


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☒ Amended return

☐ Application pending

C Name of organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Doing business as  
SENTARA NORTHERN VA MED CENTER

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

Room/suite

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

D Employer identification number  
  
54-0853898

E Telephone number  
  
(757) 455-7020

G Gross receipts \$ 247,878,289

F Name and address of principal officer  
STEPHEN D PORTER  
6015 POPLAR HALL DRIVE  
NORFOLK, VA 23502

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SENTARA.COM

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

L Year of formation 1968

M State of legal domicile VA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	1,431
	6	Total number of volunteers (estimate if necessary)	349
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0
	8	Contributions and grants (Part VIII, line 1h)	2,758,543
	9	Program service revenue (Part VIII, line 2g)	231,426,203
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,033
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	710,215
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,897,994
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,148,440
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	92,257,402
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	119,852,512
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	213,258,354
	19	Revenue less expenses Subtract line 18 from line 12	21,639,640
	20	Total assets (Part X, line 16)	216,803,786
	21	Total liabilities (Part X, line 26)	20,684,307
	22	Net assets or fund balances Subtract line 21 from line 20	196,119,479

Part II Signature Block

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

Sign Here

Signature of officer

2017-09-18

Date

ROBERT A BROERMANN TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

**Part III**

Statement of Program Service Accomplishments

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

☐

☒

**1**

Briefly describe the organization's mission

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

**2**

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

**3**

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4**

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

<b>4a</b>	(Code )	(Expenses \$ 179,716,675	including grants of \$ 996,641	) (Revenue \$ 243,772,787 )
SENTARA NORTHERN VIRGINIA MEDICAL CENTER ("SNVMC") PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES THROUGH THE OPERATION OF A 183-BED TERTIARY AND ACUTE CARE HOSPITAL THAT SERVES THE INCREASINGLY DIVERSE COMMUNITY IN PRINCE WILLIAM, SOUTHERN FAIRFAX, AND NORTHERN STAFFORD COUNTIES. THE HOSPITAL PROVIDED 96,479 ADJUSTED PATIENT DAYS OF CARE DURING 2014 AND OFFERS A WIDE RANGE OF MEDICAL SPECIALTIES, A HIGHLY QUALIFIED MEDICAL AND CLINICAL STAFF, AND STATE-OF-THE-ART TECHNOLOGY REQUIRED TO UPHOLD ITS MISSION. SNVMC ALSO OPERATES TWO OFF-SITE OUTPATIENT CAMPUSES THAT OFFER 24-HOUR EMERGENCY CARE, DOCTORS' OFFICES, AND QUALITY DIAGNOSTIC TESTING INCLUDING ADVANCED IMAGING AND LAB SERVICES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$ )

<b>4c</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$ )

**4d**

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

















**4e**

Total program service expenses

179,716,675

Part IV

Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26	Yes	
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? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	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? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	117	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	1,431
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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	No
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	
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	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		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	
<b>10 Section 501(c)(7) organizations.</b> 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	
<b>11 Section 501(c)(12) organizations.</b> 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	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	
<b>14a</b> 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	

**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 ☒ **Yes**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
<b>7b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

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

**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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**CORPORATE OFFICERS**

6015 POPLAR HALL DRIVE  
 NORFOLK, VA 23502 (757) 455-7020

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) HOWARD P KERN ..... DIRECTOR/ VICE CHAIR	1 00 ..... 51 20	X		X				0	1,973,999	3,513,837
(2) DAVID L BERND ..... DIRECTOR	1 00 ..... 53 20	X						0	4,230,690	87,267
(3) MARY BETH MICHOS ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(4) CAROL S SHAPIRO MD ..... DIRECTOR	1 00 ..... 40 00	X						0	124,895	11,193
(5) R MICHAEL SORENSEN ..... DIRECTOR/CHAIRMAN	2 00 ..... 0 00	X		X				0	0	0
(6) VIKAS CHANDOK PHD ..... DIRECTOR (1/2014 TO 7/2014)	1 00 ..... 0 00	X						0	0	0
(7) MICHAEL D LUBELEY ESQ ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(8) STEPHEN D PORTER ..... PRESIDENT/DIRECTOR	40 00 ..... 1 00	X		X				600,661	0	203,397
(9) ROBERT A BROERMANN ..... TREASURER	1 00 ..... 51 80			X				0	1,506,536	238,926
(10) KELA CASEY ..... ASST SECRETARY	40 00 ..... 0 00			X				91,842	0	26,113
(11) JEFFREY KING ..... SECRETARY	1 00 ..... 46 00			X				0	669,601	105,930
(12) NATHAN VANGENDEREN ..... CFO/ASSIST TREAS (THRU 3/14)	0 00 ..... 40 00			X				0	183,997	9,824
(13) VALERIE E KEANE ..... KE (VP, NURSE EXECUTIVE)	40 00 ..... 0 00				X			234,308	0	296,755
(14) DORKA M PICARD ..... KE (VP, DIVISION VII)	40 00 ..... 0 00				X			193,576	0	81,548

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			
(15) MARLENE M BOLSTER ..... KE (VP, OPERATIONS)	40 00 ..... 0 00				X			186,405	0	16,920
(16) MICHAEL R KING ..... KE (CFO, SNVMC)	40 00 ..... 0 00				X			219,590	0	62,404
(17) DAVID SCHWARTZ ..... VPMA, SNVMC/PHYSICIAN EXEC, NOVA	40 00 ..... 0 00					X		305,748	0	21,959
(18) ROBIN ADAMS ..... DIR, MARKET DEVELOPMENT	40 00 ..... 0 00					X		223,369	0	35,249
(19) ADEDAYO AKINBI ..... DIR, PHARMACY	40 00 ..... 0 00					X		176,358	0	41,361
(20) WENDY M ATKINSON ..... SENIOR DIRECTOR	40 00 ..... 0 00					X		158,388	0	219,565
(21) KENNETH R ERICKSON JR ..... ASST DIRECTOR, PHARMACY SERVICES	40 00 ..... 0 00					X		154,008	0	10,856
(22) MEGAN R PERRY ..... FORMER DIRECTOR/OFFICER	0 00 ..... 41 00						X	0	737,001	386,442

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	2,544,253	9,426,719	5,369,546

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▶125

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	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
SODEXO INC PO BOX 905374 CHARLOTTE, NC 28290	FOOD & FACILITY MGMT	2,327,569
MASTERPLAN INC 9582 TOPANGA CANYON RD CHATSWORTH, CA 91311	MEDICAL SYS SUPPORT	1,061,847
DELPHI HEALTHCARE PARTNERS INC 170 SOUTHPORT DR MORRISVILLE, NC 27560	MEDICAL PROFESSIONAL SERVICES	981,597
PYRAMID HEALTHCARE SOLUTIONS INC PO BOX 17389 CLEARWATER, FL 337620389	HC CONSULTANTS	830,418
LAB CORP OF AM HOLDINGS PO BOX 12140 BURLINGTON, NC 27216	DIAGNOSTIC TESTING SERVICES	742,642
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶37		



Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b	1,620			
	c	Fundraising events . . . . .	1c	5,000			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	1,241,787			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	646,418			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		1,894,825			
Program Service Revenue	2a	PATIENT SERVICE REV	Business Code 900099	242,905,475	242,905,475		
	b	EQUITY IN EARN OF AFFIL	900099	495,844	495,844		
	c	OTHER PROGRAM SVC REV	900099	371,468	371,468		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		243,772,787			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		59,763			59,763
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .					
	6a	Gross rents	(i) Real 1,592,740				
	b	Less rental expenses	876,670				
	c	Rental income or (loss)	716,070				
	d	Net rental income or (loss) . . . . .		716,070			716,070
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 52,000				
	b	Less cost or other basis and sales expenses	4,734,662				
	c	Gain or (loss)	-4,682,662				
	d	Net gain or (loss) . . . . .		-4,682,662			-4,682,662
	8a	Gross income from fundraising events (not including \$ 5,000 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	a		113,109				
	b	Less direct expenses . . . . .	45,688				
	c	Net income or (loss) from fundraising events . . . . .		67,421			67,421
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	a						
	b	Less direct expenses . . . . .					
	c	Net income or (loss) from gaming activities . . . . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .					
	a		159,866				
	b	Less cost of goods sold . . . . .	96,200				
	c	Net income or (loss) from sales of inventory . . . . .		63,666			63,666
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA/CAFE SALES	722210	233,199			233,199
	b						
	c						
	d	All other revenue . . . . .					
	e	Total. Add lines 11a-11d . . . . .		233,199			
	12	Total revenue. See Instructions . . . . .		242,125,069	243,772,787	0	-3,542,543

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	934,901	934,901		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	61,740	61,740		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,213,519	1,770,815	442,704	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	73,594,366	58,875,493	14,718,873	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,476,088	2,780,870	695,218	
<b>9</b> Other employee benefits . . . . .	6,175,600	4,940,480	1,235,120	
<b>10</b> Payroll taxes . . . . .	5,543,812	4,435,050	1,108,762	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	5,781,168	4,624,934	1,156,234	
<b>b</b> Legal . . . . .	352,821	282,257	70,564	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	14,412,936	14,017,859	395,077	
<b>12</b> Advertising and promotion . . . . .	850,796	680,637	170,159	
<b>13</b> Office expenses . . . . .	9,252,755	7,402,204	1,850,551	
<b>14</b> Information technology . . . . .	1,122,689	898,151	224,538	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,757,306	3,805,845	951,461	
<b>17</b> Travel . . . . .	125,997	100,798	25,199	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	58,475	46,780	11,695	
<b>20</b> Interest . . . . .	1,766,888	1,766,888		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	14,319,580	11,455,664	2,863,916	
<b>23</b> Insurance . . . . .	860,024	688,019	172,005	
<b>24</b> 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) . . . . .				
<b>a</b> MEDICAL SUPPLIES	34,156,233	34,156,233		
<b>b</b> BAD DEBT	23,303,268	23,303,268		
<b>c</b> SENTARA SERVICE EXPENSE	10,046,128		10,046,128	
<b>d</b> RECRUITING	963,377	770,702	192,675	
<b>e</b> All other expenses	2,396,359	1,917,087	479,272	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	216,526,826	179,716,675	36,810,151	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X**

**Balance Sheet**

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

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>	
	<b>2</b>	Savings and temporary cash investments . . . . .		17,927,323	<b>2</b>	5,112,338
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		27,787,418	<b>4</b>	30,392,515
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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 . . . . .		382,489	<b>6</b>	173,461
	<b>7</b>	Notes and loans receivable, net . . . . .		934,181	<b>7</b>	785,594
	<b>8</b>	Inventories for sale or use . . . . .		4,201,391	<b>8</b>	4,313,972
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		686,917	<b>9</b>	668,832
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 321,977,637			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 162,730,529	154,511,742	<b>10c</b>	159,247,108
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		2,597,709	<b>14</b>	2,597,709
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		7,774,616	<b>15</b>	7,301,602
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		216,803,786	<b>16</b>	210,593,131
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		6,842,773	<b>17</b>	5,248,472
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		161,671	<b>19</b>	107,781
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		13,679,863	<b>25</b>	15,320,125
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		20,684,307	<b>26</b>	20,676,378
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		194,026,259	<b>27</b>	187,827,560
	<b>28</b>	Temporarily restricted net assets . . . . .		1,426,023	<b>28</b>	1,421,996
	<b>29</b>	Permanently restricted net assets . . . . .		667,197	<b>29</b>	667,197
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		196,119,479	<b>33</b>	189,916,753
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		216,803,786	<b>34</b>	210,593,131

**Part XI**    **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	242,125,069
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	216,526,826
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	25,598,243
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	196,119,479
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-31,800,969
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	189,916,753

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</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.		

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, 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 )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
4c	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)? 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
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))? If "Yes," provide detail in <b>Part VI</b> .		
9b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
9c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	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?		
11b	b A family member of a person described in (a) above?		
11c	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		



**Part IV**   **Supporting Organizations** (continued)

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> 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>	<b>2b</b>		
<b>3</b> <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</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>	<b>3b</b>		

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. 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)		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization

POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number

54-0853898

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to 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</div> <div><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</div> <div><input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

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

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

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 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

4 Number of states where property subject to conservation easement is located ►

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

☐ Yes

☐ No

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

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

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

☐ Yes

☐ No

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

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included in Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

**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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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" to 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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,093,221	2,384,131	3,679,757	4,254,093	1,200,358
b Contributions	587,609	685,717	554,601	1,262,740	3,982,404
c Net investment earnings, gains, and losses					87,528
d Grants or scholarships	48,240	500	1,000	1,000	12,500
e Other expenditures for facilities and programs	543,397	976,127	1,849,227	1,836,076	1,003,697
f Administrative expenses					
g End of year balance	2,089,193	2,093,221	2,384,131	3,679,757	4,254,093

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

31 940 %

c

Temporarily restricted endowment

68 060 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

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

3b

Yes

No

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	8,881,973	2,437,851		11,319,824
b Buildings		159,832,560	62,265,448	97,567,112
c Leasehold improvements		182,295	36,459	145,836
d Equipment		122,683,282	90,024,394	32,658,888
e Other		27,959,676	10,404,228	17,555,448
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				159,247,108



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUND IS FOR THE PRIMARY PURPOSE OF PROVIDING SCHOLARSHIPS TO HIGH SCHOOL SENIORS PLANNING TO ENTER HEALTH CARE RELATED FIELDS OF STUDY. TEMPORARILY RESTRICTED CONTRIBUTIONS ARE TO SPECIFIC PURPOSE FUNDS OR PLANT EXPANSION FUNDS. SPECIFIC PURPOSE FUNDS INCLUDE GENERAL BENEFIT FUNDS SUCH AS MOBILE CLINIC OPERATIONS, MOBILE MAMMOVAN, EMS/EKG TRANSMISSION. OTHER SPECIFIC PURPOSE FUNDS ARE FOR CANCER/ONCOLOGY, AND CARDIAC PLANT EXPANSION FUNDS INCLUDE FUNDS FOR GENERAL BUILDING. SCH D, PART V, COLUMN E, LINE 1B POTOMAC HOSPITAL CORPORATION BECAME AFFILIATED WITH SENTARA HEALTHCARE ON 12/01/09. ADDITIONAL FUNDS OF \$3,843,863 WERE RECLASSIFIED AS ENDOWMENT FUNDS AFTER THE AFFILIATION AND HAVE BEEN SHOWN AS CONTRIBUTIONS ON PART V COLUMN (E) LINE 1B.





SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number  
54-0853898

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and email solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
-

Part II

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMENT (event type)	LOVELIGHT TREE (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	53,093	7,890	5,983	66,966
	2	Less Contributions . . .	5,000			5,000
	3	Gross income (line 1 minus line 2) . . . .	48,093	7,890	5,983	61,966
Direct Expenses	4	Cash prizes . . . .				
	5	Noncash prizes . . .				
	6	Rent/facility costs . . .				
	7	Food and beverages .				
	8	Entertainment . . . .				
	9	Other direct expenses .	20,329	300	4,594	25,223
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(25,223)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				36,743

Part III

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

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

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers? . . . . .

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

☐ Yes

☐ No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility . . . . .	13a	%
b	An outside facility . . . . .	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

☐ Yes

☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

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

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

☐ Yes

☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV

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

Return Reference	Explanation
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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			18,697,057		18,697,057	9 610 %
b Medicaid (from Worksheet 3, column a) . . . . .			24,548,168	20,991,406	3,556,762	1 830 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			43,245,225	20,991,406	22,253,819	11 440 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			614,706		614,706	0 320 %
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j <b>Total</b> Other Benefits . . . . .			614,706		614,706	0 320 %
k <b>Total</b> . Add lines 7d and 7j . . . . .			43,859,931	20,991,406	22,868,525	11 760 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		836		836	0 %
7	Community health improvement advocacy					
8	Workforce development		781,049		781,049	0 400 %
9	Other		4,706		4,706	0 %
10	Total		786,591		786,591	0 400 %

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

23,303,268

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

6,990,980

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

45,653,006

6

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

6

59,143,760

7

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

7

-13,490,754

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 LAKE RIDGE AMBULATORY SURGERY CNTR LLC	OUTPATIENT SURGERY CENTER	42 000 %		36 380 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
2

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

		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
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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?	<b>1</b>	No
<b>2</b>	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	<b>2</b>	No
<b>3</b>	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)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
<b>5</b>	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	<b>5</b>	Yes
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	<b>6a</b>	No
<b>b</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	<b>6b</b>	No
<b>7</b>	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)	<b>7</b>	Yes
<b>a</b>	<input type="checkbox"/> Hospital facility's website (list url)		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) SEE SECTION C BELOW		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	<b>10</b>	No
<b>a</b>	If "Yes" (list url)		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	<b>10b</b>	Yes
<b>11</b>	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		
<b>12a</b>	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)?	<b>12a</b>	No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	<b>12b</b>	
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



Part V Facility Information (continued)

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

	Yes	No
<b>Financial Assistance Policy (FAP)</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>600 0000000000000%</u>		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b> 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)	<b>15</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>		
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
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"/> Actions that require a legal or judicial process		
d	<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 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
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? . . . . . If "No," indicate why	21	Yes
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)		

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

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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
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	23	No
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	24	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
LAKE RIDGE AMBULATORY CENTER

Name of hospital facility or letter of facility reporting group

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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 Yes	
<b>2</b>	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
<b>3</b>	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	No
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
<b>5</b>	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	
<b>6a</b>	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	
<b>b</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	
<b>7</b>	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	
<b>a</b>	<input type="checkbox"/> Hospital facility's website (list url) _____		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
<b>a</b>	If "Yes" (list url) _____	10a	
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
<b>11</b>	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		
<b>12a</b>	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>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

