DIAGNOSTIC CENTER
7 98 - SENTARA PULMONARY & CC SPEC-CAREPLEX 4000 COLISEUM DR STE 350 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
8 99 - SENTARA PHY MED & PAIN MGMT SPC-CAREPLEX 4000 COLISEUM DR STE 345 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
9 100 - SENTARA PODIATRY SPEC-KEMPSVILLE 844 KEMPSVILLE ROAD STE 100D NORFOLK, VA 23502	OTHER OUTPATIENT SITE
10 101 - VASCULAR & TRANSPLANT SPEC-SUFFOLK 171 N MAIN ST SUFFOLK, VA 23434	OTHER OUTPATIENT SITE
11 102 - SENTARA FAM MEDICINE PHYS-FORT NK 301 RIVERVIEW AVE STE 810 NORFOLK, VA 23510	OTHER OUTPATIENT SITE
12 103 - SENTARA NEUROLOGY SPEC-NK 600 GRESHAM DR STE 8630 NORFOLK, VA 23507	OTHER OUTPATIENT SITE
13 104 - SENTARA SURGERY SPEC-CAREPLEX 4000 COLISEUM DR STE 320 HAMPTON, VA 23666	OTHER OUTPATIENT SITE
14 105 - SENTARA PODIATRY SPECIALISTS-OBICI 2790 GODWIN BLVD STE 355 SUFFOLK, VA 23434	OTHER OUTPATIENT SITE

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? _____

Name and address	Type of Facility (describe)
106 106 - SENTARA SURGERY SPEC-1080 BUILDING 1080 FIRST COLONIAL ROAD STE 200 VIRGINIA BEACH, VA 23454	OTHER OUTPATIENT SITE
1 107 - SENTARA SURGERY SPECIALISTS-OBICI 2790 GODWIN BLVD STE 305 SUFFOLK, VA 23434	OTHER OUTPATIENT SITE
2 108 - SENTARA PODIATRY SPEC-1ST COLONIAL 1080 FIRST COLONIAL RD STE 400 VIRGINIA BEACH, VA 23454	OTHER OUTPATIENT SITE
3 109 - WILLIAMSBURG SURGERY 500 SENTARA CIR STE 202 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE
4 110 - NEUROSURGERY NORFOLK HEART HOSPITAL 600 GRESHAM DR STE 8630 NORFOLK, VA 23507	OTHER OUTPATIENT SITE
5 111 - SENTARA NEUROSURGERY SPEC 1080 BLDG 1080 FIRST COLONIAL RD STE 400 VIRGINIA BEACH, VA 23454	OTHER OUTPATIENT SITE
6 112 - SENTARA URGENT CARE-LITTLE CREEK 1326 E LITTLE CREEK ROAD NORFOLK, VA 23518	OTHER OUTPATIENT SITE
7 113 - SENTARA NEUROLOGY SPECIALISTS-OBICI 2790 GODWIN BLVD STE 320 SUFFOLK, VA 23434	OTHER OUTPATIENT SITE
8 114 - MOBILE PET SCAN 5900-B LAKE WRIGHT DR NORFOLK, VA 23502	OTHER OUTPATIENT SITE
9 115 - SENTARA NEUROLOGY SPECIALISTS-WMSBG 400 SENTARA CIRCLE STE 320 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE
10 116 - ORTHOPEDIC TRAUMA-NORFOLK 600 GRESHAM DR SUITE 204 NORFOLK, VA 23507	OTHER OUTPATIENT SITE
11 117 - SENTARA INFECTIOUS DIS SPEC-OBICI 2790 GODWIN BLVD STE 225 SUFFOLK, VA 23434	OTHER OUTPATIENT SITE
12 118 - INFECTIOUS DISEASE-FORT NORFOLK 301 RIVERVIEW AVE STE 710 NORFOLK, VA 23510	OTHER OUTPATIENT SITE
13 119 - SENTARA PLASTIC SURGERY SPECIALISTS 600 GRESHAM DR STE 204 NORFOLK, VA 23507	OTHER OUTPATIENT SITE
14 120 - SENTARA PULMONARY & CC SPEC-WILLIAMSBURG 400 SENTARA CIR STE 320 WILLIAMSBURG, VA 23188	OTHER OUTPATIENT SITE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
121 121 - SENTARA CYTOGENICS LAB 1701 WILL O WISP DR STE 1E VIRGINIA BEACH, VA 23454	OTHER OUTPATIENT SITE

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
SENTARA HOSPITALS

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

2018

Open to Public Inspection

Employer identification number

54-1547408

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 11

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

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	389	365,812			
(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 SECTION 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 ALSO DONATES FUNDS TO OTHER 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 THE ORGANIZATION'S COLLEGE OF HEALTH SCIENCES AWARDS SCHOLARSHIPS TO STUDENTS ON AN ON-GOING BASIS BASED ON NEED AND MERIT RECIPIENTS ARE SELECTED FROM QUALIFIED APPLICANTS ACCORDING TO PRESCRIBED GUIDELINES ALL SCHOLARSHIPS ARE AWARDED ON A NONDISCRIMINATORY BASIS, AND THEIR USE IS MONITORED BY SCHOOL PERSONNEL

Additional Data

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

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
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	23-7053208	501(C)(3)	66,699,038				OPERATING FUND AND INDIGENT CARE
OLDE TOWNE MEDICAL CENTER 5249 OLDE TOWNE RD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	105,500				COMMUNITY HEALTH SUPPORT

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 DRIVE NORFOLK, VA 23502	52-1271901	501(C)(3)	22,098,487				OVERHEAD ALLOCATIONS
PENINSULA EMS COUNCIL PO BOX 1297 GLOUCESTER, VA 23061	54-1064500	501(C)(3)	10,000				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
TIDEWATER EMS COUNCIL INC 1104 MADISON PLAZA CHESAPEAKE, VA 23320	54-0977032	501(C)(3)	25,000				ANNUAL SUPPORT
ALBEMARLE HOSPITAL FOUNDATION PO BOX 1412 ELIZABETH CITY, NC 27906	43-2031990	501(C)(3)	334,872				PROGRAM SUPPORT

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
COLLEGE OF THE ALBEMARLE FOUNDATION INC PO BOX 2327 ELIZABETH CITY, NC 27906	58-1399254	501(C)(3)	16,000				CLINICAL EDUCATION OPPORTUNITIES
ALBEMARLE REGIONAL HEALTH SERVICES 711 ROANOKE AVENUE ELIZABETH CITY, NC 27909	56-6000798	PASQUOTANK COUNTY	95,000				FUNDING FOR CLINICAL RESOURCES

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
PASQUOTANK COUNTY PO BOX 586 ELIZABETH CITY, NC 27907	56-6000328	PASQUOTANK COUNTY	450,000				PROGRAM SUPPORT
PULSEPOINT FOUNDATION PO BOX 12594 PLEASANTON, CA 94588	45-2725805	501(C)(3)	18,000				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
GREATER WILLIAMSBURG CHAMBER & TOURISM ALLIANCE 421 NORTH BOUNDARY STREET WILLIAMSBURG, VA 23185	54-0482313	501(C)(6)	25,000				DONATION/SPONSORSHIP
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	62,500				DONATION/SPONSORSHIP

Schedule J (Form 990)	Compensation Information 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 <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization SENTARA HOSPITALS	Employer identification number 54-1547408	

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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>		
b If any of the boxes in 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 in 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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </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	No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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.