LAKE RIDGE AMBULATORY CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
<b>Financial Assistance Policy (FAP)</b>		
<b>13</b> Did the hospital facility have in place during the tax year a written financial assistance policy that 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 <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>600 0000000000000%</u> <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C) <b>c</b> <input type="checkbox"/> Asset level <b>d</b> <input checked="" type="checkbox"/> Medical indigency <b>e</b> <input checked="" type="checkbox"/> Insurance status <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount <b>g</b> <input type="checkbox"/> Residency <b>h</b> <input type="checkbox"/> Other (describe in Section C)	<b>13</b> Yes	
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b> 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) <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process <b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications <b>e</b> <input type="checkbox"/> Other (describe in Section C)	<b>15</b> Yes	
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url) _____ <b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____ <b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____ <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) <b>f</b> <input 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) <b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP <b>i</b> <input type="checkbox"/> Other (describe in Section C)	<b>16</b> Yes	
<b>Billing and Collections</b>		
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>e</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

LAKE RIDGE AMBULATORY CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
<b>19</b> Did the hospital facility or other authorized third 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>19</b>		No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)				
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party				
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process				
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)				
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)				
<b>a</b> <input type="checkbox"/> Notified individuals of the financial assistance policy on admission				
<b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge				
<b>c</b> <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills				
<b>d</b> <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy				
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)				
<b>f</b> <input type="checkbox"/> None of these efforts were made				
<b>Policy Relating to Emergency Medical Care</b>				
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		<b>21</b>		No
<b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions				
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing				
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)				
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)				
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>				
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care				
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged				
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged				
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged				
<b>d</b> <input type="checkbox"/> Other (describe in Section C)				
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		<b>23</b>		No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		<b>24</b>		No

**Part V**

**Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Form and Line Reference	Explanation
See Additional Data Table	

**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? 6

Name and address	Type of Facility (describe)
<b>1</b> SENTARA RADIOLOGY ASSOCIATES 5055 SEMINARY ROAD STE 104 ALEXANDRIA, VA 22311	OTHER OUTPATIENT SITE
<b>2</b> SENTARA LAKE RIDGE 12825 MINNIEVILLE ROAD LAKE RIDGE, VA 22192	ADVANCED IMAGING CENTER, LAB, AND FREESTANDING ED
<b>3</b> ADVANCED IMAGING CENTER-SPRINGFIELD 6128 BRANDON AVE STE 205 SPRINGFIELD, VA 22150	ADVANCED IMAGING CENTER
<b>4</b> SENTARA LORTON MARKET PLACE 9455 LORTON MARKETPLACE STREET LORTON, VA 22079	OTHER OUTPATIENT SITE
<b>5</b> SENTARA MT VERNON IMAGING CTR 8101 HINSON FARM ROAD ALEXANDRIA, VA 22306	ADVANCED IMAGING CENTER
<b>6</b> SENTARA LORTON STATION IMAGING CTR 8986 LORTON STATION BLVD LORTON, VA 22079	ADVANCED IMAGING CENTER
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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

Form and Line Reference	Explanation
PART I, LINE 6A	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT WAS CONTAINED IN A SYSTEM-WIDE REPORT PREPARED BY SENTARA HEALTHCARE, EIN 52-1271901, THE ORGANIZATION'S 501 (C)(3) SOLE MEMBER



Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO, CALCULATED USING WORKSHEET 2, WAS USED TO CALCULATE COSTS REPORTED IN THE TABLE

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 23,303,268

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>COALITION BUILDING THE ORGANIZATION PARTICIPATED IN VARIOUS COALITIONS ON COMMUNITY ISSUES 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 THE ORGANIZATION ALSO PARTICIPATES IN A YOUTH CAREER EXPO WHICH TARGETS COMMUNITY YOUTH WHO ARE INTERESTED IN LEARNING MORE ABOUT HEALTH CARE CAREERS ADDITIONALLY, THE ORGANIZATION ENTERS INTO PHYSICIAN RECRUITING AGREEMENTS IN ORDER TO INCENT HIGHLY QUALIFIED PHYSICIANS INTO THE COMMUNITY TO FILL POSITIONS IN SERVICES AREAS WHERE THERE IS AN URGENT NEED 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 501(C)(3) TAX EXEMPT ORGANIZATIONS IN THE COMMUNITY</p>

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS REPORTED AT ESTABLISHED RATES IN ACCORDANCE WITH THE ORGANIZATION'S BOOKS AND RECORDS, NET OF ANY DISCOUNTS OR COLLECTIONS ON ACCOUNTS THAT WERE PREVIOUSLY WRITTEN-OFF SEE ALSO THE FOOTNOTE ON PAGE 17 OF THE ATTACHED FINANCIAL STATEMENTS WHICH DISCUSSES BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 3	<p>IN COMPUTING LINE 3, THE ORGANIZATION CONSERVATIVELY ESTIMATES THAT 30% OF BAD DEBT IS 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</p>

Form and Line Reference	Explanation
PART III, LINE 4	SEE PAGE 17 OF THE ATTACHED FINANCIAL STATEMENTS FOR THE FOOTNOTE WHICH DISCUSSES BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 8	WORKSHEET A IN THE INSTRUCTIONS WAS USED TO COMPUTE THE AMOUNT REPORTED ON LINE 6

Form and Line Reference	Explanation
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>



Form and Line Reference	Explanation
PART VI, LINE 2	<p>THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES THROUGH THESE MEANS - ANALYSIS OF AREA SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA THE ANALYSIS FOCUSES ON IDENTIFICATION OF HEALTH CARE NEEDS FOR PLANNING AND DEVELOPMENT OF HEALTH SERVICES AND PROGRAMS THIS ANALYSIS IS UTILIZED FOR EDUCATION OF HOSPITAL LEADERSHIP AND IS INCORPORATED INTO THE ORGANIZATION'S STRATEGIC 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 AND INCORPORATED INTO THE ORGANIZATION'S PLANS - 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 AND ACCESS PARTNERSHIP INFORMATION GATHERED THROUGH THESE ACTIVITIES IS INCORPORATED INTO THE ORGANIZATION'S PLANNING - INFORMATION AND INPUT FROM PATIENTS AND CARE PROVIDERS PATIENT CHARACTERISTICS AND TRENDS ARE REVIEWED TO ASSIST IN IDENTIFYING NEW COMMUNITY NEEDS INPUT FROM PATIENTS AND CARE PROVIDERS IS SOUGHT AND CYCLED INTO THE ASSESSMENT PHASE OF PROJECTS</p>

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE ORGANIZATION'S SERVICE AREA INCLUDES THE FOLLOWING AREAS OF PRINCE WILLIAM, STAFFORD, AND FAIRFAX COUNTIES IN NORTHERN VIRGINIA WOODBRIDGE, DUMFRIES, STAFFORD, TRIANGLE, QUANTICO, MANASSAS, AND LORTON THE 2015 POPULATION OF THE ORGANIZATION'S SERVICE AREA IS 401,359 (SOURCE NIELSEN) AND IS PROJECTED TO GROW BY 7.7% OVER THE NEXT FIVE YEARS, COMPARED TO A PROJECTED U.S. GROWTH RATE OF 3.5%. CURRENTLY APPROXIMATELY 7.9% OF THE POPULATION IS AGE 65+, COMPARED TO 14.7% FOR THE U.S. THIS AGE GROUP IS GROWING IN SIZE AND IS PROJECTED TO COMPRISE 10.4% OF THE ORGANIZATION'S SERVICE AREA POPULATION IN 2020. IN TERMS OF THE RACIAL COMPOSITION, 45.0% OF THE SERVICE AREA'S POPULATION IS WHITE NON-HISPANIC, THIS COMPARES TO 61.8% NATIONWIDE. 23.0% OF THE AREA'S POPULATION IS BLACK NON-HISPANIC, THE U.S. COMPARISON IS 12.3%. THE ASIANS AND PACIFIC ISLANDERS POPULATION REPRESENTS 7.7% OF THE TOTAL, COMPARED TO 5.3% NATIONWIDE. OTHER GROUPS ACCOUNT FOR 4.3% WITHIN THE SERVICE AREA AND 3.1% NATIONALLY. IN TERMS OF THE ETHNIC COMPOSITION, THE HISPANIC ETHNIC GROUP ACCOUNTS FOR 19.9% OF THE POPULATION OF THE SERVICE AREA, COMPARED TO 17.6% NATIONWIDE. OF THE ORGANIZATION'S SERVICE AREA ADULTS, 90.2% HAVE AT LEAST A HIGH SCHOOL LEVEL OF EDUCATION, COMPARED TO THE 86.1% NATIONALLY. THE AREA'S UNEMPLOYMENT RATE IS 4.6%, COMPARED TO 6.2% NATIONALLY. ABOUT 3.7% OF THE AREA'S WORKFORCE IS EMPLOYED IN THE ARMED FORCES. THE AVERAGE HOUSEHOLD INCOME IN THE ORGANIZATION'S SERVICE AREA IS \$123,831 COMPARED TO THE U.S. HOUSEHOLD AVERAGE OF \$74,165. 7.1% OF THE ORGANIZATION'S SERVICE AREA HOUSEHOLDS HAVE AN ANNUAL INCOME OF \$25,000 OR LESS, COMPARED TO 23.5% OF U.S. HOUSEHOLDS. TWO CIVILIAN GENERAL ACUTE CARE HOSPITALS ARE LOCATED WITHIN THIS AREA, THIS INCLUDES THE SENTARA FACILITY. THE AREA IS ALSO SERVED BY SEVERAL OTHER HOSPITALS LOCATED IN SURROUNDING COMMUNITIES.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	THE ORGANIZATION'S GOVERNING BODY IS ELECTED ANNUALLY BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A 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

Form and Line Reference	Explanation
PART VI, LINE 6	SENTARA HEALTHCARE, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER, PROVIDES A NUMBER OF PROGRAMS TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES, IN ADDITION TO THOSE IDENTIFIED FOR THE ORGANIZATION SEE FORM 990 PART III SCHEDULE O DISCLOSURE FOR FURTHER INFORMATION ON THE SERVICES AND FACILITIES PROVIDED BY THE SENTARA HEALTHCARE SYSTEM

Form and Line Reference	Explanation
PART VI	<p>GENERAL NARRATIVE REGARDING AMBULATORY SURGERY CENTERS 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 CARE ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE ASCS UNINSURED INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL PRIOR TO BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS THE ASCS WORK WITH UNINSURED INDIVIDUALS TO COME UP WITH PAYMENT OPTIONS, SUCH AS PAYMENT PLANS, OFFERING FREE CARE IN ACCORDANCE WITH EACH FACILITY'S FINANCIAL ASSISTANCE POLICY OR DISCOUNTED CARE IN ACCORDANCE WITH EACH FACILITY'S UNINSURED DISCOUNT PRACTICES ON DECEMBER 29, 2014, THE IRS ISSUED FINAL REGULATIONS UNDER IRC SECTION 501(R) THE HOSPITAL ORGANIZATION IS TAKING ALL NECESSARY STEPS TO INSURE ITS ASCS ARE IN COMPLIANCE WITH THESE FINAL REGULATIONS ON OR BEFORE JANUARY 1, 2016</p>



Schedule H (Form 990) 2014

Additional Data

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

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, 6l, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 5 IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS), SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH THROUGH 1) SURVEYING KEY COMMUNITY STAKEHOLDERS BY USE OF AN ONLINE SURVEY TO IDENTIFY SIGNIFICANT HEALTH PROBLEMS AND SERVICE GAPS, 2) REVIEW OF ASSESSMENTS AND OTHER PLANNING DOCUMENTS PREPARED BY COMMUNITY ORGANIZATIONS SUCH AS THE LOCAL HEALTH DEPARTMENT, AND 3) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS 1) SNVMC CONVENED A CHNA STEERING COMMITTEE RESPONSIBLE FOR OVERSEEING THE ASSESSMENT, INCLUDING THE SURVEY THE STEERING COMMITTEE INCLUDED REPRESENTATIVES OF THE PRINCE WILLIAM HEALTH DISTRICT, THE PRINCE WILLIAM AREA FREE CLINIC, THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER, AND SEVERAL OTHER HEALTH-RELATED ORGANIZATIONS THE COMMITTEE WAS RESPONSIBLE FOR IDENTIFYING KEY STAKEHOLDERS TO RECEIVE THE SURVEY THE SURVEY LIST WAS REVIEWED TO ENSURE BROAD REPRESENTATION, INCLUDING REPRESENTATIVES OF THE LOCAL HEALTH DEPARTMENTS, FREE CLINICS, FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS, COMMUNITY SERVICES BOARDS (MENTAL HEALTH AND SUBSTANCE ABUSE), SOCIAL SERVICES DEPARTMENTS, EDUCATIONAL INSTITUTIONS, PROVIDERS (MEDICAL, DENTAL, ETC ), BUSINESSES, VOLUNTARY HEALTH AGENCIES, AREA AGENCIES ON AGING, CIVIC LEAGUES, THE FAITH COMMUNITY AND OTHER HEALTH AND HUMAN SERVICES ORGANIZATIONS AND GROUPS DURING THE SURVEY PROCESS, THE RESPONSE RATE WAS MONITORED AND FOLLOW UP WAS MADE TO ENSURE GOOD AND BROADLY REPRESENTATIVE PARTICIPATION 2) THE STEERING COMMITTEE ALSO REVIEWED HEALTH-RELATED ASSESSMENTS AND PLANS DEVELOPED BY OTHER ORGANIZATIONS EXAMPLES ARE THE GREATER PRINCE WILLIAM COMMUNITY NEEDS ASSESSMENT AND ASSESSMENTS CONDUCTED BY AND FOR THE POTOMAC HEALTH FOUNDATION 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 THIS OCCURRED WITH MEMBERS OF THE STEERING COMMITTEE AND OTHERS STEERING COMMITTEE MEMBERS WERE INVALUABLE IN CONTRIBUTING TO THE UNDERSTANDING OF THE ASSESSMENT AND THE SHAPING OF THE IMPLEMENTATION STRATEGIES



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

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

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENT HAVE BEEN PROVIDED TO OTHER ORGANIZATIONS THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTP //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SENTARA-NORTHERN-VIRGINIA-COMPLETE-CHNA-2013-FINAL PDF

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

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

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

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

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

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 16I BROCHURES DESCRIBING THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM WERE AVAILABLE IN THE EMERGENCY ROOM AND PATIENT REGISTRATION AREAS AND INCLUDED A CHARITY CARE APPLICATION AND CONTACT INFORMATION FOR RECEIVING ASSISTANCE PATIENTS WHO PRESENTED AS SELF-INSURED WERE AUTOMATICALLY PROVIDED WITH THIS INFORMATION UPON REGISTRATION POSTERS ADVERTISING THE FACILITY'S FINANCIAL ASSISTANCE POLICY WERE CONSPICUOUSLY DISPLAYED IN THE EMERGENCY ROOM AND PATIENT REGISTRATION AREAS ALL LETTERS FOR PAYMENT INCLUDED A NOTIFICATION REGARDING THE FACILITY'S FINANCIAL ASSISTANCE POLICY ALONG WITH CONTACT INFORMATION FOR APPLYING FOR ASSISTANCE A SUMMARY OF THE FACILITY'S FINANCIAL ASSISTANCE PROGRAMS WAS AVAILABLE ON THE PATIENT BILLING SECTION OF THE SENTARA WEBSITE (HTTP //WWW SENTARA COM/WOODBIDGE-VIRGINIA/PATIENTGUIDE/BILLING-INFORMATION/FINANCIAL-ASSISTANCE ASPX )

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 20E AS ONLY PRE-ARRANGED PROCEDURES ARE PERFORMED AT THE FACILITY, UNINSURED INDIVIDUALS DESIRING TREATMENT HAD TO FIRST SPEAK WITH FACILITY PERSONNEL BEFORE BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS FAP-ELIGIBILITY WAS DISCUSSED AT THIS TIME INSURED INDIVIDUALS WITH BALANCES DUE WERE MADE AWARE OF THE FINANCIAL ASSISTANCE POLICY WHEN UNABLE TO PAY THEIR BILLS

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 21D THE FACILITY IS AN AMBULATORY SURGERY CENTER AND DOES NOT TREAT INDIVIDUALS REQUIRING EMERGENCY MEDICAL CARE ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE FACILITY SEE PART VI NARRATIVE ON THE ORGANIZATION'S AMBULATORY SURGERY CENTER FOR FURTHER INFORMATION

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
54-0853898

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) THE SKILLSOURCE GROUP INC 8300 BOONE BLVD STE 450 VIENNA,VA 22182	30-0129320	501(C)(3)	21,454				DONATION/SPONSORSHIP
(2) SENTARA HEALTHCARE 6015 POPLAR HALL DR NORFOLK,VA 23502	52-1271901	501(C)(3)	872,797				OVERHEAD ALLOCATION
(3) CHRIS4LIFE COLON CANCER FOUNDATION 8300 BOONE BLVD STE 450 VIENNA,VA 22182	27-1151647	501(C)(3)	10,000				DONATION/SPONSORSHIP

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

3

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	9	13,500			
(2) MAMMOGRAM FOLLOW-UP VISITS FOR UNINSURED	62	48,240			

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

Return Reference	Explanation
PART I, LINE 2	AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM THE ORGANIZATION DONATES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITH A SIMILAR MISSION OF PROVIDING AND PROMOTING HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY SUCH ORGANIZATIONS ALSO HAVE COMMUNITY BOARDS WHICH OVERSEE THE PROPER EXPENDITURES OF SUCH FUNDS AUXILIARY SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO PLAN TO PURSUE CAREERS IN A MEDICAL HEALTH CARE OR RELATED FIELD IN 2014, THE AUXILIARY AWARDED \$13,500 IN SCHOLARSHIPS IN 2014, \$48,240 WAS PAID FOR MAMMOGRAM FOLLOW-UP VISITS FOR UNINSURED INDIVIDUALS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<b>b</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 Yes	
<b>2</b> 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 Yes	
<b>3</b> 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><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
<b>c</b> 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
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	5a	No
<b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	6a	No
<b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
<b>8</b> Were any amounts reported in 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
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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.

(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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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 1A	THE ORGANIZATION COVERED THE RELOCATION EXPENSES OF TWO EXECUTIVE RECRUITS, INCLUDING TEMPORARY HOUSING AND THE ADDITIONAL TAXES ASSOCIATED WITH SUCH BENEFITS, ALL OF WHICH WERE TREATED AS TAXABLE COMPENSATION
PART I, LINE 3	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, 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
PART I, LINE 4B	HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATIONS' 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. DAVID BERND AND HOWARD KERN PARTICIPATED IN THE SENTARA OPTION PLAN FOR EXECUTIVES. THIS PLAN IS UNRELATED TO "EQUITY" OF THE EMPLOYER. PARTICIPATION IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. VESTING IS DETERMINED BY THE GOVERNING BOARD OF THE ORGANIZATION AND IS SEPARATELY STATED IN EACH PARTICIPANT'S OPTION AGREEMENT. THERE WERE NO OPTIONS GRANTED AFTER 2002. DAVID BERND, HOWARD KERN, ROBERT BROERMANN, MEGAN PERRY, STEPHEN PORTER, AND JEFFREY KING PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN. PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE. UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE). DURING 2014, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: DAVID BERND (\$1,328,440), ROBERT BROERMANN (\$210,317), HOWARD KERN (\$146,902), MEGAN PERRY (\$38,153), STEPHEN PORTER (\$36,026), AND JEFFREY KING (\$17,327). THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II.
PART I, LINE 7	DURING 2014, 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. PERFORMANCE PLUS - ELIGIBLE FULL-TIME AND PART-TIME EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN MAY EARN ADDITIONAL COMPENSATION IF THEIR BUSINESS UNIT MEETS FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE GOALS, AND THE SYSTEM NET OPERATING MARGIN GOAL HAS BEEN MET. INDIVIDUAL PAYOUT IS BASED ON JOB CLASSIFICATION, BUSINESS UNIT GOAL SUCCESS AND PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION. GOALS AND THE PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN. AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD, BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE, AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE. SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION.

**Additional Data**

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HOWARD P KERN, DIRECTOR/ VICE CHAIR	(i) 0 (ii) 973,020	0 814,072	0 186,907	0 3,496,873	0 16,964	0 5,487,836	0 0
DAVID L BERND, DIRECTOR	(i) 0 (ii) 1,401,631	0 1,431,286	0 1,397,773	0 65,011	0 22,256	0 4,317,957	0 777,268
STEPHEN D PORTER, PRESIDENT/DIRECTOR	(i) 379,520 (ii) 0	126,350 0	94,791 0	188,110 0	15,287 0	804,058 0	16,450 0
ROBERT A BROERMANN, TREASURER	(i) 0 (ii) 732,606	0 537,843	0 236,087	0 221,150	0 17,776	0 1,745,462	0 98,673
JEFFREY KING, SECRETARY	(i) 0 (ii) 440,214	0 186,368	0 43,019	0 83,230	0 22,700	0 775,531	0 10,062
NATHAN VANGENDEREN, CFO/ASSIST TREAS (THRU 3/14)	(i) 0 (ii) 70,756	0 78,074	0 35,167	0 4,749	0 5,075	0 193,821	0 0
VALERIE E KEANE, KE (VP, NURSE EXECUTIVE)	(i) 192,317 (ii) 0	23,605 0	18,386 0	283,553 0	13,202 0	531,063 0	0 0
DORKA M PICARD, KE (VP, DIVISION VII)	(i) 163,782 (ii) 0	19,914 0	9,880 0	77,761 0	3,787 0	275,124 0	0 0
MARLENE M BOLSTER, KE (VP, OPERATIONS)	(i) 185,542 (ii) 0	500 0	363 0	16,443 0	477 0	203,325 0	0 0
MICHAEL R KING, KE (CFO, SNVMC)	(i) 192,206 (ii) 0	24,600 0	2,784 0	56,560 0	5,844 0	281,994 0	0 0
DAVID SCHWARTZ, VPMA, SNVMC/PHYSICIAN EXEC, NOVA	(i) 226,326 (ii) 0	40,881 0	38,541 0	6,784 0	15,175 0	327,707 0	0 0
ROBIN ADAMS, DIR, MARKET DEVELOPMENT	(i) 180,041 (ii) 0	42,792 0	536 0	17,060 0	18,189 0	258,618 0	0 0
ADEDAYO AKINBI, DIR, PHARMACY	(i) 159,673 (ii) 0	15,617 0	1,068 0	21,227 0	20,134 0	217,719 0	0 0
WENDY M ATKINSON, SENIOR DIRECTOR	(i) 142,333 (ii) 0	14,550 0	1,505 0	195,729 0	23,836 0	377,953 0	0 0
KENNETH R ERICKSON JR, ASST DIRECTOR, PHARMACY SERVICES	(i) 144,307 (ii) 0	9,080 0	621 0	9,361 0	1,495 0	164,864 0	0 0
MEGAN R PERRY, FORMER DIRECTOR/OFFICER	(i) 0 (ii) 462,786	0 232,336	0 41,879	0 372,206	0 14,236	0 1,123,443	0 32,630

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				Yes No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) BLUE POINT SURGICAL GROUP		PHYS RECRUIT-INC GUAR		X	206,112	81,586		No		No	Yes	
(2) HALMI & ASSOCIATES INC		PHYS RECRUIT-INC GUAR		X	315,000	91,875		No		No	Yes	

Total ▶ \$ 173,461

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO INTERESTED PERSONS THE ORGANIZATION HAS DETERMINED THAT IT HAS A COMMUNITY OBLIGATION IN FURTHERANCE OF ITS CHARITABLE PURPOSES TO ASSIST IN THE RECRUITMENT OF ADDITIONAL PHYSICIANS TO AND RETENTION OF PHYSICIANS IN ITS SERVICE AREA FOR THE PURPOSE OF IMPROVING THE QUALITY, EXPANDING THE SCOPE, AND ENHANCING THE ACCESSIBILITY OF MEDICAL SERVICES TO RESIDENTS OF ITS SERVICE AREA THE ORGANIZATION HAS DETERMINED THAT THE MOST FEASIBLE METHOD BY WHICH TO MEET THIS COMMUNITY OBLIGATION IS THROUGH THE SELECTIVE USE OF RECRUITMENT INCENTIVES INCLUDING, BUT NOT LIMITED TO, FINANCIAL ASSISTANCE WITH THE COSTS ASSOCIATED WITH RELOCATION OF A PHYSICIAN TO ITS SERVICE AREA, AND THE COSTS ASSOCIATED WITH A PHYSICIAN'S INITIAL YEARS IN PRACTICE IN ITS SERVICE AREA TO THAT END, THE ORGANIZATION HAS ENTERED INTO CERTAIN PHYSICIAN INCOME GUARANTY LOANS, WHICH INCLUDES THE PRACTICE OF DR DENIS J HALMI, A FORMER EX-OFFICIO NON-VOTING DIRECTOR, WHEREBY THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE TO THE PRACTICE IN ORDER TO HELP IT IN RECRUITING, ATTRACTING AND RETAINING ADDITIONAL PHYSICIANS PRACTICING IN A SPECIALTY AREA WHERE THERE IS CURRENTLY AN EXISTING AND PROJECTED SHORTAGE OF PHYSICIANS WITHIN THE ORGANIZATION'S COMMUNITY FUNDS ARE ADVANCED TO THE PRACTICE DURING THE INCOME GUARANTY PERIOD REPAYMENT IS LATER FORGIVEN BASED ON THE PHYSICIAN'S LENGTH OF STAY IN THE SERVICE AREA, IN RECOGNITION OF THE PHYSICIAN'S CONTRIBUTION TO THE HEALTH CARE OF RESIDENTS IN THE SERVICE AREA AMOUNTS FORGIVEN, INCLUDING INTEREST ON OUTSTANDING LOAN BALANCES, ARE REPORTED TO THE IRS ON THE APPLICABLE REPORTING FORM
SCHEDULE L, PART II	FOR THE CALENDAR YEAR 2014, THE FOLLOWING ARE THE AMOUNTS OF PRINCIPAL AND INTEREST FORGIVEN UNDER THE LOANS DR HALMI AND ASSOCIATES, INC FOR DR JOHN DOCKINS PRINCIPAL \$157,500ACCRUED INTEREST \$8,203TOTAL AMOUNT FORGIVEN \$165,703BLUE POINT SURGICAL GROUP FOR DR RAMAN KUMAR PRINCIPAL \$51,528ACCRUED INTEREST \$6,108TOTAL AMOUNT FORGIVEN \$57,636

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.▶ **Attach to Form 990 or 990-EZ.**▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).****2014****Open to Public  
Inspection**Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM**Employer identification number**

54-0853898

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>SENTARA HEALTHCARE I YOUR NOT-FOR-PROFIT HEALTH PARTNER FOR MORE THAN 126 YEARS, SENTARA HAS BEEN COMMITTED TO HELPING PEOPLE WHO WANT THE MOST DEDICATED MEDICAL PROFESSIONALS HELPING THEM THROUGH EVERY STAGE OF LIFE TO PROVIDE A RANGE OF QUALITY CARE. WE HAVE GROWN SLOWLY THROUGHOUT VIRGINIA AND NORTH CAROLINA. WE HAVE REACHED OUT TO INDUSTRY LEADERS AND JOINED FORCES, AND WE NOW OPERATE MORE THAN 100 SITES OF CARE, INCLUDING 12 ACUTE CARE HOSPITALS - SEVEN IN HAMPTON ROADS, ONE IN NORTHERN VIRGINIA, TWO IN THE BLUE RIDGE REGION OF VIRGINIA, ONE IN SOUTHERN VIRGINIA AND ONE IN NORTH CAROLINA. FOR MORE THAN A DECADE, MODERN HEALTHCARE MAGAZINE RANKED US AS ONE OF THE NATION'S TOP INTEGRATED HEALTHCARE SYSTEMS. OUR NOT-FOR-PROFIT SYSTEM PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED-LIVING CENTERS, OUTPATIENT CAMPUSES, PHYSICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE AGENCY, A 3,800-PROVIDER MEDICAL STAFF, AND FIVE MEDICAL GROUPS. IN ADDITION, WE PROVIDE MEDICAL TRANSPORT AMBULANCES AND THE NIGHTINGALE AIR AMBULANCE, AND EXTEND HEALTH INSURANCE TO 450,000 PEOPLE THROUGH OPTIMA HEALTH, OUR AWARD-WINNING HEALTH PLAN. AMONG OUR STRENGTHS, WE ARE A NATIONAL LEADER IN HEART AND KIDNEY CARE, STROKE CARE, AND INFECTION PREVENTION, AND WE WERE THE FIRST IN THE NATION TO PIONEER AND DEVELOP THE EICU, A REMOTE MONITORING SYSTEM FOR INTENSIVE CARE. OUR DEDICATION TO IMPROVING AND INCREASING MEDICAL OPTIONS FOR OUR PATIENTS IS REINFORCED BY OUR ONGOING PARTICIPATION IN NATIONAL AND INTERNATIONAL RESEARCH. THESE VITAL MEDICAL TRIALS HELP US ADVANCE TOWARD OUR MISSION TO IMPROVE HEALTH EVERY DAY. IN NOVEMBER 2014, WE PROUDLY CELEBRATED 126 YEARS OF DELIVERING COMPASSIONATE AND QUALITY CARE. WHEN WE BEGAN AS THE RETREAT FOR THE SICK IN 1888 IN NORFOLK, VIRGINIA, MEDICAL PROVIDERS DEDICATED THEMSELVES TO CARING FOR NORFOLK'S POOR, FOCUSED ON MEETING THEIR IMMEDIATE HEALTHCARE NEEDS. AS NOTED ABOVE AND DETAILED IN THIS REPORT, WE HAVE GROWN INTO A MULTI-STATE, INTEGRATED HEALTHCARE SYSTEM COMMITTED TO STILL DELIVERING THAT SAME COMPASSIONATE AND QUALITY CARE - AND REACHING FAR BEYOND THE PATIENTS WHO COME DIRECTLY TO US. WE STRIVE TO SERVE EVERYONE IN OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION AND FINANCIAL SUPPORT OF OTHER NOT-FOR-PROFIT HEALTH ORGANIZATIONS. II GROWING THE SENTARA FAMILY SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO NEARBY INDUSTRY LEADERS AND JOINED FORCES TO EXTEND HEALTHCARE TO MORE PEOPLE. IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND NORTH CAROLINA BY SEEKING PARTNERSHIPS WITH LONG-ESTABLISHED AND SUCCESSFUL HOSPITALS AND HEALTHCARE SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE AND VALUE. SOME OF OUR MOST RECENT ADDITIONS INCLUDE A HALIFAX REGIONAL HEALTH SYSTEM IN THE FALL OF 2012, HALIFAX REGIONAL HEALTH SYSTEM SIGNED A LETTER OF INTENT TO MERGE WITH SENTARA HEALTHCARE. IT IS AN INTEGRATED SYSTEM INCLUDING A 192-BED HOSPITAL, THREE LONG-TERM CARE FACILITIES, A HOME CARE AND HOSPICE FACILITY, AND A BROAD RANGE OF SPECIALTIES AND OUTPATIENT SERVICES ACROSS THE SOUTH BOSTON REGION, ABOUT 165 MILES WEST OF NORFOLK. THE MERGER WAS COMPLETED JULY 1, 2013, WHICH ALSO MARKED HALIFAX'S 60TH ANNIVERSARY SERVING THE SOUTH BOSTON COMMUNITY. THE SYSTEM'S EXTENSIVE EXPERIENCE CARING FOR RURAL COMMUNITIES MAKES IT PARTICULARLY VALUABLE TO LOCALS AND COMPLEMENTS THE SENTARA COMMITMENT TO PERSONALIZED HEALTHCARE. IT IS NOW THE 11TH OF TWELVE HOSPITALS IN OUR NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM. IN FEBRUARY 2015, HALIFAX REGIONAL HOSPITAL AND SUBSIDIARIES ADOPTED THE SENTARA NAME. B. SENTARA ALBEMARLE MEDICAL CENTER, MEDICAL GROUP AND RELATED FACILITIES. SENTARA HEALTHCARE AND ALBEMARLE HEALTH OF NORTHEASTERN NORTH CAROLINA BEGAN A PARTNERSHIP MARCH 1, 2014, AFTER APPROVAL BY THE PASQUOTANK COUNTY BOARD OF COMMISSIONERS AND THE ALBEMARLE HOSPITAL AUTHORITY BOARD OF COMMISSIONERS AND THEIR TWO-YEAR PROCESS OF EVALUATING POTENTIAL PARTNERS. ALL FOUR ENTITIES SHARE THE GOALS OF IMPROVING THE COMMUNITY'S ACCESS TO PRIMARY CARE, MANAGING CHRONIC DISEASE AND IMPROVING SERVICES AND PROGRAMS IN THE REGION. LOCATED IN ELIZABETH CITY, SENTARA ALBEMARLE MEDICAL CENTER IS A 182 LICENSED-BED, FULL-SERVICE FACILITY OFFERING A WIDE RANGE OF SERVICES, INCLUDING INPATIENT AND CRITICAL CARE, A FULL ARRAY OF SURGICAL SERVICES, SOPHISTICATED DIAGNOSTIC IMAGING TECHNOLOGY, COMPREHENSIVE WOMEN'S CARE, CARDIOLOGY, CANCER TREATMENT, REHABILITATION SERVICES AND MORE. SENTARA ALBEMARLE MEDICAL CENTER HAS ASSEMBLED A MEDICAL STAFF OF MORE THAN 100 PHYSICIANS, REPRESENTING NEARLY 30 SPECIALTIES, AND A CARING STAFF OF ALMOST 1,000 EMPLOYEES. IT IS NUMBER TWELVE OF OUR 12 HOSPITALS. ALBEMARLE PHYSICIAN SERVICES - SENTARA BRINGS TOGETHER A DEDICATED TEAM OF PRIMARY CARE AND SPECIALTY PHYSICIANS TO CARE FOR PATIENTS ACROSS NORTHEASTERN NORTH CAROLINA. ALL OF THE FACILITIES ADOPTED THE SENTARA NAME IN MAY 2014. III. CONSTANTLY LOOKING AHEAD TO BEST SERVE OUR COMMUNITIES AND PROVIDE</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>THE MOST PATIENT-FOCUSED, COST-EFFECTIVE HEALTHCARE POSSIBLE, WE SEEK TO EXPAND AND ENHANCE OUR SERVICES IN A VARIETY OF WAYS. WE STRIVE TO BE THE FIRST IN OUR COMMUNITIES TO OFFER NEW, YET PROVEN, MEDICAL PROCEDURES, AND WE REACH OUT TO NEW COMMUNITIES TO OFFER SERVICES WE HAVE PROUDLY AND SUCCESSFULLY OFFERED IN OTHER REGIONS. WE ALSO LEAD AND PARTICIPATE IN RESEARCH EFFORTS TO IDENTIFY AND TEST FUTURE TREATMENTS AND BEST PRACTICES. SOME OF THE WAYS WE HAVE DONE THIS RECENTLY INCLUDE:</p> <ul style="list-style-type: none"> <li>• OFFERING NEW PROCEDURES AND TECHNOLOGY: SENTARA PHYSICIANS LEAD THE WAY BY OFFERING LIFE-SAVING PROCEDURES PREVIOUSLY NOT AVAILABLE OR NOT READILY AVAILABLE. BY DOING SO, THEY GIVE RESIDENTS THE COMFORT AND COST-SAVINGS OF BEING CLOSE TO HOME WHILE IMPROVING THEIR HEALTH. IN 2014, MARTHA JEFFERSON HOSPITAL BECAME THE FIRST HOSPITAL IN VIRGINIA TO INSTALL THE VARIAN PERFECTPITCH SIX-DEGREES-OF-FREEDOM ROBOTIC COUCH ON ITS LINEAR ACCELERATORS IN RADIATION ONCOLOGY. THE TECHNOLOGY HELPS TO PROVIDE PINPOINT POSITIONING OF PATIENTS UNDERGOING RADIATION THERAPY. IN 2014, SENTARA RMH MEDICAL CENTER JOINED FOUR OTHER SENTARA-RELATED LOCATIONS IN TREATING ADVANCED PROSTATE CANCER USING XOFIGO (RADIUM-223 DICHLORIDE), WHICH RECEIVED FDA APPROVAL IN MAY 2013. IT IS USED IN MEN WITH PROSTATE CANCER METASTASIZED TO THE BONES. THE PROGRAM IS ALSO OFFERED AT SENTARA CAREPLEX, SENTARA NORFOLK GENERAL, MARTHA JEFFERSON HOSPITAL AND PARTNER VIRGINIA ONCOLOGY ASSOCIATES' LAKE WRIGHT LOCATION IN NORFOLK. ALSO IN 2014, THE SENTARA LAKE RIDGE ADVANCED IMAGING CENTER INSTALLED AN MRI MACHINE TO PROVIDE GREATER ACCESS TO DIAGNOSTIC TESTING FOR PATIENTS IN THE EVER-EXPANDING NORTHERN VIRGINIA COMMUNITY. THE NEW MRI OFFERS A LARGER AND SHORTER BORE THAN TRADITIONAL MRI MACHINES, INSTANTLY PUTTING PATIENTS AT GREATER EASE IN THE MORE SPACIOUS DEVICE. THE MRI ROOM FEATURES NATURAL LIGHT THROUGH FROSTED WINDOWS AND MRI GOGGLES FOR TV OR MOVIE VIEWING TO FURTHER FOSTER A RELAXING EXAMINATION ENVIRONMENT. ADDITIONALLY, SENTARA LAKE RIDGE HAS INTRODUCED SCREENING TOOLS FOR PATIENT SAFETY TO AID MRI TECHNOLOGISTS IN DETECTING METAL IN A PATIENT'S BODY PRIOR TO ENTERING THE MRI ROOM. 2014 MARKED THE OPENING OF THE SENTARA AUTONOMIC LAB AT SENTARA HEART HOSPITAL AS WELL. THERE ARE ONLY A HANDFUL OF AUTONOMIC LABS IN THE COUNTRY. AUTONOMIC TESTING DETERMINES HOW WELL YOUR BODY IS REGULATING BLOOD PRESSURE, HEART RATE AND OTHER FUNCTIONS RELATED TO THE AUTONOMIC NERVOUS SYSTEM. THE AUTONOMIC LAB, INCLUDING THERMOREGULATORY SW EAT TESTING, OFFERS FULL-SERVICE AUTONOMIC TESTING AND IS A POTENTIAL REFERRAL SITE FOR PATIENTS THROUGHOUT THE COUNTRY. THE SAME YEAR, SENTARA RMH MEDICAL CENTER STAFF PERFORMED THE HOSPITAL'S FIRST MRI SCAN ON A PATIENT FITTED WITH A PACEMAKER FDA-APPROVED FOR USE IN THE MRI ENVIRONMENT. BEFORE THIS TYPE OF DEVICE WAS INVENTED, PATIENTS WITH IMPLANTED PACE MAKERS WERE PROHIBITED FROM GETTING AN MRI SCAN OVER THE LIFETIME OF THEIR IMPLANTED DEVICE BECAUSE IT WAS UNSAFE. IN 2013, SENTARA ADDED 3D MAMMOGRAPHY, A BREAKTHROUGH TECHNOLOGY FOR DETECTING EARLY BREAST CANCER, AT EIGHT BREAST IMAGING LOCATIONS FROM WILLIAMSBURG TO VIRGINIA BEACH. THE ADVANCED TECHNOLOGY CREATES 3D BREAST RECONSTRUCTIONS SO RADIOLOGISTS CAN VIEW BREASTS IN THIN LAYERS AND SEE EARLY CANCERS THAT WOULD NOT BE VISIBLE USING OTHER MAMMOGRAPHY. IN 2012, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER STARTED A NEW TREATMENT FOR SEVERE ASTHMA CALLED BRONCHIAL THERMOPLASTY. THE MINIMALLY INVASIVE OUTPATIENT PROCEDURE USES A BRONCHOSCOPE TO DELIVER THERMAL ENERGY TO THE LUNGS OF PATIENTS WITH ASTHMA TO DECREASE THE AMOUNT OF SMOOTH MUSCLE IN THE LUNGS - THE MUSCLES THAT CONSTRICT AND RESULT IN ASTHMA SYMPTOMS. </li></ul>



Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>ALSO IN 2012, THE SENTARA CANCER NETWORK'S MOBILE PET/CT BEGAN PERFORMING BODY SCANS TO DISCOVER AND STAGE CANCERS THAT MAY HAVE SPREAD TO THE BONES. THIS IS POSSIBLE DUE TO THE FDA'S APPROVAL OF THE USE OF 18F-SODIUM FLUORIDE AS AN INJECTION. AT SENTARA RMH MEDICAL CENTER IN 2012, PATIENTS WITH THE HEART CONDITION ATRIAL FIBRILLATION BENEFITTED FROM A PROCEDURE CALLED CARDIAC CRYOABLATION, APPROVED BY THE FDA IN LATE 2010. CRYOABLATION EMPLOYS A SPECIAL BALLOON THAT'S FILLED WITH A COOLANT TO REDUCE ITS TEMPERATURE TO MINUS 80 DEGREES CELSIUS. THE BALLOON IS APPLIED TO THE HEART TISSUES THAT CAUSE IRREGULAR HEARTBEATS, AND THE COLD TEMPERATURES DESTROY THE TISSUE AND CORRECT THE HEART'S PROBLEM. IT HAS PROVED SUCCESSFUL FOR PATIENTS WHO DID NOT RESPOND FULLY TO OTHER TREATMENTS. WITH A \$725,000 GRANT FROM THE POTOMAC HEALTH FOUNDATION, SENTARA NORTHERN VIRGINIA MEDICAL CENTER PURCHASED A NEW DIGITAL MAMMOGRAPHY VAN. WITH THE VAN, THE CENTER REACHES WOMEN WITH LITTLE OR NO INSURANCE, IN HOPES OF DETECTING CANCER EARLIER IN WOMEN IN PRINCE WILLIAM COUNTY, WHERE THE RATE IS A HIGHER-THAN-AVERAGE DEATH RATE FROM BREAST CANCER. B. EXPANDING SERVICE AREAS AND PARTNERSHIPS IN JUNE 2014, SENTARA JOINED FORCES WITH FOUR OF THE NATION'S TOP HEART TREATMENT CENTERS AND A LEADING PATIENT ADVOCACY ORGANIZATION TO FORM THE NATIONAL ALLIANCE OF INTEGRATED AFIB CENTERS (NAIAC). THEY SEEK TO COMBAT THE GROWING AND LIFE-THREATENING CONDITION OF AFIB (ATRIAL FIBRILLATION). SENTARA AND THE FIVE OTHER MEMBERS - CEDARS-SINAI HEART INSTITUTE, ST. HELENA ARRHYTHMIA CENTER, ST. VINCENT'S MEDICAL CENTER, ORLANDO HEALTH HEART INSTITUTE AND STOPAFIB.ORG - WILL IMPROVE MEDICAL CARE AND ENHANCE AFIB PATIENTS' QUALITY OF LIFE. AS OF JULY 1, 2014, SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) INSTITUTED A PARTNERSHIP WITH CHILDREN'S NATIONAL HEALTH SYSTEM TO PROVIDE NEONATAL CARE SERVICES. CHILDREN'S NATIONAL HEALTH SYSTEM NEONATOLOGISTS PROVIDE LEVEL 1 (TERM NURSERY) AND LEVEL 2 (INTERMEDIATE NURSERY) COVERAGE WITHIN THE SNVMC NICU (NEONATAL INTENSIVE CARE UNIT). THEY WORK JOINTLY WITH HOSPITAL STAFF AND ON-STAFF OBSTETRICIANS TO DETERMINE THE FEASIBILITY OF PROVIDING CARE FOR 28/29-WEEK NEWBORNS, AS WELL AS MOTHER AND BABY TREATMENT PLANS CREATED IN COLLABORATION WITH THE MOTHER'S OBSTETRICIAN. THE PARTNERSHIP ALLOWS SNVMC TO REDUCE THE NUMBER OF NICU TRANSFERS TO OTHER FACILITIES, FOSTERING THE CARE OF THESE SPECIAL PATIENTS CLOSER TO HOME. IN AUGUST 2014, SENTARA INVESTED IN NUSCRIPTRX, A COMPANY THAT ENHANCES MEDICATION SAFETY IN LONG-TERM CARE FACILITIES WHILE REDUCING WASTE AND COST. NUSCRIPTRX HAS DEVELOPED A FULLY AUTOMATED ON-SITE EMDSTAT MEDICATION DISPENSING SYSTEM AND A FULL SERVICE CENTRALIZED PHARMACY THAT OFFERS SEVEN-DAY MEDICATION REPLENISHMENT VERSUS THE INDUSTRY STANDARD OF 30 DAYS. THIS ENSURES A MORE TIMELY RESPONSE TO MEDICATION CHANGES AND UP TO A SIXTY PERCENT REDUCTION IN PRODUCT WASTES AND TEN TO FIFTEEN PERCENT COST SAVINGS. DAILY DOSAGE PACKAGING CAN REDUCE MEDICATION PASS TIMES FROM THIRTY-FIVE TO FIFTY PERCENT. THE NUSCRIPTRX SYSTEM ALSO HELPS IMPROVE MEDICATION SAFETY WITH ONLINE PATIENT RECORDS. IN AUGUST 2012, SENTARA AND MDLIVE ANNOUNCED AN EQUITY PARTNERSHIP TO DELIVER REAL-TIME MEDICAL CONSULTATIONS VIA TELEPHONE AND ONLINE VIDEO THROUGH AN ESTABLISHED NETWORK OF PHYSICIANS. PATIENTS USE THE MDLIVE VIRTUAL CONSULT PLATFORM TO CONSULT DIRECTLY WITH A LICENSED SENTARA OR PARTNER PHYSICIAN WHO CAN DIAGNOSE LOW-ACUITY ILLNESSES, PROVIDE CARE, AND PRESCRIBE MEDICATIONS. IN 2013, SENTARA EMPLOYEES WITH OPTIMA HEALTH AND CIGNA INSURANCE RECEIVED THE BENEFIT OF SENTARA MDLIVE APPOINTMENTS FOR A \$15 CO-PAY. WE SAW OVER 2,000 SENTARA EMPLOYEES/DEPENDENTS COVERED UNDER OPTIMA INSURANCE REGISTER WITH MDLIVE. THAT SAME YEAR, 429 EMPLOYEES AND THEIR FAMILIES MADE AN APPOINTMENT WITH MDLIVE. SENTARA IS WORKING WITH MDLIVE TO PARTNER WITH OTHER HEALTH SYSTEMS TO OFFER THE BENEFITS TO THEIR EMPLOYEES AND IS WORKING TO LEVERAGE THE TECHNOLOGY TO PILOT NEW MODELS TO TRANSFORM CARE AND IMPROVE LIVES. C. EXPANDING EDUCATIONAL SERVICES CONTINUING TO GROW AND DEVELOP AS WE AIM TO MEET THE DEMAND FOR WELL-EDUCATED HEALTHCARE EXPERTS, THE SENTARA SCHOOL OF HEALTH PROFESSIONALS CHANGED ITS NAME IN 2009 TO THE SENTARA COLLEGE OF HEALTH SCIENCES (SCHS). AT THE SAME TIME, IT RECEIVED APPROVAL TO OFFER A BACCALAUREATE DEGREE IN NURSING, A REQUIREMENT MORE HOSPITALS ARE SETTING FOR ITS STAFF. OUR BACHELOR OF SCIENCE IN NURSING PROGRAM BEGAN IN AUGUST 2010 WITH FOUR WAYS TO RECEIVE A DEGREE: TRADITIONAL BSN, LPN TO BSN, RN TO BSN AND EARLY ADMISSION FOR HIGH SCHOOL SENIORS. THE COLLEGE IS PROVIDING A NEW POOL OF HIGHLY COMPETENT NURSES. THE FIRST RN TO BSN CLASS GRADUATED IN MAY 2012 WITH SEVEN GRADUATES. TWENTY-SIX STUDENTS ALSO GRADUATED IN THE NEW, TRADITIONAL BSN PROGRAM, AND ONE STUDENT GRADUATED IN THE NEW LPN TO BSN PROGRAM. ALL STUDENTS PRACTICE THEIR SKILLS IN THE SENTARA SIMULATION LAB A MINIMUM OF EIGHT TIMES, ENABLING THEM</p>

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	FORM 990, PART III, LINE 4A	<p>EM TO PERFECT THEIR CRITICAL-THINKING SKILLS IN A SAFE ENVIRONMENT THE LAB, EQUIPPED WITH SIX HIGH-FIDELITY PROGRAMMABLE MANNEQUINS WHO CAN CRY, SWEAT, BREATHE RAPIDLY AND DEVELOP SYMPTOMS -- SO THAT IT IS EASILY ACCESSIBLE FOR BOTH STUDENTS AND PROFESSORS, AND CLASSROOM INSTRUCTION OR FEEDBACK CAN OCCUR IMMEDIATELY AFTERWARDS WE FURTHERED OUR OFFERINGS WITH THE SURGICAL TECHNOLOGY PROGRAM AT THE COLLEGE LAUNCHING THE FIRST ASSOCIATE OF OCCUPATIONAL SCIENCE DEGREE WITH THE JANUARY 2013 CLASS D RESEARCHING FOR THE FUTURE IN A PATIENT STUDY CONDUCTED AT SENTARA LEIGH HOSPITAL IN 2012, NURSES WERE EMPOWERED TO GIVE IV FLUIDS AT THE EARLIEST SIGNS THAT A KNEE OR HIP JOINT REPLACEMENT PATIENT'S BLOOD PRESSURE WAS TRENDING DOWNWARD BEFORE THE STUDY, A 10-STEP PROCESS INCLUDING A PHYSICIAN ORDER WAS REQUIRED THE NEW PROTOCOL SPED CARE AND REDUCED THE NUMBER OF PATIENTS WHOSE CONDITIONS WORSENE DUE TO LOW BLOOD PRESSURE BY THIRTY PERCENT STUDY FINDINGS WERE SHARED WITH ORTHOPAEDIC NURSES FROM AROUND THE UNITED STATES DURING THE 33RD ANNUAL NATIONAL ASSOCIATION OF ORTHOPAEDIC NURSES CONFERENCE IN SAN ANTONIO IN MAY 2013 IN APRIL 2012, SENTARA HEART HOSPITAL JOINED THE HEARTLIGHT TRIAL FOR THE TREATMENT OF SYMPTOMATIC ATRIAL FIBRILLATION USING A FIBER OPTIC LIGHT, DOCTORS LOOK INSIDE THE BEATING HEART OF PATIENTS, TESTING A NEW DEVICE CALLED THE CARDIOFOCUS HEARTLIGHT ENDOSCOPIC ABLATION SYSTEM THE SYSTEM INCLUDES A BALLOON, SMALL CAMERA AND LASER LIGHT TO PRECISELY DELIVER LIGHT ENERGY TO MISFIRING AREAS OF THE HEART AND TO HELP RESTORE REGULAR HEART RHYTHM THE STUDY REACHED A MILESTONE IN FEBRUARY 2013 WHEN IT ENROLLED MORE THAN HALF OF THE TOTAL STUDY PARTICIPANTS IN A 10-MONTH, 2012 STUDY, SENTARA PHYSICIANS WORKED WITH THE EASTERN VIRGINIA MEDICAL SCHOOL STRELITZ DIABETES CENTER TO DEVELOP ALERTS IN THE SENTARA ECARE HEALTH NETWORK, OUR ELECTRONIC MEDICAL RECORD SYSTEM, WHEN A CHANGE OCCURS IN A DIABETIC PATIENT'S CONDITION THE ALERTS OFFER GUIDANCE ABOUT THE APPROPRIATE CARE FOR EACH SITUATION DURING THE STUDY PERIOD, PATIENTS SHOWED SUBSTANTIAL IMPROVEMENT NEARLY 900 PATIENTS MOVED FROM THE HIGHEST LEVEL OF RISK FOR COMPLICATIONS TO A HEALTHIER RANGE THE RESULTS WERE PRESENTED MAY 2, 2013 IN PHOENIX AT THE 22ND ANNUAL SCIENTIFIC AND CLINICAL CONGRESS OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGIST (AACE) SENTARA PARTNERED WITH CUPRON AND EOS SURFACES IN 2013 TO LAUNCH THE WORLD'S LARGEST CLINICAL TRIAL TO TEST THE EFFECTIVENESS OF COPPER-INFUSED HARD SURFACES AND LINENS IN PREVENTING HOSPITAL-ACQUIRED INFECTIONS THE STUDY LAUNCHED AT THE SENTARA NORFOLK GENERAL HOSPITAL ICU AND IN THE SENTARA LEIGH HOSPITAL EAST TOWER IN THE FIRST QUARTER OF 2014 WITH MORE THAN 15,000 HORIZONTAL SQUARE FEET OF PATENT-PENDING CUPRON-ENHANCED EOS SURFACES INSTALLED ANTI-ODOR TEXTILES MANUFACTURED BY ENCOMPASS ARE USED FOR PATIENT BED LINENS, GOWNS AND OTHER TEXTILES BEGINNING NOVEMBER 2, 2014, SENTARA CAREPLEX HOSPITAL BECAME THE THIRD FACILITY IN OUR HOSPITAL FAMILY TO ADOPT COPPER-INFUSED LINENS IN FEBRUARY 2015, SENTARA NORFOLK NURSING FACILITY BECAME THE FOURTH CENTER TO IMPLEMENT THE LINENS THE COMPREHENSIVE PROGRAM IS BELIEVED TO BE THE WORLD'S LARGEST HOSPITAL EVALUATION OF ANTIMICROBIAL -PROTECTED MATERIALS, WITH THE GOAL OF COMBATING THE SPREAD OF PATHOGENS KNOWN TO CONTRIBUTE TO HEALTHCARE INFECTIONS APPROXIMATELY SEVEN MILLION PEOPLE WORLDWIDE SUFFER FROM HOSPITAL-ACQUIRED INFECTIONS EACH YEAR</p>