See Additional Data Table

Schedule J (Form 990) 2018

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 SECTION 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 A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION STUDY, AND APPROVAL BY SENTARA HEALTHCARE'S COMPENSATION COMMITTEE

Return Reference	Explanation
PART I, LINE 4B	<p>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, MARY BLUNT, ROBERT BROERMANN, MICHAEL GENTRY, TERESA EDWARDS, KURT HOFELICH, JEFFREY KING, ELWOOD BOONE, J STEPHEN JULIAN, JR , M D , GENEMARIE MCGEE, THOMAS THAMES, MICHAEL REAGIN AND JOANNE INMAN 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) PAST PARTICIPANTS INCLUDE BERTRAM REESE DURING 2018, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN MARY BLUNT (\$116,637), ROBERT BROERMANN (\$149,185), TERESA EDWARDS (\$302,906), MICHAEL GENTRY (\$667,805), KURT HOFELICH (\$39,399), HOWARD KERN (\$590,013), JEFFREY KING (\$46,981), GENEMARIE MCGEE (\$58,950), THOMAS THAMES (\$25,043), BERTRAM REESE (\$386,438), J STEPHEN JULIAN, JR , M D (\$170,110) AND ELWOOD BOONE (\$34,536) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II</p>

Return Reference	Explanation
PART I, LINE 7	<p> DURING THE CURRENT 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 TOP HAT- WITHIN THE ANNUAL INCENTIVE PROGRAM, EXECUTIVES AND SENIOR LEADERS MAY RECEIVE ADDITIONAL INCENTIVE PAY TO REWARD EXCEPTIONAL INDIVIDUAL PERFORMANCE KEY CONTRIBUTOR AWARDS - REWARDS EXCEPTIONAL INDIVIDUALS OR TEAMS FOR SIGNIFICANT CONTRIBUTION AND RESULTS AS RECOGNIZED BY BUSINESS UNITS CEO AWARD - AWARD TO RECOGNIZE AND REWARD MANAGERS WHO MAKE DIFFICULT DECISIONS, IMPLEMENT SIGNIFICANT CHANGES AND ACHIEVE DRAMATIC RESULTS 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 </p>



Additional Data

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

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				
ROBERT A BROERMANN DIRECTOR/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	811,625	544,618	208,455	7,578	16,592	1,588,868	0
MICHAEL V GENTRY DIRECTOR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	780,042	492,200	688,536	14,287	19,136	1,994,201	409,007
HOWARD P KERN DIRECTOR/CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	1,575,765	1,510,047	637,990	2,002,149	24,071	5,750,022	159,126
JEFFREY P KING SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	478,707	158,890	84,775	67,291	26,849	816,512	30,337
SAMUEL J HAWLEY ASSIST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	163,771	24,004	112	7,495	10,996	206,378	0
MARY L BLUNT KE (CORPORATE VP)	(i)	628,828	407,470	166,840	-42,264	17,744	1,178,618	0
	(ii)	0	0	0	0	0	0	0
ELWOOD B BOONE III KE (PRESIDENT, SVBGH)	(i)	340,939	125,589	36,246	38,898	26,779	568,451	20,719
	(ii)	0	0	0	0	0	0	0
TERESA L EDWARDS KE (CORPORATE VP)	(i)	441,233	236,070	335,708	18,188	18,530	1,049,729	179,910
	(ii)	0	0	0	0	0	0	0
ROBERT C FIRESTONE KE (VP OPERATIONS, SNGH)	(i)	212,457	69,240	10,047	6,882	28,592	327,218	0
	(ii)	0	0	0	0	0	0	0
KURT T HOFELICH KE (VP AMBULATORY SERVICES)	(i)	485,452	249,319	68,973	56,251	21,658	881,653	23,455
	(ii)	0	0	0	0	0	0	0
GENEMARIE W MCGEE KE (CNO)	(i)	395,343	213,988	90,153	20,826	12,400	732,710	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J REAGIN KE (SVP, CHIEF INFO & INNOV OFFICER)	(i)	549,154	333,650	4,339	95,790	12,306	995,239	0
	(ii)	0	0	0	0	0	0	0
JOANNE M INMAN KE (PRESIDENT SLH)	(i)	270,970	86,722	26,231	22,840	26,270	433,033	0
	(ii)	0	0	0	0	0	0	0
CAROLYN C CARPENTER KE VP & COO, SNGH	(i)	447,820	41,958	19,414	25,123	26,848	561,163	0
	(ii)	0	0	0	0	0	0	0
J STEPHEN JULIAN JR PRESIDENT, SOH	(i)	322,040	101,497	190,899	28,156	26,188	668,780	114,620
	(ii)	0	0	0	0	0	0	0
THOMAS KLEVAN MEDICAL DIRECTOR, CARDIAC SVC LINE	(i)	447,714	110,537	44,751	29,688	31,349	664,039	0
	(ii)	0	0	0	0	0	0	0
PAUL D CHIDESTER VP, MEDICAL AFFAIRS	(i)	350,469	107,503	21,011	23,140	26,416	528,539	0
	(ii)	0	0	0	0	0	0	0
DAVID N MOHR VP, CLIN INFORMATICS/TRANSFORMATION	(i)	327,497	107,226	20,560	30,914	558	486,755	0
	(ii)	0	0	0	0	0	0	0
JOEL T BUNDY VP MEDICAL AFFAIRS	(i)	312,180	102,653	23,402	21,777	35,433	495,445	0
	(ii)	0	0	0	0	0	0	0
BERTRAM REESE FORMER KE	(i)	0	0	386,438	0	0	386,438	270,980
	(ii)	0	0	0	0	0	0	0