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	FORM 990, PART III, LINE 4A	<p>IN FEBRUARY 2014, RESEARCHERS AT THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE WERE AMONG THE FIRST IN VIRGINIA TO ENROLL PATIENTS IN THE PARACHUTE IV TRIAL OF AN INVESTIGATIONAL DEVICE TO TREAT HEART FAILURE IN PEOPLE WHO HAVE SUFFERED A HEART ATTACK. THE PARACHUTE VENTRICULAR PARTITIONING DEVICE, IF PROVEN EFFECTIVE IN THE FIVE-YEAR, 20-SITE STUDY, WOULD OFFER A NEW, NON-SURGICAL, MINIMALLY INVASIVE MEANS OF HELPING A DAMAGED HEART RECOVER. IV BUILDING FOR THE FUTURE ALONG WITH REACHING OUT TO NEW COMMUNITIES, SENTARA HEALTHCARE STRIVES TO BUILD ON OUR EXISTING SERVICES AND IN OUR ESTABLISHED AREAS SO THAT WE EXCEED OUR PATIENTS' EXPECTATIONS AND MEET GROWING HEALTHCARE DEMANDS. SOME OF THE CHANGES WE HAVE INVESTED IN IN OUR ESTABLISHED COMMUNITIES RECENTLY INCLUDE:</p> <p>A. SENTARA NORTHERN VIRGINIA MEDICAL CENTER COMPLETES OPERATING ROOM MODERNIZATION TOPPING OFF SENTARA NORTHERN VIRGINIA MEDICAL CENTER REACHED A MAJOR CONSTRUCTION MILESTONE IN LATE 2014, TOPPING OFF THE STEEL FRAME OF THE NEW SURGICAL CENTER. THE TOPPING OFF EVENT MARKS THE COMPLETION OF THE STEEL CONSTRUCTION PHASE OF THE PROJECT THAT WILL PROVIDE ENHANCED SURGICAL SERVICES TO THE COMMUNITY. THE NEW FACILITY WILL ADJOIN THE MAIN HOSPITAL AND INCLUDE GENERAL-PURPOSE OPERATING ROOMS OUTFITTED WITH STATE-OF-THE-ART EQUIPMENT.</p> <p>B. SENTARA LORTON STATION WOMEN'S IMAGING CENTER OPENS ON SEPTEMBER 2, 2014. SENTARA NORTHERN VIRGINIA MEDICAL CENTER ANNOUNCED THE GRAND OPENING OF THE SENTARA LORTON STATION WOMEN'S IMAGING CENTER. THE CENTER OFFERS SOPHISTICATED TECHNOLOGY BACKED BY A TEAM OF HIGHLY SKILLED TECHNOLOGISTS AND FELLOWSHIP-TRAINED RADIOLOGISTS DEDICATED TO WOMEN'S IMAGING SERVICES PROVIDED AT THE CENTER INCLUDE GENERAL, OB, AND BREAST ULTRASOUND, 3D MAMMOGRAPHY, IMAGE-GUIDED BIOPSY, FINE-NEEDLE ASPIRATION, AND BONE DENSITY (DEXA) TESTING.</p> <p>C. SENTARA MEDICAL GROUP GROWS IN NORTHERN VIRGINIA. A SENTARA MEDICAL GROUP CONTINUES TO GROW IN NORTHERN VIRGINIA WITH THE ADDITION OF SENTARA HOSPITAL MEDICINE PHYSICIANS AT SENTARA NORTHERN VIRGINIA MEDICAL CENTER IN 2014. WITH EIGHT BOARD-CERTIFIED, HOSPITAL-BASED PHYSICIANS, THE NEW SENTARA HOSPITAL MEDICINE PHYSICIANS TEAM IN NORTHERN VIRGINIA IS DEDICATED TO PROVIDING QUALITY CARE.</p> <p>D. MARTHA JEFFERSON NOW OFFERING GASTRIC SLEEVE OPTION FOR BARIATRIC SURGERY. MARTHA JEFFERSON HOSPITAL BEGAN OFFERING THE GASTRIC SLEEVE OPTION FOR BARIATRIC SURGERY IN 2014. THE GASTRIC SLEEVE PROCEDURE IS AN ALTERNATIVE TO THE GASTRIC BYPASS SURGERY AND THE ADJUSTABLE GASTRIC BAND. ALSO KNOWN AS A LAPAROSCOPIC SLEEVE GASTRECTOMY, IT IS A PREFERRED OPTION BY SOME PATIENTS BECAUSE IT DOES NOT REARRANGE THE BOWELS LIKE THE GASTRIC BYPASS SURGERY AND DOES NOT HAVE A PROSTHETIC INSERTED LIKE THE GASTRIC BAND. ADDITIONALLY, PATIENTS ARE AT LESS RISK FOR ULCERS, PROTEIN DEFICIENCIES, OR DUMPING SYNDROME.</p> <p>E. UNDER CONSTRUCTION. SENTARA RMH MEDICAL CENTER CAMPUS CONSTRUCTION IS UNDERWAY ON A NEW MEDICAL BUILDING ON THE SENTARA RMH MEDICAL CENTER CAMPUS, WHICH WILL HOUSE THE HOSPITAL'S ORTHOPAEDICS, SPINE, SPORTS MEDICINE, REHABILITATION AND OUTPATIENT ADVANCED IMAGING SERVICES. THE PROJECT IS EXPECTED TO BE COMPLETE IN THE WINTER OF 2015-16.</p> <p>F. MARTHA JEFFERSON AND SENTARA RMH CARDIAC GENETIC COUNSELING SERVICES. MARTHA JEFFERSON HOSPITAL AND SENTARA RMH MEDICAL CENTER BEGAN OFFERING PATIENTS IN THE BLUE RIDGE REGION CARDIAC GENETIC COUNSELING AND GENETIC TESTING OPTIONS IN MAY 2014. WHILE HEART DISEASE IS OFTEN RELATED TO ENVIRONMENTAL FACTORS INCLUDING SMOKING, EATING AND EXERCISE HABITS, SOME TYPES OF HEART DISEASE CAN BE CAUSED BY GENETIC MUTATIONS.</p> <p>G. FOOT AND ANKLE PILOT ON THE PENINSULA. A NEW SENTARA ORTHOPAEDICS PRODUCT, THE SENTARA FOOT &amp; ANKLE CENTER, WAS PILOTTED FOR THE SYSTEM IN JUNE 2014 AT SENTARA PORT WARWICK AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER. THE CENTER'S GOAL IS TO HELP PATIENTS TO CONNECT WITH THE FOOT AND ANKLE CARE THAT IS MOST APPROPRIATE FOR THEM, INCLUDING OFFICE VISITS, INPATIENT AND OUTPATIENT SURGICAL CARE AND THE SERVICES OF THE SENTARA WOUND HEALING CENTERS AT BOTH LOCATIONS.</p> <p>H. ORTHOJOINT CENTER OPENS AT SNVMC. SENTARA NORTHERN VIRGINIA MEDICAL CENTER OPENED THE SENTARA ORTHOJOINT CENTER IN APRIL 2014 TO ENHANCE ORTHOPAEDIC PATIENT EXPERIENCES, INCLUDING A SEAMLESS, COORDINATED CARE APPROACH PROVIDED BY A TEAM OF EXPERIENCED SURGEONS, NURSES, THERAPISTS AND TECHNICIANS. THE CENTER OFFERS DEDICATED ORTHOPAEDIC SERVICES FOCUSED ON THE NEEDS OF PATIENTS REQUIRING HIP AND KNEE REPLACEMENTS. JOINT REPLACEMENT PATIENTS ARE ENCOURAGED TO INVOLVE THEIR FAMILIES AND MAKE CONNECTIONS WITH OTHERS UNDERGOING THE SAME PROCEDURE.</p> <p>I. SENTARA BACK &amp; NECK CENTER AT OBIC. A NEW ORTHOPAEDIC SERVICE, SENTARA BACK &amp; NECK CENTER, OPENED AT SENTARA OBIC HOSPITAL IN SUFFOLK, VA, IN APRIL 2014. THE CENTER FOCUSES ON IMPLEMENTING PROVEN PROTOCOLS THAT PROVIDE STANDARDS OF CARE TO OPTIMIZE EACH PATIENT'S BACK OR NECK SURGICAL PROCEDURE. SIMILAR TO THE SENTARA ORTHOJOINT CENTERS, AN ORTHOPAEDIC/SPINE PATIENT NAVI</p>

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FORM 990, PART III, LINE 4A		<p>GATOR IS ASSIGNED TO PATIENTS AND THEIR FAMILIES THROUGHOUT THE SURGICAL EVENT FOR PRE-SURGERY EDUCATION AND GUIDANCE, INPATIENT RECOVERY AND EVEN A REUNION LUNCHEON SEVERAL MONTHS DOWN THE ROAD TO CHECK ON THE PATIENT'S RECOVERY J LORTON OUTPATIENT FACILITIES NEW OUT PATIENT FACILITIES OPENED IN LORTON/FAIRFAX COUNTY IN JUNE 2013 THEY INCLUDE A 24-HOUR EMERGENCY DEPARTMENT AND AN ADVANCED IMAGING CENTER WITH A 64-SLICE CT AT LORTON MARKETPLACE AND ANOTHER IMAGING CENTER AT LORTON STATION, WHICH ADDED 3D MAMMOGRAPHY IN JULY 2013 THESE ARE CONVENIENT HEALTHCARE DESTINATIONS IN A FAST-GROWING MARKETPLACE WHERE THE MAJORITY OF POPULATION GROWTH WILL BE FROM PEOPLE OVER 65 K BEHAVIORAL HEALTH UNIT A 24-BED INPATIENT BEHAVIORAL HEALTH UNIT OPENED AT SENTARA VIRGINIA BEACH GENERAL HOSPITAL IN JANUARY 2014 THE UNIT INCLUDES 16 BEDS DESIGNATED FOR GERIATRIC PATIENTS AND EIGHT GENERAL ADULT BEDS THE NUMBER OF PATIENTS SEEKING PSYCHIATRIC SERVICES THROUGH THE EMERGENCY DEPARTMENT AT SENTARA VIRGINIA BEACH GENERAL HAS INCREASED ONE HUNDRED AND ELEVEN PERCENT SINCE 2006 IN THE PAST, SOME PATIENTS HAVE HAD TO WAIT FOR ADMISSION IN THE EMERGENCY DEPARTMENT, WHERE A STAFF PERSON HAD TO BE COMMITTED TO THE PATIENT FOR HIS OR HER SAFETY THE NEW BEDS SPEED UP ADMISSION AND IMPROVE CARE L MARTHA JEFFERSON NEUROSCIENCE CENTER THE NEUROSCIENCE CENTER BEGAN SERVING PATIENTS IN JANUARY 2013 IT IS EQUIPPED WITH THE LATEST TECHNOLOGY, WITH ELECTROMYOGRAPHY (EMG) AND ELECTROENCEPHALOGRAPHY (EEG) DIAGNOSTIC EQUIPMENT, NEW VESTIBULAR BALANCE REHABILITATION EQUIPMENT, LOW-DOSE CT-IMAGING, AND COMPLETE COMPLEX BRAIN SURGERY SUCH AS STEREOTACTIC RADIOSURGERY (SRS) FOUR NEUROLOGISTS, TWO NEUROSURGEONS AND 13 REHAB THERAPISTS ARE UNDER ONE ROOF TO ENSURE PATIENTS RECEIVE CARE IN ONE LOCATION THE CENTER HAS ROLLED-OUT MULTI-DISCIPLINARY SUBSPECIALTY CLINICS THAT DELIVER A COORDINATED, PATIENT-CENTERED APPROACH THE CLINICS INCLUDE THE SEIZURE DISORDER AND EPILEPSY CLINIC, THE NEUROPATHY CLINIC, THE STROKE RECOVERY CLINIC, THE COGNITIVE REHABILITATION CLINIC AND THE VESTIBULAR BALANCE AND FALLS PREVENTION CLINIC M SENTARA EASTERN VIRGINIA MEDICAL SCHOOL (EVMS) COMPREHENSIVE PELVIC FLOOR CENTER SENTARA AND EVMS PARTNERED IN FEBRUARY 2013 TO CREATE THE CENTER AND COMBINE THE LATEST IN RESEARCH, STATE-OF-THE-ART TECHNOLOGY AND A MULTIDISCIPLINARY CARE TEAM THE CENTER BRINGS TOGETHER SPECIALISTS IN UROGYNECOLOGY, GASTROENTEROLOGY, SPECIALIZED RADIOLOGY, UROLOGY, COLORECTAL MEDICINE AND SURGERY, PHYSICAL MEDICINE AND REHABILITATION, NUTRITION AND PHYSICAL THERAPY TO HELP PATIENTS WITH PROBLEMS RELATED TO THE LOWER URINARY TRACT AND THE PELVIC FLOOR. ALMOST HALF OF ALL WOMEN AND ONE IN FIVE MEN WILL EXPERIENCE URINARY INCONTINENCE, AND ROUGHLY TEN PERCENT OF WOMEN WILL UNDERGO SURGERY FOR PELVIC ORGAN PROLAPSE OR URINARY INCONTINENCE N SENTARA LEIGH TOWERS WORK BEGAN IN DECEMBER 2011 ON A MULTI-PHASE, THREE-YEAR PROJECT TO BUILD A NEW SENTARA LEIGH HOSPITAL ON THE SITE OF THE CURRENT ONE SENTARA OPENED THE NEW EAST TOWER IN NOVEMBER 2013 ALONG WITH THE WEST TOWER, WHICH OPENED IN APRIL 2015, IT REPLACES THREE 1970S-ERA WINGS AT THE NORFOLK, VIRGINIA HOSPITAL THE TOWERS FEATURE STATE-OF-THE-ART PATIENT ROOMS WITH PRIVATE BATHROOMS, NO-STEP SHOWERS AND OVERNIGHT ACCOMMODATIONS FOR FAMILIES THE PROJECT ALSO INCLUDES A 48-BED ORTHOPAEDIC AND REHABILITATION CENTER ON THE FIRST FLOOR AND EMPLOYS PART OF THE OUTSIDE GARDEN SPACE FOR WALKING EXERCISES ON DIFFERENT GRADES AND SURFACES, MAKING IT A TRUE HEALING GARDEN O SENTARA HOSPICE HOUSE IN MARCH 2013, SENTARA OPENED SENTARA HOSPICE HOUSE, AN 8,311 SQUARE-FOOT FACILITY TO PROVIDE CARE FOR UP TO 12 PEOPLE AND THEIR FAMILIES PREVIOUSLY, WITH ONLY FIVE LIVE-IN HOSPICES IN VIRGINIA AND NONE IN HAMPTON ROADS, PATIENTS WERE NOT OFTEN ABLE TO CHOOSE THIS CARE NOW THEY CAN</p>

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	FORM 990, PART III, LINE 4A	<p>P SENTARA RMH MEDICAL CENTER WOMEN'S CENTER CONSTRUCTION BEGAN ON THE RMH FUNKHOUSER WOMEN'S CENTER IN JUNE 2012 AND WAS COMPLETED JUNE 2013 THE 15,000 SQUARE FOOT CENTER HOUSES WOMEN'S IMAGING, INCLUDING ADVANCED BREAST IMAGING/MAMMOGRAPHY AND BONE DENSITY SCREENING, RMH BREAST CARE, THE IMAGE RECOVERY CENTER AND RMH HEART CHECK FOR MEN AND WOMEN AND A SURGEON'S OFFICE Q SENTARA RMH MEDICAL CENTER OUTPATIENT ORTHOPAEDICS &amp; ADVANCED IMAGING CENTER SENTARA RMH GAINED APPROVAL FOR THE NEW CENTER IN JULY 2012 THE NEW FACILITY WILL BE AN ORTHOPAEDIC AND SPORTS MEDICINE DESTINATION INCLUDING ADVANCED IMAGING, RMH ORTHOPAEDICS AND SPORTS MEDICINE, REHABILITATION THERAPY, A SPORTS PERFORMANCE ARENA AND AN INTERVENTIONAL SUITE FOR PAIN MANAGEMENT AND SPECIAL PROCEDURES THE CENTER IS SCHEDULED TO BE COMPLETED IN LATE 2015 R MARTHA JEFFERSON OUTPATIENT CARE CENTER A NEW OUTPATIENT CARE CENTER OPENED IN THE FALL OF 2012, WITH A FREE-STANDING 24-HOUR ED AND IMAGING, LABORATORY SERVICES AND A PRIMARY CARE PRACTICE THE ED SHORTENS TRAVEL TIME FOR EMS PROVIDERS, AND THE FACILITY AS A WHOLE HELPS CUT TRAVEL TIME FOR PATIENTS IN THE NORTHERN COUNTIES OF VIRGINIA V SENTARA QUALITY &amp; PATIENT SAFETY DISTINCTIONS A MEASURING QUALITY HEALTHCARE SINCE OUR HEALTH SYSTEM'S EARLIEST YEARS, WE HAVE BELIEVED THE COMMUNITY DESERVES HEALTHCARE THAT IS MEASURABLY BETTER SENTARA'S GOAL IS TO BE ACCREDITED BY RESPECTED NATIONAL ORGANIZATIONS AND TO ACHIEVE TOP TEN PERCENT PERFORMANCE WHEREVER BENCHMARKS EXIST WE ARE PROUD OF THE WORK WE HAVE DONE SO FAR TOWARD THIS GOAL, AS IT HAS BEEN RECOGNIZED IN MANY WAYS 1 TOP 100 INTEGRATED HEALTHCARE NETWORKS SENTARA HAS CONSISTENTLY RANKED AMONG THE NATION'S TOP INTEGRATED HEALTHCARE NETWORKS AS PUBLISHED IN MODERN HEALTHCARE'S FACT-BASED RANKING THE ONLY HEALTHCARE SYSTEM IN THE COUNTRY TO BE AMONG THE NATION'S TOP 10 FOR ALL 15 YEARS OF THE SURVEY, SENTARA LANDED AT NUMBER ONE IN 2001, 2010 AND 2011 THE STUDY, PUBLISHED ANNUALLY, HIGHLIGHTS THE TOP 100 INTEGRATED HEALTH CARE NETWORKS ACROSS THE NATION AS SELECTED BY SDI, A HEALTH INFORMATION COMPANY 2 USING TECHNOLOGY TO IMPROVE CARE ALL SENTARA HOSPITALS IN HAMPTON ROADS AS WELL AS SENTARA NORTHERN VIRGINIA MEDICAL CENTER AND MARTHA JEFFERSON HOSPITAL WERE RECENTLY RECOGNIZED FOR THEIR EFFORTS, RECEIVING THE 2014 "MOST WIRED" AWARD FROM HOSPITALS AND HEALTH NETWORKS SENTARA ALBEMARLE MEDICAL CENTER WAS NAMED AS A "MOST IMPROVED" RECIPIENT THE AWARDS LOOK AT HOW WELL HOSPITALS PERFORM IN THE AREAS OF INFRASTRUCTURE, BUSINESS AND ADMINISTRATIVE MANAGEMENT, CLINICAL QUALITY AND SAFETY, AND CLINICAL INTEGRATION SENTARA HEALTHCARE RECEIVED THE SAME HONOR IN 2013 AND 2012 3 AWARD-WINNING CARDIAC AND NEPHROLOGY CARE SENTARA HEART HOSPITAL/SENTARA NORFOLK GENERAL HOSPITAL IS A COMPREHENSIVE NETWORK OF PROVIDERS, FACILITIES AND SERVICES WORKING TOGETHER TO ENSURE THE HIGHEST LEVEL OF CARE SENTARA NORFOLK GENERAL HOSPITAL HAS BEEN RANKED THE NUMBER ONE HOSPITAL IN VIRGINIA AND HAMPTON ROADS BY U.S. NEWS &amp; WORLD REPORT IN THE 2014-15 U.S. NEWS BEST HOSPITALS RANKINGS, THE HOSPITAL WAS RECOGNIZED WITH TWO NATIONALLY RANKED TOP 50 PROGRAMS CARDIOLOGY AND HEART SURGERY ARE RANKED 44TH, WHICH MARKS THE PROGRAM'S 14TH CONSECUTIVE YEAR AMONG THE NATION'S ELITE PROGRAMS IN THE U.S. NEWS NATIONAL SURVEY FOR THE FIRST TIME, EAR, NOSE AND THROAT IS ALSO AMONG THE NATION'S TOP 50 PROGRAMS AT NUMBER 41 THIS NATIONAL RANKING IS DUE, IN PART, TO INNOVATIVE PROCEDURES USED BY SURGEONS AND RADIOLOGISTS WITH EASTERN VIRGINIA MEDICAL SCHOOL MEDICAL GROUP FOR PATIENTS WITH HEAD AND NECK CANCERS AND TRAUMATIC INJURIES THE TWO SPECIALTIES ARE THE ONLY TOP-50 RANKED HEART AND ENT PROGRAMS IN VIRGINIA IN ADDITION TO THE NATIONAL RANKINGS, U.S. NEWS INCLUDED RANKINGS FOR STATE AND METRO AREAS SEVEN SENTARA HOSPITALS WERE FEATURED IN THE RANKINGS, WITH SENTARA NORFOLK GENERAL HOSPITAL LISTED AT NUMBER ONE IN THE REGION AND NUMBER ONE IN THE STATE SENTARA VIRGINIA BEACH GENERAL HOSPITAL WAS 8TH IN THE STATE AND SECOND IN HAMPTON ROADS MARTHA JEFFERSON HOSPITAL RANKED 11TH IN THE STATE SENTARA RMH MEDICAL CENTER TIED WITH SENTARA PRINCESS ANNE HOSPITAL FOR 15TH IN THE STATE SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER TIED WITH SENTARA LEIGH HOSPITAL FOR 20TH IN THE STATE SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER TIED WITH SENTARA PRINCESS ANNE FOR THIRD IN HAMPTON ROADS AND SENTARA LEIGH HOSPITAL WAS RANKED SIXTH 4 OUTSTANDING CANCER CARE AFTER A THREE-DAY SURVEY IN 2012, THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER RE-ACCREDITED THE SENTARA CANCER NETWORK FOR THREE YEARS WITH COMMENDATIONS THE ACCREDITATION WAS AS AN "INTEGRATED NETWORK" - THE ONLY ONE IN VIRGINIA - WITH NO DEFICIENCIES 5 SENTARA SYSTEM STROKE TEAM IN FEBRUARY 2013, THE VOLUNTARY HOSPITAL ASSOCIATION (VHA) SELECTED SENTARA'S STANDARDIZED STROKE PROGRAM AS A LEADING BEST PRACTICE THE SYSTEM STROKE TEAM AT SENTARA DEVELOPED A STANDARDIZED PROGRAM AND IMPLEMENTED</p>

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	FORM 990, PART III, LINE 4A	<p>TED IT AT 10 SENTARA HOSPITALS THE TEAM EVALUATED THE ENTIRE STROKE PROCESS FROM DIAGNOSIS IN THE FIELD AND TREATMENT IN THE EMERGENCY DEPARTMENT TO PATIENT DISCHARGE THE RESULTS INCLUDED A REDUCTION IN SYSTEM-WIDE STROKE MORTALITY FROM ELEVEN PERCENT IN 2008 TO FIVE PERCENT IN 2012, A REDUCTION IN AVERAGE LENGTH OF STAY BY TWO DAYS WITH AN ASSOCIATED COST SAVINGS OF \$1.1 MILLION, AND INCREASED STROKE CORE METRIC PERFORMANCE FROM 54.9 PERCENT OF GOAL MET IN 2009 TO 92.1 PERCENT OF GOAL MET IN 2012. 6 THE JOINT COMMISSION AND DET NORSKE VERITAS HEALTHCARE, INC. (DNVHC) ACCREDITATION PRIOR TO CONVERTING ALL HOSPITALS IN THE SENTARA SYSTEM TO DNV, THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS GIVEN SEVERAL OF OUR HOSPITALS ITS GOLD SEAL OF APPROVAL AND DISEASE-SPECIFIC CARE CERTIFICATION. AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION, THE JOINT COMMISSION ACCREDITS AND CERTIFIES MORE THAN 20,500 HEALTH CARE ORGANIZATIONS AND PROGRAMS IN THE UNITED STATES. JOINT COMMISSION ACCREDITATION AND CERTIFICATION IS RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO MEETING CERTAIN PERFORMANCE STANDARDS. THEIR MISSION IS TO CONTINUOUSLY IMPROVE HEALTH CARE FOR THE PUBLIC BY EVALUATING HEALTH CARE ORGANIZATIONS AND INSPIRING THEM TO EXCEL IN PROVIDING SAFE AND EFFECTIVE CARE OF THE HIGHEST QUALITY AND VALUE. SENTARA NORFOLK GENERAL HOSPITAL EARNED THE JOINT COMMISSION'S VASCULAR CERTIFICATION. SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA CAREPLEX HOSPITAL, SENTARA OBICI HOSPITAL, AND SENTARA PRINCESS ANNE HOSPITAL ALL EARNED PRIMARY STROKE CERTIFICATION. VOLUNTARY HOSPITALS ASSOCIATION "BLUEPRINTED" THE SENTARA HAMPTON ROADS' HOSPITALS STROKE PROGRAMS AS A "LEADING PRACTICE IN STROKE CARE" WITH A WEBINAR ORIGINATING FROM SENTARA. THE JOINT COMMISSION CERTIFIED SENTARA RMH MEDICAL CENTER AS AN ADVANCED PRIMARY STROKE CENTER. THE SURVEYORS RECOGNIZED RMH'S PATIENT DISCHARGE PHONE CALL PROGRAM AND ITS COLLABORATION WITH LOCAL EMS PROVIDERS AS BEST PRACTICES IN STROKE CARE. IN 2013 - FOLLOWING THE LEAD OF SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER - ALL HOSPITALS IN THE SENTARA SYSTEM ACHIEVED DNVHC ACCREDITATION. ALL PREVIOUS STROKE CERTIFICATION ALSO FOLLOWED AND MARTHA JEFFERSON HOSPITAL WAS AWARDED A STROKE PROGRAM CERTIFICATION. DNVHC'S ACCREDITATION PROGRAM INVOLVES ANNUAL HOSPITAL SURVEYS AND ENCOURAGES HOSPITALS TO OPENLY SHARE INFORMATION ACROSS DEPARTMENTS AND TO DISCOVER IMPROVEMENTS IN CLINICAL WORKFLOWS AND SAFETY PROTOCOLS. DNVHC IS AN INTERNATIONAL COMPANY BASED OUTSIDE OF OSLO, NORWAY. FOUNDED IN 1864, DNV MERGED WITH GERMAN-BASED GERMANISCHER LLOYD TO FORM THE DNV-GL GROUP. 7 AMERICAN ASSOCIATION OF BLOOD BANKS ACCREDITATION (AABB) ABB GRANTED ACCREDITATION TO SENTARA NORTHERN VIRGINIA MEDICAL CENTER IN 2014. THE ACCREDITATION PROGRAM STRIVES TO IMPROVE THE QUALITY AND THE SAFETY OF COLLECTING, PROCESSING, TESTING, DISTRIBUTING AND ADMINISTERING BLOOD AND BLOOD PRODUCTS AND REPRESENTS A STRONG COMMITMENT TO QUALITY OUTCOMES AND PATIENT SAFETY IN THE FIELDS OF TRANSFUSION MEDICINE AND CELLULAR THERAPIES. THE PROGRAM LEADERS ASSESS THE QUALITY AND OPERATIONAL SYSTEMS IN PLACE WITHIN EACH FACILITY. THEY REVIEW THE BASIS FOR ASSESSMENT INCLUDES COMPLIANCE WITH STANDARDS, CODE OF FEDERAL REGULATIONS AND FEDERAL GUIDANCE DOCUMENTS. THE AABB ASSESSMENT PROCESS IS RIGOROUS AND BASED ON A QUALITY AND OPERATION SYSTEMS ASSESSMENT DESIGNED TO ENCOURAGE INNOVATION AND ONGOING QUALITY IMPROVEMENT.</p>

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	FORM 990, PART III, LINE 4A	<p>8 FIVE-STAR RANKINGS, SILVER ACHIEVEMENT, AND EXCELLENCE IN ACTION AWARDS FOR NURSING CENTERS IN 2014, FOUR SENTARA NURSING CENTERS IN VIRGINIA AND NORTH CAROLINA RECEIVED THE HIGHEST POSSIBLE OVERALL RATING OF FIVE STARS IN U.S. NEWS &amp; WORLD REPORT'S SIXTH ANNUAL BEST NURSING HOMES. SENTARA NURSING CENTER-WINDERMERE (VIRGINIA BEACH, VA), SENTARA NURSING CENTER (BARCO, NC), SENTARA NURSING CENTER (PORTSMOUTH, VA) AND SENTARA NURSING CENTER (CHESAPEAKE, VA). U.S. NEWS &amp; WORLD REPORT'S BEST NURSING HOMES RECOGNIZES TOP-RATED HOMES IN THE UNITED STATES. MORE THAN 15,500 HOMES WERE RATED AND FEWER THAN ONE IN EIGHT RECEIVED A FIVE-STAR RATING. IN 2011, 2012 AND 2013, SENTARA NURSING CENTER WINDERMERE, VIRGINIA BEACH AND NURSING CENTER PORTSMOUTH ALSO RECEIVED FIVE-STAR RATINGS. SENTARA NURSING CENTER BARCO, NORTH CAROLINA RECEIVED FIVE STARS IN 2012 AND 2013 AS WELL. IN 2014, MEADOWVIEW TERRACE, HALIFAX REGIONAL HOSPITAL'S 150-BED LONG-TERM CARE FACILITY IN CLARKSVILLE, VA, RECEIVED A FIVE-STAR RATING IN THE NEW FIVE-STAR QUALITY RATING SYSTEM FOR NURSING HOMES CONDUCTED BY THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES. THE OVERALL RATING IS BASED ON THE STAR RATINGS IN THREE SEPARATE CATEGORIES: HEALTH INSPECTIONS, QUALITY MEASURES AND STAFFING LEVELS. FORTY-TWO OF MEADOWVIEW TERRACE'S 150 BEDS ARE LOCATED IN THE FACILITY'S TWO SELF-CONTAINED HOUSEHOLDS FOR RESIDENTS WITH MEMORY-SUPPORT NEEDS, SUCH AS ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIAS. SENTARA NURSING CENTER-CURRITUCK RECEIVED A 2012 SILVER-ACHIEVEMENT IN QUALITY AWARD FROM THE AMERICAN HEALTHCARE ASSOCIATION AND NATIONAL CENTER FOR ASSISTED LIVING. THE COMPETITIVE AWARDS FOLLOW CRITERIA IN THE BALDRIGE PERFORMANCE EXCELLENCE PROGRAM AND MARK MEASURABLE PROGRESS IN QUALITY IMPROVEMENTS IN LONG-TERM CARE. 9 MAGNET HOSPITAL CERTIFICATION IN 2014, THE AMERICAN NURSE CREDENTIALING CENTER (ANCC) REDESIGNATED SENTARA NORFOLK GENERAL HOSPITAL (SNGH) AS A MAGNET HOSPITAL. THIS IS THE HIGHEST QUALITY RECOGNITION A HOSPITAL OR HEALTH ORGANIZATION CAN RECEIVE FOR BEST PRACTICES IN NURSING THROUGHOUT THE WORLD. THE DESIGNATION LASTS FOR FOUR YEARS. THE SAME YEAR, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AND SENTARA RMH MEDICAL CENTER RECEIVED MAGNET CERTIFICATION FOR THE FIRST TIME. MARTHA JEFFERSON HOSPITAL ALSO HOLDS MAGNET CERTIFICATION. 10 AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) AWARD IN 2014, THE AACN CONFERRED A SILVER-LEVEL BEACON AWARD FOR EXCELLENCE ON THE ICU AT SENTARA PRINCESS ANNE HOSPITAL. THE AWARD RECOGNIZES CAREGIVERS IN UNITS WHOSE CONSISTENT AND SYSTEMATIC APPROACH TO EVIDENCE-BASED CARE OPTIMIZES PATIENT OUTCOMES. 11 BECKER'S HOSPITAL REVIEW "GREAT 100" ACCOLADE BECKER'S HOSPITAL REVIEW NAMED SENTARA NORFOLK GENERAL HOSPITAL AS ONE OF THE 100 GREAT HOSPITALS IN AMERICA IN 2014 BASED UPON ITS "RICH HISTORY, STRONG CREDENTIALS AND GROWING FOCUS ON HOW TO BEST CARE FOR PATIENTS IN AN ERA OF REFORM." 12 MARSHALL STEELE PROGRAM/DESTINATION JOINT CENTER THE MARTHA JEFFERSON JOINT REPLACEMENT CENTER HAS ACHIEVED ITS DESIGNATION AS A DESTINATION JOINT CENTER BY MARSHALL STEELE. BASED ON A NATIONAL BEST PRACTICE MODEL FOR HIP AND KNEE REPLACEMENTS, AND STRUCTURED AROUND THE FUNDAMENTAL PRINCIPLE OF WELLNESS, THE PROGRAM BY CONSULTANT MARSHALL STEELE HAS ALLOWED THE JOINT REPLACEMENT SERVICES AT MARTHA JEFFERSON TO IMPROVE AT EVERY LEVEL, FROM PRE-OPERATIVE CARE TO SURGICAL TIMES AND IN-PATIENT STAYS. HOSPITALS THAT HAVE IMPLEMENTED THE PROGRAM REPORT SUPERIOR OUTCOMES. 13 MISSION HEALTH GAME CHANGER AWARD IN 2014, MISSION HEALTH WAS THE RECIPIENT OF VIRGINIA'S FIRST ANNUAL GAME CHANGER AWARD. VIRGINIA HEALTH SECRETARY DR. WILLIAM HAZEL PRESENTED THE AWARD TO TERRINA THOMAS OF SENTARA HEALTH AND PREVENTATIVE SERVICES, ON BEHALF OF THE VIRGINIA HEALTH INNOVATION NETWORK, A PROJECT OF THE VIRGINIA CENTER FOR HEALTH INNOVATION. THE GAME CHANGER AWARD RECOGNIZES AN ORGANIZATION THAT HAS IMPLEMENTED AN OUTSTANDING EMPLOYEE HEALTH STRATEGY THAT ENGAGES EMPLOYEES IN HEALTH CARE DECISION-MAKING, IMPROVES EMPLOYEE HEALTH, AND IMPROVES THE VALUE OF THE ORGANIZATION'S INVESTMENT IN EMPLOYEE HEALTH. 14 SENTARA HOSPITALS RECOGNIZED FOR HEART ATTACK CARE FIVE SENTARA HOSPITALS WERE RECOGNIZED BY THE AMERICAN COLLEGE OF CARDIOLOGY AND THE AMERICAN HEART ASSOCIATION IN 2014 FOR IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART ATTACK PATIENTS IN TWO AREAS: ACTION PERFORMANCE RECOGNITION/MISSION LIFELINE PERFORMANCE RECOGNITION. - MARTHA JEFFERSON HOSPITAL - PLATINUM/BRONZE - SENTARA CAREPLEX HOSPITAL - PLATINUM/SILVER - SENTARA LEIGH HOSPITAL - SILVER/SILVER - SENTARA VIRGINIA BEACH GENERAL HOSPITAL - PLATINUM/BRONZE - SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER - PLATINUM/GOLD. FOUR HOSPITALS WERE RECOGNIZED IN ACTION PERFORMANCE ONLY, ALL RECEIVED PLATINUM AWARDS. - SENTARA NORFOLK GENERAL HOSPITAL - SENTARA NORTHERN VIRGINIA MEDICAL CENTER - SENTARA PRINCESS ANNE HOSPITAL - SENTARA RMH MEDICAL CENTER. 15 FIRST IN THE WORLD TO RECEIVE MIRC.</p>