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				
GRACE MYERS FORMER KE (CNE)	(i)	242,025	70,240	3,344	31,657	11,037	358,303	0
	(ii)	0	0	0	0	0	0	0
THOMAS THAMES FORMER T5	(i)	0	0	0	0	0	0	0
	(ii)	330,369	111,798	46,098	28,609	26,580	543,454	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493316027249
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
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization SENTARA HOSPITALS	Employer identification number 54-1547408		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SENTARA HEALTHCARE I SENTARA HEALTHCARE - YOUR NOT-FOR-PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE BASED IN NORFOLK, VA, CELEBRATES MORE THAN 130 YEARS IN RELENTLESS PURSUIT OF ITS MISSION TO IMPROVE HEALTH EVERY DAY THROUGH INNOVATION, COMPASSION AND COMMUNITY BENEFIT SENTARA IS A FULLY INTEGRATED NOT-FOR-PROFIT SYSTEM WITH NEARLY 300 SITES OF CARE OF WHICH THERE ARE 12 HOSPITALS IN VIRGINIA AND NORTH CAROLINA, INCLUDING A LEVEL I TRAUMA CENTER WITH NIGHTINGALE REGIONAL AIR AMBULANCE AND THE NATIONALLY-RANKED SENTARA HEART HOSPITAL THE SENTARA FAMILY INCLUDES FOUR MEDICAL GROUPS, AMBULATORY CAMPUSES, POST-ACUTE CARE SERVICES, THE PHYSICIAN-LED SENTARA QUALITY CARE NETWORK, THE ACCREDITED SENTARA CANCER NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES, OPTIMA HEALTH PLAN MEMBERS IN VIRGINIA AND OHIO, AND A TEAM OF PROFESSIONALS NEARLY 28,000 STRONG SENTARA PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED LIVING CENTERS, PHYSICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE, AND GROUND MEDICAL TRANSPORTATION SENTARA IS STRATEGICALLY FOCUSED ON CONTINUOUS IMPROVEMENT IN QUALITY, SAFETY, CLINICAL OUTCOMES AND THE PATIENT EXPERIENCE AND PURSUES KEY CLINICAL GOALS THROUGH HIGH PERFORMANCE TEAMS ACROSS THE ENTERPRISE 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 STRIVE TO SERVE ALL OF OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS II COMMITMENT TO THE COMMUNITY A SENTARA HEALTHCARE AND OPTIMA HEALTH PROVIDED \$6.5M IN DONATIONS DONATIONS WERE DISTRIBUTED TO FOODBANKS, VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS, COMMUNITY CARE NETWORKS OF VIRGINIA, AND THE VIRGINIA HEALTH CARE FOUNDATION PART OF THE \$6.5M WENT TOWARDS SUPPORTING THE MARKETING BY THE COMMONWEALTH OF VIRGINIA TO MAKE RESIDENTS AWARE OF THE OPPORTUNITY FOR HEALTH INSURANCE THROUGH MEDICAID EXPANSION ADDITIONALLY, DONATIONS WERE MADE TO 17 HEALTH RELATED PROJECTS ACROSS VIRGINIA AND NORTH CAROLINA WE PLEDGED \$130M TO EASTERN VIRGINIA MEDICAL SCHOOL OVER 5 YEARS B SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS IN 2018, SENTARA COMMUNITY BENEFIT REACHED NEARLY \$390,000,000 SENTARA PROVIDED \$354,121,000 IN NET UNCOMPENSATED PATIENT CARE COSTS, \$2,086,000 IN NET UNFUNDED COSTS OF TEACHING PROGRAMS, AND \$33,768,000 IN INCURRED COSTS FOR COMMUNITY BENEFIT PROGRAMS C 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 COMMUNITY HEALTH NEEDS SENTARA FOUNDATION-HAMPTON ROADS SUPPORTS A WIDE RANGE OF PROGRAMS ACROSS HAMPTON ROADS IN 2018, THE FOUNDATION RAISED \$1.96M AND AWARDED 30 COMMUNI</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TY GRANTS TOTALING \$675,000 TO SUPPORT ITS KEY PRIORITY AREAS THE MARTHA JEFFERSON HOSPITAL FOUNDATION IN CHARLOTTESVILLE, VIRGINIA RAISED NEARLY \$3.5M IN NEW GIFTS AND COMMITMENTS AND FOCUSED THEIR EFFORTS ON A HIGH-RISK BREAST PROGRAM, CANCER SURVIVORSHIP PROGRAM, FAMILY AND CAREGIVER SUPPORT PROGRAM AND THE CENTER FOR CLINICAL EDUCATION THE RMH FOUNDATION RAISED \$4.79M IN NEW GIFTS AND COMMITMENTS AND FOCUSED THEIR EFFORTS ON THE SENTARA RMH HAHN CANCER CENTER LINEAR ACCELERATOR IN 2018, THE RMH FOUNDATION AWARDED 6 COMMUNITY PARTNERSHIP GRANTS FOR A COMBINED \$79,897 THIS INCLUDED \$20,000 IN SEED FUNDING TO START THE COMMUNITY'S FIRST "REMOTE AREA MEDICAL" CLINIC 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 SEVERAL STATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNESS IN 2018, THE HOPE FUND AWARDED \$165,000 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM 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 2018 -HEALTH IMPROVEMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE AND HAMPTON ROADS SANITATION DISTRICT, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS INCLUDING THE POCKET EKG PROGRAM AND THE SENTARA LIVING PROGRAM -SENTARA CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAI CHI AND YOGA -THE FLU PATROL ADMINISTERED A TOTAL OF 5,365 IMMUNIZATIONS 4,862 WERE GIVEN TO OPTIMA HEALTH INSURED GROUPS THROUGHOUT VIRGINIA THE REMAINDER WAS DELIVERED TO CHURCHES AND OTHER COMMUNITY GROUPS -BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS WERE DELIVERED TO ADULT MEMBERS OF OPTIMA HEALTH, OHIOHEALTH PLAN MEMBERS AND CHILDREN SELF-CARE HANDBOOKS ON PLANNING A HEALTHY PREGNANCY WERE DISTRIBUTED TO 5,156 OPTIMA HEALTH PLAN MEMBERS -THE TOBACCO CESSATION PROGRAMMING WAS UPDATED AND IS OFFERED ON DEMAND ON SENTARA.COM AND OPTIMAHEALTH.COM OVER 650 PATIENTS FROM SENTARA VIRGINIA BEACH GENERAL HOSPITAL AND SENTARA HEART HOSPITAL WERE CONTACTED AFTER HOSPITAL DISCHARGE FOR TOBACCO CESSATION FOLLOW-UP AN ELECTRONIC REFERRAL SYSTEM WAS ESTABLISHED WITH QUINCY VA FOR NON-OPTIMA HEALTH INSURED MEMBERS OF THE COMMUNITY TO RECEIVE PERSONALIZED TOBACCO CESSATION SERVICES A PARTNERSHIP WITH EVMS AND THEIR HUD SMOKEFREE HOUSING PROJECT WAS ESTABLISHED AND OUR TOBACCO CESSATION MATERIALS WERE DISTRIBUTED -AS PART OF THE SENTARA BENEFIT ENROLLMENT PROCESS</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>, 18,887 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM -FINALLY, WEBMD, WHICH SERVES AS OUR HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER, HAS NOW 25,691 REGISTERED MEMBERS OF WHICH 16,956 MEMBERS ARE ACTIVELY ENGAGED 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 DAYS OF HEART" IN FEBRUARY, 2018 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 SINCE THE BEGINNING, 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 2018 INCLUDED THE FOLLOWING A AS A RESULT OF THE COMMONWEALTH OF VIRGINIA APPROVING