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FORM 990, PART III, LINE 4A		<p>ERTIFICATION FROM DNV MANAGING INFECTION RISK HAS BEEN PART OF THE SENTARA SAFETY JOURNEY FOR MANY YEARS THAT'S WHY WE WERE EXCITED TO WORK WITH DET NORSKE VERITAS HEALTHCARE, INC (DNV) AS THEY DEVELOPED AND INTRODUCED A NEW CERTIFICATION FOR MANAGING INFECTION RISK (MIR) BOTH SENTARA LEIGH AND SENTARA VIRGINIA BEACH GENERAL HOSPITALS RECEIVED THE CERTIFICATION IN OCTOBER 2014 THEY WERE THE FIRST IN THE WORLD TO ACHIEVE THE DESIGNATION, WHICH DEMONSTRATES THEIR EFFORTS TO EMBRACE IMPROVEMENT, REDUCE VARIATION, IMPROVE SAFETY AND ENGAGE EVERYONE FACILITY-WIDE IN THE PROCESS</p> <p>B PATIENT SAFETY OUR FOCUS GOES BEYOND THE BASICS OF MAKING HEALTHCARE SAFE FOR OUR PATIENTS SENTARA HAS BUILT A STRONG "CULTURE OF SAFETY" TO REDUCE MEDICAL ERRORS BY MODELING SUCCESSFUL PROGRAMS FROM THE NUCLEAR POWER AND AVIATION INDUSTRIES THIS CULTURE OF SAFETY PROMOTES BEHAVIORS THAT RESULT IN SAFE, RELIABLE AND EFFECTIVE CARE THE FOUNDATION OF THIS CULTURE IS A STRONG ACCOUNTABILITY TO PERFORM REGIMENTED BEHAVIORS THAT REDUCE MEDICAL ERRORS OUR STAFF USES GUIDELINES KNOWN AS "BEHAVIOR-BASED EXPECTATIONS OR BBES TO ENSURE THE HIGHEST STANDARD OF CARE THE GOAL IS TO MAKE THESE TOOLS AND TECHNIQUES A HABIT FOR OUR DEDICATION, WE HAVE RECEIVED NUMEROUS AWARDS FOR PATIENT SAFETY AND QUALITY OF CARE STANDARDS</p> <p>1 THE LEAPFROG HOSPITAL SURVEY THE LEAPFROG HOSPITAL RECOGNITION PROGRAM (LHRP) HONORS HOSPITALS THAT DEMONSTRATE EXCELLENCE OR IMPROVEMENT IN PATIENT SAFETY, QUALITY, AND RESOURCE UTILIZATION IN 2012, THE LEAPFROG GROUP DEVELOPED THE HOSPITAL SAFETY SCORE, GRADING MORE THAN 2,600 OF THE NATION'S HOSPITALS ON PATIENT SAFETY IN VIRGINIA, 58 HOSPITALS WERE NAMED IN THE REPORT, AND SEVEN SENTARA HOSPITALS ACHIEVED THE HIGHEST GRADE OF A FOR DELIVERING SAFE CARE TO PATIENTS IN 2013, LEAPFROG RECOGNIZED SENTARA NORFOLK GENERAL HOSPITAL WITH AN A RATING</p> <p>2 INFECTION PREVENTION PREVENTION OF HEALTH CARE-ASSOCIATED INFECTIONS IS A NATIONAL CONCERN, AND SENTARA CONTINUALLY STRIVES TO REDUCE THESE CASES ALL OF OUR HOSPITALS HAVE BEEN WORKING DILIGENTLY TO REDUCE THE OCCURRENCE OF VENTILATOR-ASSOCIATED PNEUMONIA (VAP), WHICH CAN DEVELOP IN PATIENTS WHO HAVE BEEN ON MECHANICAL VENTILATION FOR 48 HOURS OR MORE IN 2014, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER MARKED 10 CONSECUTIVE YEARS WITH ZERO CASES OF VAP, WHICH NO OTHER HOSPITAL IN THE COUNTRY CAN CLAIM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE CRITICAL CARE SOCIETIES COLLABORATIVE HAVE RECOGNIZED WILLIAMSBURG FOR OUTSTANDING ACHIEVEMENT AND LEADERSHIP IN THE ELIMINATION OF VAP VOLUNTARY HOSPITALS OF AMERICA (VHA), A VOLUNTARY NATIONAL ORGANIZATION FOCUSED ON HEALTH CARE FINANCIAL PERFORMANCE THROUGH CLINICAL EXCELLENCE AND SUPPLY CHAIN MANAGEMENT, "BLUEPRINTED" THE PRACTICES AT SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS A MODEL FOR HOSPITALS ACROSS THE COUNTRY</p> <p>3 IMPROVING PATIENT SAFETY THROUGH TECHNOLOGY SENTARA HEALTHCARE PROVIDES THE SENTARA ECARE HEALTH NETWORK THE CLINICAL SYSTEM USES INNOVATIVE TECHNOLOGY TO LINK PATIENT MEDICAL INFORMATION BETWEEN OUR HOSPITALS, PHYSICIAN PRACTICES AND OTHER HEALTH CARE SITES OVER A PROTECTED NETWORK, ENABLING THE SECURE SHARING OF PATIENT INFORMATION, INCREASING PATIENT SAFETY AND REDUCING PREVENTABLE MEDICAL ERRORS MY CHART, THE COMPONENT OF ECARE THAT ALLOWS PATIENTS TO ACCESS PART OF THEIR MEDICAL RECORDS, WAS PROMOTED TO PATIENTS IN 2011 A PHONE APP WAS CREATED TO PROVIDE EASY ACCESS AS WELL</p>