MEDICAID EXPANSION, OPTIMA HEALTH IS ONE OF SIX MANAGED CARE ORGANIZATIONS THAT WILL SERVE THE NEARLY 400,000 ELIGIBLE VIRGINIANS WHO WILL QUALIFY FOR MEDICAID EXPANSION OPEN ENROLLMENT BEGAN IN NOVEMBER, 2018 WITH THE EFFECTIVE START DATE OF JANUARY 1, 2019 B THE SENTARA CANCER CENTER CELEBRATED ANOTHER CONSTRUCTION MILESTONE WITH THE TOPPING OUT CEREMONY IN DECEMBER, 2018 THE EXPECTED OPENING DATE FOR THIS COMPREHENSIVE CENTER IS 2020</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>C SENTARA, IN PARTNERSHIP WITH OTHERS, EXPANDED TO 15 VELOCITY URGENT CARE CENTERS ACROSS VIRGINIA ACROSS SITES, 144,796 PATIENT VISITS WERE SEEN WITH AN AVERAGE DOOR IN TO DOOR OUT TIME OF 45 MINUTES IV NEW INITIATIVES A SENTARA CONTINUES TO DEVELOP OPPORTUNITIES TO ENHANCE OUR BEHAVIORAL HEALTH INITIATIVES AND IMPLEMENT PROGRAMS THAT WILL SUPPORT THE COMMUNITIES WE SERVE THE CENTER FOR BEHAVIORAL HEALTH LOCATED AT SENTARA VIRGINIA BEACH GENERAL HOSPITAL BEGAN OFFERING STRUCTURED OUTPATIENT PROGRAMS SPECIFICALLY DESIGNED TO MEET THE NEEDS OF ADULTS EXPERIENCING MENTAL HEALTH AND/OR SUBSTANCE ABUSE PROBLEMS B SENTARA BUILT THE FOUNDATION FOR OUR NEW AMBULATORY/RETAIL STRATEGY BY UPDATING OUR GROWTH IMPERATIVE AND STRUCTURING THE ORGANIZATION TO CAPTURE OPPORTUNITIES IN THIS AREA C IN ITS FOURTH YEAR, CLINICAL PERFORMANCE IMPROVEMENT (CLINICAL PI), AN INITIATIVE TO DRIVE CHANGE AND CREATE RAPID PROCESS IMPROVEMENT IN TARGETED CLINICAL AREAS, RESULTED IN SEEING POSITIVE TRENDS TOWARDS MEETING THE COMPANY'S ULTIMATE GOALS D THE VOICE OF THE CUSTOMER MODEL WAS HEAVILY UTILIZED TO UNDERSTAND 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 E SENTARA BEGAN COMMUNICATING ABOUT THE GOOD WE DO FOR THE COMMUNITIES WE SERVE WE CREATED AND DISTRIBUTED TWO COMMUNITY BENEFIT REPORTS, COMPLEMENTED WITH FULLY INTEGRATED MARKETING CAMPAIGNS AND, ALSO STEPPED UP OUR PHILANTHROPIC DONATIONS F A NUTRITION AS MEDICINE CONFERENCE WAS HELD IN NOVEMBER, 2018 NATIONAL EXPERTS IN PLANT-BASED LIFESTYLES DETAILED THE NUTRITIONAL BENEFITS OF SUCH DIETS IN FRONT OF NEARLY 950 PEOPLE GUESTS INCLUDED 350 MEDICAL PROFESSIONALS, AND REGISTRANTS TRAVELED FROM 14 STATES AND EVEN CANADA TO LEARN THE POSITIVE EFFECTS NUTRITION CAN HAVE ON CHRONIC ILLNESSES AND QUALITY OF LIFE G OLD DOMINION UNIVERSITY IS PARTNERING WITH SENTARA HEALTHCARE ON A THREE-YEAR PROJECT TO DEVELOP A BLOCKCHAIN-EMPOWERED CYBERSECURITY SOLUTION TO MONITOR NETWORK ACTIVITIES OF MOBILE DEVICES AND PROVIDE REAL-TIME ALERTS OF UNAUTHORIZED DEVICES OR COMMUNICATIONS V OFFERING NEW PROCEDURES AND TECHNOLOGIES CLINICAL BREAKTHROUGHS AND ADVANCEMENTS SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS AND ADVANCEMENTS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING CARDIAC AND REDUCING INFECTIONS A PHARMACY ROBOT I SENTARA RMH MEDICAL CENTER PHARMACY INSTALLED A NEW STATE-OF-THE-ART PHARMACY ROBOT FOR AUTOMATED DISPENSING OF PATIENT MEDICATIONS THE HOSPITAL IS THE SECOND IN THE WORLD TO INSTALL THE OMNICELL XR2 AUTOMATED CENTRAL PHARMACY SYSTEM B SURGICAL IMAGING I SENTARA NORFOLK GENERAL HOSPITAL INTRODUCED THE IMRI THE GE INTRAOPERATIVE MRI MACHINE IS AN MRI THAT IS DONE MID-SURGERY TO HELP NEUROSURGEONS KNOW IF THEY HAVE REMOVED THE ENTIRE LESION OR TUMOR WITHOUT HAVING TO WAKE THE PATIENT UP IT PROVIDES REAL-TIME IMAG</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ING DURING SURGICAL PROCEDURES INCLUDING BRAIN TUMORS, GLIOMA AND MOVEMENT DISORDERS/TREMORS LIKE PARKINSON'S DISEASE II THE SENTARA HEART TRANSPLANT TEAM IS NOW USING THE SHERPA PAK TM TRANSPORT SYSTEM BY PARAGONIX TECHNOLOGIES TO ENSURE A CONSISTENT TEMPERATURE AT ALL TIMES OF A DONOR HEART TRANSPORT THE SHERPA PAK TM IS A TEMPERATURE CONTROLLED COOLING SYSTEM THAT ALLOWS THE HEART TO BE STORED AT A CHOSEN TEMPERATURE VI EXPANDING EDUCATIONAL OPPORTUNITIES 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 2018, SENTARA ACHIEVED ITS GOAL OF 80% OF SENTARA NURSES HAVING A BSN BY 2020 IN 2018, SENTARA HAD 64.5% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 16.2% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN RESEARCH RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM A HEART & VASCULAR THROUGH THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE, CARDIOLOGISTS, CARDIOVASCULAR SURGEONS, VASCULAR SURGEONS AND UNIQUELY TRAINED REGISTERED NURSE RESEARCH COORDINATORS MAKE SIGNIFICANT STRIDES IN ADVANCING THE UNDERSTANDING AND TREATMENT OF THE NUMBER ONE KILLER IN AMERICA CARDIOVASCULAR DISEASE AS THE PREEMINENT CARDIAC RESEARCH INSTITUTE IN THE MID-ATLANTIC REGION, SENTARA WORKS COLLABORATIVELY WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOMEDICAL COMPANIES ON NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL RESEARCH TRIALS WE FOCUS OUR EFFORTS ON DISCOVERING MORE EFFECTIVE CARDIOVASCULAR TREATMENTS AND PROTOCOLS WHILE ELIMINATING THOSE THAT ARE POTENTIALLY HARMFUL OR NOT AS BENEFICIAL OUR ULTIMATE GOAL IS TO PROVIDE ENHANCED CLINICAL CARE THAT ADVANCES PATIENT OUTCOMES AND IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY OUR RESEARCH TOUCHES ON EVERY ASPECT OF HEART AND VASCULAR CARE, INCLUDING MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, CARDIAC INTERVENTIONAL PROCEDURES, STRUCTURAL HEART DISEASE, AND THE MEDICAL MANAGEMENT OF CORONARY ARTERY DISEASE RISK FACTORS SUCH AS DIABETES AND HIGH CHOLESTEROL COLLECTIVELY, OUR RESEARCH NURSES COORDINATE MORE THAN 90 CLINICAL TRIALS AT ANY GIVEN TIME, SHEPHERDING PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS, PROVIDING CARE DURING PERIODS OF NEED, AND TIRELESSLY ADVOCATING FOR THEIR PATIENTS' WELL-BEING B CANCER CLINICIANS AND ACADEMIC RESEARCHERS AT SENTARA CANCER NETWORK PARTNER WITH VIRGINIA ONCOLOGY ASSOCIATES, EASTERN VIRGINIA MEDICAL SCHOOL, GEORGE MASON UNIVERSITY AND OTHER NATIONAL AND LOCAL HEALTHCARE ORGANIZATIONS TO CONDUCT RESEARCH THAT ELEVATES PATIENT CARE COLLABORATIONS BETWEEN SURGICAL, RADIATION AND MEDICAL ONCOLOGISTS IN OUR SENTARA CANCER NETWORK ARE ESPECIALLY INSTRUMENTAL IN CONNECTING PATIENTS WITH CLINICAL TRIALS THROUGH COLLABORATION</p>

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FORM 990, PART III, LINE 4A	WITH THE NCI NATIONAL CLINICAL TRIALS NETWORK (NCTN), THE ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY AND NATIONAL RESEARCH GROUP ONCOLOGY, WE DEVELOP AND CONDUCT CLINICAL TRIALS WITH PROMISING NEW CANCER THERAPIES AS A LEADING CONTRIBUTOR TO NATIONAL RESEARCH, THE SENTA RA CANCER NETWORK IS COMMITTED TO PARTICIPATING IN PROMISING CLINICAL TRIALS THAT MAKE NEW FIRST-LINE THERAPIES AVAILABLE TO PATIENTS RIGHT NOW OUR PHYSICIANS ADDITIONALLY DEVELOP PROTOCOLS TO TEST THEIR OWN IMPORTANT RESEARCH QUESTIONS AND THEORIES, FOCUSING ON THE NEEDS OF OUR PATIENTS, HOSPITALS AND COMMUNITY OUR TEAM PARTICIPATES IN RESEARCH THAT MAY LEAD TO BETTER OPTIONS FOR PREVENTION, DIAGNOSIS AND TREATMENT IN THE FUTURE

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>VII BUILDING FOR THE FUTURE A THE SENTARA BELLEHARBOUR STRATEGIC PLAN WAS COMPLETED AND SENTARA BELLEHARBOUR, LOCATED IN SUFFOLK, OPENED A NEW 20,000 SQ FT AMBULATORY SURGERY CENTER WHERE LOWER ACUITY SURGERIES SUCH AS PODIATRY, VASCULAR ACCESS AND HERNIA REPAIR ARE CONDUCTED B TO HELP TRAVELERS, SENTARA MARTHA JEFFERSON HOSPITAL, LOCATED IN CHARLOTTE SVILLE, OPENED A TRAVELERS' CLINIC THIS IS A FULL-SERVICE CLINIC PROVIDING PRE-TRAVEL, IN -TRAVEL AND POST-TRAVEL SERVICES SERVICES WILL BE PROVIDED TO ALL AGE GROUPS C SENTARA NORFOLK GENERAL HOSPITAL, OUR LEVEL I TRAUMA CENTER, LOCATED IN NORFOLK IS HOME TO THE NIG HTINGALE REGIONAL AIR AMBULANCE, THE REGION'S PREMIER AIR AMBULANCE IN 2018, NINE SITES I N EASTERN VIRGINIA AND NORTHEAST NORTH CAROLINA ARE FULLY OPERATIONAL FOR INSTRUMENT FLIGH T RULES (IFR) LANDINGS BY NIGHTINGALE THE FAA DESIGNATION CREATES DESIGNATED AIR SPACE, A LLOWING FLIGHTS IN CLOUDY, RAINY WEATHER, WHICH HAD TO BE TURNED DOWN UNDER CURRENT VISUAL FLIGHT RULES (VFR) LIMITATIONS IFR ALLOWS NIGHTINGALE TO MEET GROUND AMBULANCES AT DESIG NATED SAFE SITES IN POOR WEATHER RATHER THAN REMOTE SCENES D THE SENTARA SPORTS MEDICINE CENTER OPENED AT THE OUTPATIENT CARE CENTER IN CHARLOTTESVILLE THE SPECIALISTS PROVIDING CARE AT THE CENTER HAVE EXPERIENCE CARING FOR ATHLETES OF ALL LEVELS, FROM NOVICE TO OLYM PIAN, AND FOR SUCH INJURIES AS SPRAINS AND STRAINS, TORN LIGAMENTS AND TENDONS, JOINT DISL OCATIONS AND FRACTURES ADVANCED TECHNIQUES SUCH AS INJECTIONS USING PLATELET-RICH PLASMA THERAPY, AS WELL AS OTHER NON-SURGICAL AND SURGICAL PROCEDURES ARE ALSO USED TO AID HEALIN G E SENTARA NORTHERN VIRGINIA MEDICAL CENTER, LOCATED IN WOODBRIDGE, ANNOUNCED THE ADDIT ION OF NEUROSURGERY AND UNVEILED ITS NEWLY RENOVATED AND EXPANDED SENTARA WOUND HEALING CE NTER F SENTARA ALBEMARLE MEDICAL CENTER, LOCATED IN ELIZABETH CITY, NORTH CAROLINA, INTR ODUCE THE USE OF THE ENDOBRONCHIAL ULTRASOUND (EBUS) BRONCHOSCOPY THIS WILL ALLOW DOCTOR S TO MORE EASILY LOCATE TUMORS, LYMPH NODES, OR OTHER TISSUES OF CONCERN ADDITIONALLY, SE NTARA ALBEMARLE MEDICAL CENTER (SAMC) INTRODUCED THE SENTARA WOUND HEALING CENTER AND THE SAMC CANCER CENTER RECEIVED ACCREDITATION FROM THE COMMISSION ON CANCER SAMC INTRODUCED T HE BREVERA BREAST BIOPSY SYSTEM THIS BREAST BIOPSY SYSTEM SHORTENS THE IMAGING DELAY BETW EEN BIOPSIES AND IT REDUCES BIOPSY TIMES BY AN AVERAGE OF 10 MINUTES G SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, LAUNCHED ITS FRACTURE CENTER WHERE IT P ROVIDES HIGH QUALITY, SUBSPECIALTY CARE FROM A SPECIALIZED TEAM OF ORTHOPEDIC SURGEONS SE NTARA VIRGINIA BEACH GENERAL HOSPITAL MARKED ITS COMPLETION OF THE FIRST PHASE OF ITS MODE RNIZATION PROJECT WITH THE CONSOLIDATION AND RE-STYLING OF THE HOSPITAL'S THREE SEPARATE I NTENSIVE CARE UNITS INTO ONE STATE- OF-THE-ART, 24-BED ICU H SENTARA HALIFAX REGIONAL HOS PITAL, LOCATED IN SOUTH BOSTON, OPENED A BEHAVIORAL HEALTH PARTIAL HOSPITALIZATION PROGRAM TO JOIN ITS EXISTING INTENSIV</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>E OUTPATIENT PROGRAM IN ORDER TO FURTHER ENHANCE ITS BEHAVIORAL HEALTH SERVICES FOR THE COMMUNITY I SENTARA LEIGH HOSPITAL, LOCATED IN NORFOLK, SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, AND SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, INTRODUCED THEIR SENTARA FOOT AND ANKLE CENTERS THESE CENTERS HAVE DEVELOPED PATHWAYS FOR PATIENTS TO RECEIVE THE RIGHT CARE FOR THE TYPE OF FOOT OR ANKLE CONCERN INDIVIDUALS MAY HAVE J SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, COMPLETED ITS MODERNIZATION PROJECT RESULTING IN THE ADDITION OF TWO NEW FLOORS TO THE HOSPITAL AND THE ADDITION OF 14 INPATIENT HOSPITAL BEDS AND 10 OBSERVATION BEDS, EXPANDED MONITORING FOR CARDIAC PATIENTS, INPATIENT DIALYSIS CENTER TO TREAT PATIENTS WITH KIDNEY FAILURE, AND ALLOWS FOR FUTURE EXPANSION OF SURGICAL SERVICES K SENTARA CAREPLEX HOSPITAL, LOCATED IN HAMPTON, EXPERIENCED A STRONG FIRST YEAR OF OFFERING MATERNITY SERVICES THE BIRTHING CENTER HAS 7 LABOR, DELIVERY, RECOVERY AND POST-PARTUM ROOMS AND PROVIDES A UNIQUELY MODERN, ULTRA- PERSONALIZED EXPERIENCE FOR WOMEN AND FAMILIES IN THE COMMUNITY L SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER EARNED AN "A" SAFETY GRADE FROM THE LEAPFROG GROUP FOR THEIR COMMITMENT TO KEEPING PATIENTS SAFE AND MEETING THE HIGHEST SAFETY STANDARDS IN THE U.S. M SENTARA OBICHI HOSPITAL IS NOW THE 8TH HOSPITAL IN SENTARA AWARDED MAGNET STATUS THE DESIGNATION, GRANTED TO ABOUT 7% OF U.S. HOSPITALS, CULMINATES A MULTI-YEAR JOURNEY TOWARD RECOGNITION FOR EXCELLENCE IN PATIENT CARE, INNOVATION IN NURSING PRACTICE AND A SUPPORTIVE WORK ENVIRONMENT FOR NURSES N SENTARA ENTERPRISES PROPRIUM PHARMACY, SENTARA'S HIGH-TOUGH SPECIALTY PHARMACY THAT OPENED IN 2016, ACHIEVED URAC ACCREDITATION URAC WAS FORMERLY KNOWN AS THE UTILIZATION REVIEW ACCREDITATION COMMISSION THIS DESIGNATION DEMONSTRATES THAT THE PROPRIUM PHARMACY IS COMMITTED TO QUALITY AND SAFETY AND STRIVES FOR CONTINUOUS IMPROVEMENT OF OUR SERVICES O SENTARA LIFE CARE SENTARA LIFE CARE IS COMPRISED OF ASSISTED LIVING CENTERS, NURSING HOMES, MOBILE MEALS AND THE PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) IN 2018, SENTARA LIFE CARE EXPANDED THE PACE (PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY) SERVICES TO THE WESTERN TIDEWATER AREA TO INCLUDE SURRY, ISLE OF WIGHT AND FRANKLIN CITY PACE IS A COMPREHENSIVE HEALTH CARE AND SUPPORTIVE SERVICES PROGRAM FOR FRAIL SENIORS WHO WISH TO REMAIN IN THEIR HOMES AND COMMUNITY THE PROGRAM IS ONE THAT PROVIDES TOTAL CARE FOR PARTICIPANTS, INCLUDING COMPREHENSIVE MEDICAL AND REHABILITATIVE SERVICES, IN-HOME SERVICES AND TRANSPORTATION THE SENTARA NURSING AND REHABILITATION CENTER WINDERMERE, LOCATED IN VIRGINIA BEACH, OPENED ITS CARDIAC CENTER OF EXCELLENCE, WHICH ALLOWS THEM TO ACCEPT LVAD (LEFT VENTRICULAR ASSIST DEVICE) RESIDENTS NEEDING THERAPY SERVICES THE SENTARA REHABILITATION AND CARE RESIDENCE, LOCATED IN CHESAPEAKE, OPENED ITS BACK & NECK CENTER OF EXCELLENCE</p>

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FORM 990, PART III, LINE 4A	THE SENTARA NEUROSCIENCES AND ORTHOPEDIC TEAMS HAVE PARTNERED TO DEVELOP A COMPREHENSIVE AND PLANNED COURSE OF TREATMENT FOR PATIENTS UNDERGOING SPINE PROCEDURES P SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) SENTARA MEDICAL GROUP LAUNCHED VIDEO VISITS FOR SAME-DAY CARE, ROUTINE CARE, TRANSITION CARE AND MEDICATION REFILLS - ALLOWING FOR SEAMLESS ACCESS TO CARE AND GREATER CONVENIENCE FOR THE CUSTOMER VII QUALITY AND PATIENT SAFETY DISTINCTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>A AWARD-WINNING CARE - AS ALWAYS, SENTARA IS PROUD AND HUMBLLED BY THE VARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVED OVER THE COURSE OF THE YEAR OUR MISSION IS TO IMPROVE HE ALTH EVERY DAY TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION DRIV EN WORK HERE ARE A FEW OF THE 2018 AWARDS AND RECOGNITIONS I FOR THE 18TH CONSECUTIVE Y EAR, THE CARDIOLOGY AND HEART SURGERY PROGRAM AT SENTARA NORFOLK GENERAL HOSPITAL (SENTARA HEART HOSPITAL) WAS LISTED AMONG THE TOP 50 HEART PROGRAMS IN THE U S NEWS & WORLD REPOR T 'BEST HOSPITALS' RANKING #32 IN 2018 SENTARA NORFOLK GENERAL HOSPITAL ALSO EARNED TWO A DDITIONAL TOP 50 NATIONAL RANKINGS FROM U S NEWS & WORLD REPORT DIABETES AND ENDOCRINOLO GY (RANKED NO 31), A SPECIALTY AT EASTERN VIRGINIA MEDICAL SCHOOL, AND NEPHROLOGY (RANKED 48) II SEVEN SENTARA HOSPITALS EARNED HIGHEST GRADE OF "A" FOR DELIVERING SAFE CARE FOR PATIENTS ACCORDING TO THE LEAPFROG HOSPITAL SAFETY SCORE III SENTARA NORFOLK GENERAL HO SPITAL EPILEPSY CENTER HAS BEEN ACCREDITED AS A LEVEL III EPILEPSY CENTER THROUGH THE NATI ONAL ASSOCIATION OF EPILEPSY CENTERS IV SENTARA IS THE ONLY HEALTH SYSTEM ON THE EAST CO AST TO BE NATIONALLY RECOGNIZED AMONG THE 15 TOP HEALTH SYSTEMS BY IBM WATSON HEALTH FOR 2 018 THE AWARD DEMONSTRATES CONSISTENTLY EXCELLENT PERFORMANCE AND A HIGH RATE OF IMPROVEM ENT ACROSS THE ENTIRE ORGANIZATION V SENTARA WAS PLEASD TO HAVE BEEN RECOGNIZED AS ONE OF AMERICA'S BEST EMPLOYERS IN 2018 BY FORBES RANKING IN THE BEST LARGE EMPLOYERS CATEGOR Y, SENTARA IS NUMBER 177 OF 500 COMPANIES CATEGORIZED INTO 25 INDUSTRIES SENTARA WAS NAME D ALONGSIDE ONLY 24 OTHER LARGE ORGANIZATIONS IN THE HEALTHCARE AND SOCIAL INDUSTRY GROUP VI SENTARA EXCELLED IN STROKE CERTIFICATIONS IN 2018 SENTARA NORFOLK GENERAL HOSPITAL, LOCATED IN NORFOLK, ACHIEVED COMPREHENSIVE STROKE CERTIFICATION AFTER A MULTI-YEAR EFFORT TO DO SO AND SENTARA MARTHA JEFFERSON HOSPITAL, LOCATED IN CHARLOTTESVILLE, RECEIVED A FIR ST-EVER PRIMARY STROKE CENTER PLUS CERTIFICATIONS TWO FREE-STANDING EMERGENCY DEPARTMENTS - SENTARA BELLEHARBOUR AND SENTARA INDEPENDENCE - ACHIEVED AN ACUTE STROKE READY CERTIFIC ATION VII SENTARA HALIFAX REGIONAL HOSPITAL WAS NAMED IN THE TOP 100 RURAL AND COMMUNITY HOSPITALS IN THE UNITED STATES BY IVANTAGE HEALTH ANALYTICS AND THE CHARTIS CENTER FOR RU RAL HEALTH THIS IS THE SECOND CONSECUTIVE YEAR THAT THE HOSPITAL HAS RECEIVED THIS DESIGN ATION VIII SENTARA LIFE CARE IN VIRGINIA BEACH WAS RECOGNIZED AS A PATHWAYS OF EXCELLENC E CENTER FROM THE AMERICAN NURSES CREDENTIALING CENTER THIS DESIGNATION RECOGNIZES AN ORG ANIZATION'S COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAG ES STAFF THIS IS THE FIRST LONG-TERM CARE FACILITY IN VIRGINIA TO BE DESIGNATED AS A PATH WAYS TO EXCELLENCE CENTER AND ONLY THE FOURTH LONG TERM CENTER NATIONALLY TO HAVE THIS DES IGNATION IX OPTIMA HEALTH A GROWTH OPTIMA HEALTH COMPLETED ITS OPTIMA GROWTH AND STRATE GIC CAPABILITIES PLAN ADDITIO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NALLY, OPTIMA HEALTH WAS SELECTED AS ONE OF SIX MANAGED CARE ORGANIZATIONS TO SERVE MEMBER S THROUGH MEDICAID EXPANSION, WHICH WILL ALLOW FOR NEARLY 400,000 VIRGINIANS TO NOW HAVE A CCESS TO QUALITY HEALTH CARE MEDICAID EXPANSION ENROLLMENT BEGAN NOVEMBER 1, 2018 WITH AN EFFECTIVE DATE STARTING JANUARY 1, 2019 OPTIMA EXPANDED ITS NETWORK TO INCLUDE RIVERSIDE HEALTH SYSTEM FACILITIES AND PROVIDERS, ENABLING FOR BROADER ACCESS TO CARE FOR MEMBERS CONCLUSION SENTARA HEALTHCARE IS COMMITTED TO IMPROVING HEALTH EVERY DAY WE PROVIDE QUAL ITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKT HROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE ALL WITH A CONSTANT FOCUS ON INNOVATION AND, WE ARE COMMITTED TO SUPPORTING THE COMMUNITIES WE SERVE THROUGH EMPLOYEE VOLUNTEERIS M, GRANTS, SPONSORSHIPS, AND SUPPORTING INITIATIVES THAT LIFT OUR COMMUNITIES WE LOOK FOR WARD TO ANOTHER YEAR OF COMMUNITY SUCCESS, GROWTH AND INNOVATION IN 2019</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS SENTARA HOSPITALS PROVIDES ACUTE AND TERTIARY INPATIENT AND OUTPATIENT MEDICAL SERVICES THROUGH THE OPERATION OF SEVEN HOSPITALS IN SOUTHEASTERN VIRGINIA AND NORTHEASTERN CAROLINA--SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA CAREPLEX HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA OBICI HOSPITAL, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AND SENTARA ALBEMARLE MEDICAL CENTER THE SEVEN HOSPITALS COMBINED OFFERED 1,788 HOSPITAL BEDS FOR TERTIARY AND ACUTE CARE AND PROVIDED 940,292 ADJUSTED PATIENT DAYS OF CARE DURING 2018 SERVICES INCLUDE DAILY ROUTINE NURSING, WELLNESS PROGRAMS, LEVEL I AND II TRAUMA SERVICES, NIGHTINGALE AIR AMBULANCE, CARDIAC CATHERIZATION, ANGIOGRAPHY, NEONATAL INTENSIVE CARE, COMMUNITY EDUCATION PROGRAMS FOR THE DISADVANTAGED, AND VARIOUS OTHER COMMUNITY ACTIVITIES SENTARA HOSPITALS ALSO PROVIDES MEDICAL EDUCATION PROGRAMMING IN CONJUNCTION WITH THE EASTERN VIRGINIA MEDICAL AUTHORITY OFFERING SPECIALTY SERVICES SUCH AS CARDIOLOGY, IN-VITRO FERTILIZATION AND UROLOGY THE HOSPITAL PROVIDES FREE COMMUNITY HEALTH SCREENINGS AND HEALTH EDUCATION THROUGHOUT HAMPTON ROADS COSTS INCURRED FOR THESE ACTIVITIES ARE NOT SPECIFICALLY ACCUMULATED, BUT INCLUDE SALARIES AND OTHER OPERATING EXPENSES THE FOLLOWING IS A DESCRIPTION OF PROGRAMS AND ACCOMPLISHMENTS OF THE SENTARA HEALTHCARE SYSTEM FOR 2018</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	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	THE BOARD OF DIRECTORS, WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY, WAS ELECTED BY ITS SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NON-STOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, IS ENTITLED TO ONE VOTE ON ALL MATTERS AND HAS THE RIGHT TO ELECT AND REMOVE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY, APPROVE ANY ALTERATION, AMENDMENT OR REPEAL OF ITS GOVERNING DOCUMENTS, APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGET AND ALL FORMAL LONG-RANGE PLANS, APPROVE ANY SINGLE CAPITAL EXPENDITURE EXCEEDING \$1 MILLION, APPROVE ALL BORROWING OR INDEBTEDNESS WHICH IN ANY ONE TRANSACTION OR RELATED SERIES OF TRANSACTIONS EXCEEDS \$500,000, APPROVE 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 OF THE ORGANIZATION, OR REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS, REVIEW THE BOOKS AND RECORDS, CONDUCT AUDITS, AND APPROVE THE SELECTION OF AUDITORS CHOSEN TO CONDUCT AUDITS OF THE ORGANIZATION, AND APPROVE THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OF THE ORGANIZATION, OR THE CREATION OF ANY OTHER CORPORATION OF WHICH THE ORGANIZATION IS TO BE A MEMBER, AND TO APPROVE ANY DISSOLUTION OR OTHER CHANGE IN ANY SUCH LEGAL RELATIONSHIP PREVIOUSLY APPROVED BY SENTARA HEALTHCARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE THE ORGANIZATION WAS PART OF THE SENTARA HEALTHCARE 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 HEATLHCARE, 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 SECTION 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 32 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 CHAIRMAN, P</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	RESIDENT, TREASURER AND CERTAIN KEY EMPLOYEES, WHO ALSO SERVED AS PRESIDENT AND CEO, EXECUTIVE VICE PRESIDENT AND COO, EXECUTIVE VICE PRESIDENT AND CFO, AND SENIOR AND CORPORATE VICE PRESIDENTS OF THE SYSTEM, RESPECTIVELY THE PROCESS WAS LAST UNDERTAKEN DURING THE CURRENT TAX YEAR FOR ALL POSITIONS LISTED

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 IX, LINE 11G	NON-EMPLOYEE HEALTHCARE PROFESSIONALS PROGRAM SERVICE EXPENSES 201,681,571 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 201,681,571 OTHER PROGRAM SERVICE EXPENSES 44,397,160 MANAGEMENT AND GENERAL EXPENSES 9,739,116 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 54,136,276

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK RECLASS OF INTERCO ACCT BALANCES TO EQUITY -137,752,939 PARTNERSHIP INCOME BOOK < TAX -148,108

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	DESCRIPTION OF ORGANIZATION'S MISSION AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY THROUGH THE ESTABLISHMENT AND OPERATION OF ONE OR MORE NONPROFIT HOSPITALS AND RELATED HEALTH AND MEDICAL PROGRAMS FOR THE CARE OF THE SICK AND INJURED, THE OPERATION OF NONPROFIT SCHOOLS FOR THE EDUCATION AND TRAINING OF NURSES AND OTHER PERSONNEL NECESSARY OR DESIRABLE IN PROVIDING HEALTH CARE, THE PROMOTION OF HEALTH, THE CARRYING ON OF SCIENTIFIC MEDICAL RESEARCH IN THE PUBLIC INTEREST, AND THE CARRYING ON OF ANY OTHER ACTIVITIES WHICH FURTHER OR ADVANCE THE GENERAL HEALTH AND WELFARE OF THE COMMUNITIES SERVED BY THE ORGANIZATION

990 Schedule O, Supplemental Information

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 SECTION 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, LINE 1B	BOARD MEMBER INDEPENDENCE THE ORGANIZATION'S BOARD OF DIRECTORS IS ELECTED ANNUALLY BY SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 18 VOTING MEMBERS, 17 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316027249	
SCHEDULE R (Form 990)	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
					2018
	Department of the Treasury Internal Revenue Service	Open to Public Inspection			
Name of the organization SENTARA HOSPITALS				Employer identification number 54-1547408	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
See Additional Data Table					
(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

1a Yes

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

1b Yes

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

1c Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f Yes

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k Yes

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

1s Yes

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) 2018

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: 54-1547408
Name: SENTARA HOSPITALS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) WILLIAMSBURG MEDICAL MGT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1760126	MOB RENTAL	VA	292,084	2,459,168	SENTARA HOSPITALS
(1) HPVA LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-8256631	HOLDING COMPANY	VA		804,979	SENTARA HOSPITALS
(2) SENTARA ALBEMARLE REGIONAL MEDICAL CENTER LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-3846081	HOSPITAL	VA	115,506,933	79,716,521	SENTARA HOSPITALS
(3) SARMC ANESTHESIA SPECIALISTS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 37-1791448	ANESTHESIA BILLING	VA	10,954,782		SENTARA ALBEMARLE REGIONAL MEDICAL CENTER
(4) SENTARA BLUE RIDGE LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-3834045	HOLDING COMPANY	VA			SENTARA HOSPITALS
(5) PROPRIUM LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-2458568	SPECIALTY PHARMACY	VA	156,002,674	42,653,312	SENTARA HOSPITALS
(6) SENTARA WORKFORCE SOLUTIONS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 83-1997553	WORKFORCE SOLUTIONS	VA			SENTARA HOSPITALS

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 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 52-1271901	HEALTH CARE	VA	501(C)(3)	LINE 7	N/A		No
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 54-0853898	HEALTH CARE	VA	501(C)(3)	LINE 3	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 MARTHA JEFFERSON HOSPITAL	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	

[illegible]

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
(1) SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
(1) SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
(2) OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
(3) OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
(4) OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
(5) SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
(6) SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
(7) SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
(8) SENTARA HEALTH PLANS OF OHIO INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1509408	TPA	OH	N/A	C				Yes	
(9) SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
(10) SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C				Yes	
(11) MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C				Yes	
(12) SENTARA SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
(13) DOMINION HEALTH MEDICAL ASSOCIATES LTD 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
(14) SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	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
(16) POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	N/A	C				Yes	
(1) ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
(2) MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
(3) BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	OTHER INSURANCE FUNDS	CJ	N/A	C				Yes	
(4) ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	
(5) THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 56-2295574	BUILDING ASSOCIATION	VA	N/A	C				Yes	
(6) MEDSTREAMING EGYPT SOFTWARE 15 ANMAR IBN YASSER ST CAIRO EG	CONSULTING	EG	N/A	C				Yes	
(7) HIGHLAND DIRECT HEDGED EQUITY FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	INVESTMENT	CJ	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
(1)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	C	133,623,257	CORP BOOKS/REC
(1)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	20,352,498	CORP BOOKS/REC
(2)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	N	8,664,449	CORP BOOKS/REC
(3)	SENTARA PRINCESS ANNE HOSPITAL	F	16,988,300	CORP BOOKS/REC
(4)	SENTARA PRINCESS ANNE HOSPITAL	L	21,553,934	CORP BOOKS/REC
(5)	SENTARA PRINCESS ANNE HOSPITAL	N	3,140,056	CORP BOOKS/REC
(6)	SENTARA PRINCESS ANNE HOSPITAL	Q	38,087,532	CORP BOOKS/REC
(7)	SMG INNOVATIONS INC	Q	175,735	CORP BOOKS/REC
(8)	SENTARA MEDICAL GROUP	A	408,441	CORP BOOKS/REC
(9)	SENTARA MEDICAL GROUP	K	6,655,552	CORP BOOKS/REC
(10)	SENTARA MEDICAL GROUP	C	60,581,526	CORP BOOKS/REC
(11)	SENTARA MEDICAL GROUP	L	7,419,117	CORP BOOKS/REC
(12)	SENTARA MEDICAL GROUP	M	109,370,035	CORP BOOKS/REC
(13)	SENTARA MEDICAL GROUP	S	1,407,076	CORP BOOKS/REC
(14)	SENTARA ENTERPRISES	L	6,737,989	CORP BOOKS/REC
(15)	SENTARA ENTERPRISES	M	5,608,945	CORP BOOKS/REC
(16)	SENTARA ENTERPRISES	B	255,114	CORP BOOKS/REC
(17)	ST LUKES PROPERTIES LLC	K	1,010,765	CORP BOOKS/REC
(18)	MPB INC	C	10,109,331	CORP BOOKS/REC
(19)	MPB INC	K	14,173,425	CORP BOOKS/REC
(20)	MPB INC	P	83,509	CORP BOOKS/REC
(21)	MPB INC	Q	217,452	CORP BOOKS/REC
(22)	MPB INC	R	63,021	CORP BOOKS/REC
(23)	SENTARA LIFE CARE CORP	B	4,729,942	CORP BOOKS/REC
(24)	SENTARA LIFE CARE CORP	L	5,939,671	CORP BOOKS/REC

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
(26)	SENTARA LIFE CARE CORP	M	3,047,708	CORP BOOKS/REC
(1)	SENTARA LIFE CARE CORP	O	1,868,528	CORP BOOKS/REC
(2)	SENTARA HEALTH PLANS INC	L	147,432,980	CORP BOOKS/REC
(3)	SENTARA HEALTH PLANS INC	Q	1,726,746	CORP BOOKS/REC
(4)	OPTIMA HEALTH INSURANCE COMPANY	L	21,653,193	CORP BOOKS/REC
(5)	OPTIMA HEALTH PLAN	L	129,603,158	CORP BOOKS/REC
(6)	PRINCESS ANNE AMBULATORY SURGERY MGT LLC	Q	1,103,773	CORP BOOKS/REC
(7)	OBICI REAL ESTATE HOLDINGS LLC	A	53,550	CORP BOOKS/REC
(8)	OBICI REAL ESTATE HOLDINGS LLC	Q	57,975	CORP BOOKS/REC
(9)	SENTARA OBICI AMBULATORY SURGERY LLC	Q	396,414	CORP BOOKS/REC
(10)	MARTHA JEFFERSON HOSPITAL	C	209,510,340	CORP BOOKS/REC
(11)	MARTHA JEFFERSON HOSPITAL	L	27,098,130	CORP BOOKS/REC
(12)	MARTHA JEFFERSON HOSPITAL	N	4,454,829	CORP BOOKS/REC
(13)	SENTARA RMH MEDICAL CENTER	L	36,946,821	CORP BOOKS/REC
(14)	SENTARA RMH MEDICAL CENTER	N	12,425,847	CORP BOOKS/REC
(15)	SENTARA RMH MEDICAL CENTER	C	142,569,362	CORP BOOKS/REC
(16)	HALIFAX REGIONAL HOSPITAL	B	5,968,748	CORP BOOKS/REC
(17)	HALIFAX REGIONAL HOSPITAL	L	5,556,565	CORP BOOKS/REC
(18)	HALIFAX REGIONAL HOSPITAL	N	2,461,637	CORP BOOKS/REC
(19)	HALIFAX REGIONAL LONG TERM CARE	B	1,014,204	CORP BOOKS/REC
(20)	HALIFAX REGIONAL LONG TERM CARE	L	923,740	CORP BOOKS/REC
(21)	VALLEY WELLNESS CENTER	B	288,746	CORP BOOKS/REC
(22)	VALLEY WELLNESS CENTER	L	196,558	CORP BOOKS/REC
(23)	ALBEMARLE PHYSICIAN SERVICES	L	1,551,464	CORP BOOKS/REC
(24)	CLARKSVILLE SENIOR CARE	B	742,032	CORP BOOKS/REC

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
(51) CLARKSVILLE SENIOR CARE	L	731,642	CORP BOOKS/REC
(1) HALIFAX REGIONAL PROPERTIES	B	65,738	CORP BOOKS/REC
(2) HALIFAX REGIONAL PROPERTIES	L	83,428	CORP BOOKS/REC
(3) SENTARA SOUTHSIDE HEALTH SERVICES	B	106,222	CORP BOOKS/REC
(4) SENTARA SOUTHSIDE HEALTH SERVICES	L	84,748	CORP BOOKS/REC
(5) SENTARA SOUTHSIDE HEALTH SERVICES	S	90,073	CORP BOOKS/REC
(6) DOMINION HEALTH MEDICAL ASSOCIATES	L	1,652,561	CORP BOOKS/REC
(7) PRINCESS ANNE AMBULATORY SURGERY MGT LLC	S	1,700,316	CORP BOOKS/REC
(8) OBICI REAL ESTATE HOLDINGS LLC	S	173,793	CORP BOOKS/REC
(9) SENTARA OBICI AMBULATORY SURGERY LLC	S	268,800	CORP BOOKS/REC