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	FORM 990, PART III, LINE 4A	<p>IN 2014, MARTHA JEFFERSON HOSPITAL IN CHARLOTTESVILLE WENT LIVE WITH ITS PATIENT PORTAL. MY MARTHA JEFFERSON RECORD MY MARTHA JEFFERSON RECORD IS SIMILAR TO MY CHART THROUGH THE PORTAL, PATIENTS CAN MANAGE AND MONITOR THEIR HEALTH - EASILY, IMMEDIATELY, ACCURATELY AND SECURELY ONLINE. MY MARTHA JEFFERSON RECORD ALLOWS PATIENTS TO VIEW MEDICAL INFORMATION ONLINE, AT ANY TIME, AND FROM ANYWHERE FOR FREE. THAT SAME YEAR, MORE THAN 700 PATIENTS CONNECTED WITH SENTARA ALBEMARLE MEDICAL CENTER THROUGH THE MY ALBEMARLE MEDICAL RECORD PATIENT PORTAL. IN THE FIRST ITERATION OF THE PRODUCT, PATIENTS ARE ABLE TO LOOK AT REPORTS FROM MEDICAL TESTS, PRE-REGISTER FOR APPOINTMENTS, TRANSITION THEIR MEDICAL RECORD TO A COMMUNITY PROVIDER ELECTRONICALLY AND ESTABLISH MEDICAL PROXIES. ALSO IN 2014, OPTIMA HEALTH LAUNCHED A MOBILE APP FOR MEMBERS CALLED MY OPTIMA. IT PROVIDES A SECURE, CONVENIENT, AND EASY WAY TO ACCESS IMPORTANT HEALTH PLAN INFORMATION ON DEMAND. WITH THE APP, ANYONE CAN SHOP FOR HEALTH PLANS, LOCATE DOCTORS AND FIND URGENT CARE CENTERS. OPTIMA HEALTH MEMBERS CAN ALSO SECURELY VIEW BENEFIT INFORMATION, MEMBER ID CARDS, CLAIMS INFORMATION AND THEIR USER PROFILE. 2014 MARKED THE 14TH YEAR THAT WE EMPLOYED OUR EICU REMOTE MONITORING SYSTEM FOR OUR SICKEST HOSPITAL PATIENTS. SENTARA WAS THE FIRST HOSPITAL SYSTEM IN THE COUNTRY TO IMPLEMENT THE EICU SYSTEM, WHICH USES A NETWORK OF CAMERAS, MONITORS, ALERTS, AND TWO-WAY COMMUNICATION LINKS. DOCTORS AND CRITICAL CARE NURSES AT THE EICU COMMAND CENTER MAKE VIRTUAL ROUNDS ON ICU PATIENTS. THIS SENTARA-PIONEERED TECHNOLOGY IS NOW USED TO HELP CARE FOR PATIENTS IN NEARLY 5,000 ICU BEDS NATIONALLY. ANOTHER SAFETY INITIATIVE ADOPTED BY SENTARA IS BEDSIDE MEDICATION VERIFICATION, INCLUDING BAR-CODING TECHNOLOGY. NATIONAL STUDIES HAVE FOUND THAT BEDSIDE VERIFICATION CAN REDUCE HOSPITAL MEDICATION ERRORS BY NEARLY 70 PERCENT. VI COMMITMENT TO THE COMMUNITY. AS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, WE CONTINUOUSLY REINVEST IN THE COMMUNITY-BY PURCHASING THE MOST MEDICALLY ADVANCED TECHNOLOGY, BUILDING NEW, STATE-OF-THE-ART HEALTHCARE FACILITIES, TRAINING MEDICAL PROFESSIONALS, AND PROVIDING THE HIGHEST QUALITY HEALTHCARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. IT'S NOT JUST OUR MISSION, IT'S OUR COMMITMENT TO THE COMMUNITY. WE ARE HONORED TO BE RECOGNIZED FOR BENEFITS WE BRING TO OUR COMMUNITIES AND PROUD TO LEAD THE WAY IN CREATING NEW METHODS OF MEETING COMMUNITY NEEDS. SOME OF OUR RECENT HONORS AND EFFORTS INCLUDE THE PRINCE WILLIAM CHAMBER OF COMMERCE HONORED SENTARA NORTHERN VIRGINIA MEDICAL CENTER IN 2014 WITH ITS BUSINESS OF THE YEAR AWARD. THE AWARD RECOGNIZES BUSINESSES FOR INNOVATIVE AND OUTSTANDING CONTRIBUTIONS TO THE LOCAL ECONOMY, QUALITY OF LIFE AND THE CHAMBER OF COMMERCE. SENTARA RMH MEDICAL CENTER RECEIVED THE CRYSTAL AWARD IN SUSTAINABILITY FOR HEALTHCARE AT THE SECOND ANNUAL ENERGY AND SUSTAINABILITY CONFERENCE IN RICHMOND, VA IN FEBRUARY 2014. THE CRYSTAL AWARDS IN SUSTAINABILITY RECOGNIZE VIRGINIA COMPANIES AND INSTITUTIONS FOR THEIR SUSTAINABILITY. MARTHA JEFFERSON HOSPITAL WAS HONORED BY THE CHARLOTTESVILLE REGIONAL CHAMBER OF COMMERCE WITH THE 2012 HOVEY S. DABNEY AWARD FOR CORPORATE CITIZENSHIP. ORGANIZATIONS RECEIVING THIS AWARD ARE KNOWN FOR ENGAGING IN SOUND, SUCCESSFUL BUSINESS PRACTICE AND BEING GOOD PARTNERS WITH OTHER BUSINESSES, INVESTING DIRECTLY IN THE ECONOMIC AND CULTURAL ADVANCEMENT OF THE COMMUNITY, PERSUING A POSITIVE WORK ENVIRONMENT, AND INSPIRING BY EXAMPLE. THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES AWARDED SENTARA RMH MEDICAL CENTER WITH A \$3.1 MILLION, FIVE-YEAR GRANT IN NOVEMBER 2012 TO HELP FAMILIES AT RISK FROM SUBSTANCE ABUSE. AS A FISCAL AGENT, SENTARA RMH MEDICAL CENTER OVERSEES ADMINISTRATION OF THE GRANT, AND CENTRAL SHENANDOAH VALLEY FAMILY PARTNERSHIP HELPS FAMILIES WITH CHILDREN IN DANGER OF BEING REMOVED FROM THEIR HOMES BECAUSE OF SUBSTANCE ABUSE BY A CAREGIVER. HALIFAX REGIONAL DENTAL CLINIC CELEBRATED ITS ONE-YEAR ANNIVERSARY IN EARLY 2014 WITH MORE THAN 4,400 PEOPLE HAVING RECEIVED DENTAL CARE. OPERATING SUPPORT FOR THE TWO DENTISTS IS POSSIBLE BECAUSE OF A GRANT ADMINISTERED BY THE VIRGINIA HEALTH CARE FOUNDATION. A SIGNIFICANT PORTION OF THE GRANT WAS PROVIDED BY SENTARA TO SERVE HALIFAX COUNTY. HERE ARE SOME OF THE OTHER WAYS WE'VE INVESTED IN THE PEOPLE WE SERVE. A THE SENTARA HEALTH FOUNDATION WE ESTABLISHED THE SENTARA HEALTH FOUNDATION IN 1998 TO IMPROVE HEALTH AND QUALITY OF LIFE THROUGHOUT SOUTHEASTERN VIRGINIA AND NORTH CAROLINA, AND TO DEMONSTRATE OUR NOT-FOR-PROFIT MISSION. THE FOUNDATION HAS TOUCHED THE LIVES OF MANY VIRGINIA RESIDENTS FROM THE EASTERN SHORE TO GREATER HAMPTON ROADS THROUGH GRANTS SUPPORTING COMMUNITY HEALTH PROGRAMS. SPECIFICALLY, IT HAS AWARDED OVER \$10 MILLION IN GRANTS, INCLUDING \$625,000 IN 2014. PROGRAMS INCLUDE DENTAL CARE, PRENATAL SUPPORT, MEDICATION ASSISTANCE, AND REDUCE D-COST PRIMARY CARE. LOOKING AT THE GRANTS AWARDED</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>BY CATEGORIES, 79 PERCENT WENT TO PRIMARY , SPECIALTY AND CHRONIC DISEASE SERVICES, NINE PERCENT TO MENTAL HEALTH SERVICES, SIX PERCENT TO PRESCRIPTION DRUG SERVICES, FOUR PERCENT TO ORAL HEALTH SERVICES, AND TWO PERCENT TO MATERNAL HEALTH SERVICES B IN SUPPORT OF THE COMMUNITY LED BY A VOLUNTEER COMMUNITY BOARD OF DIRECTORS, SENTARA PROUDLY PROVIDES CARE TO ALL, AND REINVESTS IN THE COMMUNITY IN NUMEROUS WAYS 1 CONTRIBUTIONS EACH YEAR, WE PROVIDE MILLIONS OF DOLLARS IN BENEFITS TO THE COMMUNITY IN 2014, SENTARA REINVESTED \$307,232,000 INTO OUR COMMUNITIES SENTARA EARMARKED \$14,159,000 FOR HEALTH CARE TEACHING PROGRAMS TO ENSURE A QUALIFIED POOL OF PHYSICIANS AND NURSES WE ALSO SPENT \$7,539,000 TO SUPPORT LOCAL COMMUNITY PROGRAMS THAT PROVIDED HEALTH EVENTS AND HEALTH SCREENINGS TO INDIVIDUALS WE FUNDED \$285,534,000 IN UNCOMPENSATED PATIENT CARE FOR PEOPLE WHO WERE UNINSURED OR UNDERINSURED 2 MEDICALLY UNDERSERVED SENTARA MEDICAL GROUP'S PHYSICIANS AND MEDICAL STAFF VOLUNTEER THOUSANDS OF HOURS TO EASTERN VIRGINIA MEDICAL SCHOOL (EVMS), FREE CLINICS, COMMUNITY EDUCATION, AND CIVIC AND CHARITABLE PROGRAMS WE SUPPORT AND OPERATE UNCOMPENSATED CARE CLINICS THROUGHOUT THE REGION, INCLUDING THE SENTARA AMBULATORY CARE CENTER (ACC) THE ACC IS A COLLABORATIVE EFFORT WITH EVMS AND IS LOCATED NEAR SENTARA NORFOLK GENERAL HOSPITAL IT FEATURES AN APPOINTMENT SIDE, WHICH FUNCTIONS LIKE A DOCTOR'S OFFICE, AND A SAME- DAY "WALK-IN" SERVICE SIDE FOR MORE PRESSING AND IMMEDIATE HEALTH CONCERNS IN NOVEMBER 2012, SENTARA PARTNERED WITH THE FREE FOUNDATION TO OPEN A VIRGINIA BEACH FACILITY THE NON- PROFIT COLLECTS, REFURBISHES, STERILIZES, AND DISTRIBUTES USED DURABLE MEDICAL EQUIPMENT TO THOSE WHO CANNOT AFFORD IT THE SENTARA HEALTH FOUNDATION SUPPORTED THE FREE SET-UP AND DONATED SPACE C IN SUPPORT OF COMMUNITY HEALTH INITIATIVES 1 SENTARA COMMUNITY HEALTH AND PREVENTION AS PART OF SENTARA'S COMMITMENT TO PREVENTIVE HEALTH MEASURES, WE SPONSOR AND HOST SPECIAL COMMUNITY INITIATIVES THAT ARE DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEALTH AND DEVELOP INDIVIDUALS OUR CAMPAIGNS HAVE INCLUDED - PARTNERING WITH MINOR LEAGUE BASEBALL TO PROMOTE STRIKE OUT STROKE - RECRUITING AND SUPERVISING DEVELOPMENTALLY CHALLENGED YOUNG ADULT INTERNS THROUGH PROJECT SEARCH - NATIONAL DRUG TAKE BACK DAY - DRIVE-THRU FLU SHOTS - WOMEN'S DAY HEALTH FAIR - WEBINARS FOR WEIGHT LOSS SURGERY - PAINT FACEBOOK PINK TO RAISE AWARENESS FOR BREAST HEALTH - TEXT OUTREACH TO PREGNANT WOMEN - EATING FOR LIFE, AN AWARD-WINNING NUTRITION AND HEALTHY EATING PROGRAM - KNOW YOUR NUMBERS, A CARDIOVASCULAR RISK REDUCTION AND HEALTH IMPROVEMENT PROGRAM - WALK-ABOUT WITH HEALTHY EDGE, A WALKING PROGRAM THAT ENCOURAGES WALKING FOR CARDIOVASCULAR HEALTH - GET OFF YOUR BUTT STAY SMOKE LESS FOR LIFE, A SMOKING CESSATION PROGRAM - HEALTHY HEART PROGRAM, A CARDIOVASCULAR DISEASE REDUCTION PROGRAM - SENTARA LIVING, A COMPREHENSIVE WELLNESS PROGRAM FOR SENIORS - SENTARA'S MOBILE MAMMOGRAPHY UNIT VISITS NUMEROUS WORK SITES EVERY YEAR TO ENCOURAGE WELLNESS - CAMP LIGHTHOUSE, A GRIEF CAMP FOR KIDS AGES 5-16 WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE - DON'T SIT ON COLON CANCER HEALTHY EATING AND SCREENING CAMPAIGN AND 5K - PROSTATE CANCER EDUCATION AND FREE SCREENINGS - MOBILE ER TENTS AT VIRGINIA BEACH ROCK 'N' ROLL HALF MARATHON - A NEW BLOG FOR WOMEN OF CHILDBEARING AGE WITH INFORMATION AND SUPPORT FOR MOTHERS AND MOTHERS-TO-BE - COURAGE FUN, A PROJECT TO COMBAT CHILDHOOD OBESITY THROUGH SODAS TRAINING AND WEIGHT MANAGEMENT EDUCATION - LUNG CANCER SCREENING EDUCATION FOR SMOKERS 55 AND OLDER WHO HAVE SMOKED A PACK A DAY FOR OVER 30 YEARS</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>2 TOBACCO-FREE ENVIRONMENTS HOSPITALS SEE THE EFFECTS OF TOBACCO EVERY DAY IN HEART DISEASE, RESPIRATORY AILMENTS, AND CANCERS IN RESPONSE, SENTARA HAS IMPLEMENTED OUR TOBACCO-FREE ENVIRONMENT CAMPAIGN NO ONE IS ALLOWED TO SMOKE, CHEW OR DIP ANYWHERE ON CAMPUS, NOT EVEN IN CARS THE GOAL IS NOT JUST TO AVOID THE AESTHETIC AND HEALTH ISSUES OF SECOND-HAND SMOKE, BUT ALSO TO PUT SENTARA'S MISSION INTO PRACTICE BY HELPING STAFF, PATIENTS, AND VISITORS QUIT THIS HABIT AS OF 2011, ALL OF OUR FACILITIES ADOPTED THE TOBACCO FREE ENVIRONMENT INITIATIVES WE HAVE EARNED THE AMERICAN CANCER SOCIETY "EXCELLENCE IN THE WORKPLACE TOBACCO CONTROL" AWARD FOR OUR EFFORTS VII OPTIMA HEALTH PLAN A IMPROVING HEALTH OPERATING WITH THE SAME MISSION IN MIND -- TO IMPROVE HEALTH EVERY DAY --IS OUR HEALTH PLAN, OPTIMA HEALTH WITH MORE THAN 25 YEARS OF HEALTH INSURANCE EXPERIENCE, OPTIMA HEALTH PROVIDES HEALTH PLAN COVERAGE TO MORE THAN 450,000 MEMBERS THROUGHOUT THE STATE OUR QUALITY PROVIDER NETWORK FEATURES MORE THAN 15,000 PROVIDERS INCLUDING SPECIALISTS, PRIMARY CARE PHYSICIANS, AND HOSPITALS B SUPPORTING THE COMMUNITY OPTIMA HEALTH PROVIDES MORE THAN INSURANCE FOR OUR COMMUNITIES, WE REACH OUT THROUGH HEALTH SCREENINGS, EVENTS, EDUCATION MATERIALS, AND IMMUNIZATIONS OUR HIGHLIGHTS IN 2014 INCLUDED - WE INTRODUCED A NEW TOOL TO HELP MEMBERS TAKE CONTROL OF HEALTHCARE EXPENSES IT'S CALLED THE TREATMENT COST CALCULATOR LINKED TO A MEMBER'S "MY OPTIMA" ACCOUNT, THE ONLINE TOOL LETS MEMBERS COMPARE PRICES BETWEEN PROVIDERS FOR MORE THAN 300 PROCEDURES AND SERVICES AND ESTIMATE OUT-OF-POCKET COSTS - HEALTH IMPROVEMENT EVENT REQUESTS DECREASED BY ONE PERCENT AND THE NUMBER OF PARTICIPANTS INCREASED BY ELEVEN PERCENT (IN 2013 THERE WERE 1,516 EVENTS WITH 43,351 PARTICIPANTS, COMPARED TO 1,505 EVENTS WITH 47,987 PARTICIPANTS IN 2014 ) THESE EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE EMPLOYEES, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS - FLUPATROL ADMINISTERED A TOTAL OF 10,496 IMMUNIZATIONS THEY GAVE 9,042 TO OPTIMA HEALTH INSURED GROUPS IN VIRGINIA THE REMAINDER WAS DELIVERED TO CHURCHES AND OTHER COMMUNITY GROUPS - PREVENTIVE BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS DELIVERED MESSAGES TO 192,967 ADULT HEALTH PLAN MEMBERS PREVENTIVE BIRTHDAY CARD REMINDERS FOR CHILDREN DELIVERED ANNUAL PHYSICAL EXAM MESSAGES TO 150,271 HEALTH PLAN MEMBERS SELF-CARE MANUALS WERE DISTRIBUTED TO HEALTH PLAN MEMBERS AND COMMUNITY ORGANIZATIONS WE SENT OUT 388 IN 2014 - THE TOBACCO CESSATION PROGRAM HAD OVER 12,000 INTERVENTIONS IN 2014 WE SENT OUT 46,261 CAMPUS-WIDE ELECTRONIC INTERVENTIONS TO PROMOTE THE GREAT AMERICAN SMOKEOUT (GASO) AND DISTRIBUTED 5,000 GASO QUIT KITS OUR CERTIFIED TOBACCO TREATMENT SPECIALISTS FACILITATED 14 TOBACCO CESSATION AWARENESS GROUP PROGRAMS FOR 79 PARTICIPANTS AND PROVIDED 12 TOBACCO AWARENESS PRESENTATIONS FOR 60 COMMUNITY AND EMPLOYER GROUPS OVER 400 INPATIENTS FROM SENTARA VIRGINIA BEACH GENERAL HOSPITAL AND SENTARA HEART HOSPITAL WERE CONTACTED FOUR WEEKS AFTER THEIR HOSPITAL DISCHARGE FOR TOBACCO CESSATION FOLLOW-UP - HEALTHY EDGE/MISSION HEALTH DURING THE MONTH OF NOVEMBER, 17,817 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM OF THOSE, 10,022 EMPLOYEES ATTENDED 130 ON-SITE HEALTH SCREENINGS WITHIN SIX MONTHS IN 2014, 5,105 EMPLOYEES WERE IDENTIFIED WITH TWO OR MORE HEALTH RISKS 2,338 EMPLOYEES AGREED TO ONLINE COACHING AND 2,767 EMPLOYEES AGREED TO TELEPHONIC COACHING 2,998 EMPLOYEES AGREED TO CONTINUE ENGAGING WITH THEIR HEALTH COACH 3,086 EMPLOYEES FROM 2014 WILL NO LONGER NEED TO ENGAGE WITH A HEALTH COACH - WEBMD BECAME OUR NEW HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER IN OCTOBER 2014 THIS IS A REPLACEMENT FOR HEALTHYROADS - WELLNESSFORLIFE 12,374 CITY OF VIRGINIA BEACH AND VIRGINIA BEACH PUBLIC SCHOOL EMPLOYEES COMPLETED REGISTRATION FOR ENROLLMENT INTO THE WELLNESS PROGRAM OF THOSE, 6,470 EMPLOYEES ATTENDED 56 ON-SITE HEALTH SCREENINGS WITHIN NINE MONTHS 3,486 EMPLOYEES WERE IDENTIFIED WITH TWO OR MORE HEALTH RISKS OVERALL EIGHTY PERCENT OF ELIGIBLE EMPLOYEES PARTICIPATED - HAMPTON ROADS SANITATION DISTRICT AWARDED A THREE-YEAR HEALTH IMPROVEMENT SERVICES CONTRACT TO OPTIMA HEALTH &amp; PREVENTIVE SERVICES THIS UNIQUE CONTRACT IS BETWEEN OPTIMA HEALTH AND A GROUP THAT IS INSURED WITH ANOTHER CARRIER FOR OUR OUTSTANDING WELLNESS SERVICES PROGRAMMING POSITIVELY AFFECTED NINE HUNDRED AND THIRTY EMPLOYEES AND THEIR SPOUSES IN 2014 - POCKET EKG SCREENED 189 PARTICIPANTS IN 2014 ONE HUNDRED AND SEVENTY NINE (95 PERCENT) OF THOSE PARTICIPANTS WERE IDENTIFIED WITH CARDIOVASCULAR HEALTH RISKS C ACCREDITATION AND AWARDS THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HAS RECOGNIZED OUR QUEST FOR EXCELLENCE BY AWARDING OUR COMMERCIAL HMO AND MEDICAID HMO PRODUCTS WITH AN "EXCELLENT" ACCREDITATION STATUS WE HAVE MAINTAINED THIS RATING SINCE 1998, A CLAIM</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>NO OTHER HEALTH PLAN IN THE REGION CAN MAKE OPTIMA HEALTH RECEIVED AN A+ RATING FROM THE STREET COM (WEISS RATINGS, INC ) FOR FINANCIAL SOUNDNESS, RECOGNIZING OUR ABILITY TO WITHSTAND SEVERE ECONOMIC ADVERSITY AND SHOWING EXCEPTIONAL FINANCIAL STRENGTH THESTREET COM IS THE NATION'S LEADING INDEPENDENT PROVIDER OF RATINGS AND ANALYSES OF FINANCIAL SERVICE COMPANIES, MUTUAL FUNDS, AND STOCKS THE RATING RECOGNIZES OPTIMA HEALTH AS AN OUTSTANDING INSURER OFFERING EXCELLENT FINANCIAL STABILITY FOR ITS CUSTOMERS FEWER THAN FIVE PERCENT OF THE NATION'S HMOS AND HEALTH INSURERS MEET THESTREET COM RATING'S CRITERIA FOR EXCEPTIONAL FINANCIAL STRENGTH VIII CONCLUSION THROUGH ALL THAT WE DO AT SENTARA HEALTHCARE AND OPTIMA HEALTH, WE STRIVE TO IMPROVE HEALTH EVERY DAY, WHETHER IT IS BY USING THE MOST ADVANCED MEDICAL EQUIPMENT POSSIBLE, CARING FOR A NEW PATIENT WHO MIGHT NOT OTHERWISE BE HELPED, OR RESEARCHING NEW WAYS TO PREVENT OR CURE CHALLENGING HEALTH CONDITIONS WHILE OUR OFFICIAL PATIENT COUNT COULD BE FIGURED HOSPITAL BY HOSPITAL AND PHYSICIAN'S OFFICE BY PHYSICIAN'S OFFICE, WE BELIEVE WE MAY HELP OVER THREE MILLION PEOPLE - WHETHER ENROLLED PATIENTS OR COMMUNITY MEMBERS -- ACROSS VIRGINIA AND NORTH CAROLINA, THANKS TO ALL OF OUR VITAL HEALTH SERVICES AND PROGRAMS OFFERED EACH YEAR</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DAVID BERND AND HOWARD KERN HAVE A BUSINESS RELATIONSHIP THROUGH COMMON OWNERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION. 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE MEMBER WAS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

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 501(C)(3) ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A 501(C)(3) ORGANIZATION, HAD EXCLUSIVE AUTHORITY TO DIRECT AND MANAGE THE OPERATIONS AND AFFAIRS OF THE ORGANIZATION AND TO MAKE ALL DECISIONS REGARDING THE BUSINESS OF THE ORGANIZATION, SUBJECT TO THE OVERSIGHT OF THE ORGANIZATION'S BOARD OF DIRECTORS. BOARD MEMBERS SERVED IN AN ADVISORY CAPACITY, MAKING RECOMMENDATIONS TO THE MEMBER REGARDING THE ESTABLISHMENT OF HOSPITAL POLICIES, THE MAINTENANCE OF QUALITY PATIENT CARE, AND THE PROVISION OF INSTITUTIONAL PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEEDS.



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION. SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS. THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION. IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES. THE SYSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES. THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY. IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY. FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED. THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEAR. THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 30 NOT-FOR-PROFIT HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, BOND RATING, AND QUALITATIVE PERFORMANCE MEASURES BASED ON RANKINGS FROM SDI'S NATIONAL TOP INTEGRATED HEALTH NETWORKS. 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 VICE CHAIRMAN, PRESIDENT, AND TREASURER, WHO ALSO SERVE AS PRESIDENT AND COO, CORPORATE VICE PRESIDENT, AND SENIOR VICE PRESIDENT AND CFO OF THE SYSTEM, RESPECTIVELY. THE PROCESS WAS LAST UNDERTAKEN DURING 2014 FOR ALL POSITIONS LISTED.</p>

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.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECLASS OF INTERCOMPANY BALANCES TO EQUITY -31,720,969 CORRECTION OF PY ERROR ON AUXILIARY - 80,000

Return Reference	Explanation
FORM 990, PART VI, LINE 1B	BOARD MEMBER INDEPENDENCE. THE ORGANIZATION'S BOARD OF DIRECTORS IS ELECTED ANNUALLY BY SENTARA HEALTHCARE, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER. THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 18 VOTING MEMBERS, 16 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS.

Return Reference	Explanation
FORM 990, PART V, LINE 1A	THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, SENTARA HEALTHCARE, 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.

Return Reference	Explanation
FORM 990, PART VI, LINE 14	DOCUMENT RETENTION POLICY THE ORGANIZATION HAD A WRITTEN POLICY FOR DOCUMENT RETENTION AND DESTRUCTION WHICH WAS APPROVED BY MANAGEMENT



Return Reference	Explanation
FORM 990, PART VI, LINE 16B	JOINT VENTURE POLICY THE SENTARA HEALTHCARE SYSTEM HAD A WRITTEN POLICY REQUIRING EVALUATION OF ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS UNDER APPLICABLE FEDERAL TAX LAW THIS POLICY WAS APPROVED BY MANAGEMENT THE ORGANIZATION ALSO TOOK STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

Return Reference	Explanation
STATEMENT FILED PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J) (3)	THE TAXPAYER IS A MEMBER OF THE SENTARA HEALTHCARE ("SHC") CONTROLLED GROUP SHC, EIN 52-1271901, OWNS BAY PRIMEX INSURANCE COMPANY, LTD , A CONTROLLED FOREIGN CORPORATION SHC FURNISHES ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO BAY PRIMEX INSURANCE COMPANY, LTD THEREFORE, PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED WITH SHC'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IN ADDITION, ONE MEMBER OF THE SHC CONTROLLED GROUP OWNS A NON-CONTROLLING INTEREST IN VIRGINIA SOLUTIONS SPC, LTD , A CONTROLLED FOREIGN CORPORATION ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO VIRGINIA SOLUTIONS SPC, LTD IS FURNISHED BY HALIFAX REGIONAL HOSPITAL, EIN 54-0648699 THEREFORE, PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED WITH THE ORGANIZATION'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Return Reference	Explanation
FORM 990- EXPLANATION OF AMENDED RETURN	THE ORGANIZATION IS AMENDING FORM 990, PART VII, SECTION A, COLUMN (F), AND SCHEDULE J, PART II, COLUMNS (B) AND (C) TO CORRECTLY REPORT ITEMS OF DEFERRED COMPENSATION WHICH WERE EITHER NOT REPORTED IN THE ORIGINAL FILING OR WERE ORIGINALLY REPORTED IN THE WRONG COLUMN OF SCHEDULE J

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

(a) 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	
See Additional Data Table												

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

(a) 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
See Additional Data Table									

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity	<b>1a</b>	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>		No
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>		No
<b>f</b> Dividends from related organization(s)	<b>1f</b>		No
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>		No
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>		No
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	Yes	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	Yes	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	Yes	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 54-0853898

Name: POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? <div>YesNo</div>
(1) CLARKSVILLE SENIOR CARE LLC  2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1957066	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes
(1) HALIFAX REGIONAL DEV FOUNDATION INC  2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801459	HLTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes
(2) HALIFAX REGIONAL HOSPITAL INCORPORATED  2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-0648699	HEALTHCARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes
(3) HALIFAX REGIONAL LONG TERM CARE INC  103 ROSE HILL DRIVE SOUTH BOSTON, VA 24592 54-6074529	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes
(4) SENTARA HALIFAX REGIONAL PROPERTIES INC  2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801463	HLTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes
(5) TIDEWATER HEALTH CARE INC  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1277419	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	Yes
(6) SENTARA HOSPITALS  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes
(7) SENTARA MEDICAL GROUP  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes
(8) SENTARA ENTERPRISES  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes
(9) SENTARA LIFE CARE CORP  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes
(10) MPB INC  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes
(11) OPTIMA HEALTH PLAN  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	11A - I	SENTARA HEALTHCARE	Yes
(12) SENTARA HEALTHCARE  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501(C)(3)	LN7_NORMALGO	N/A	No
(13) SENTARA RMH MEDICAL CENTER  2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-0506331	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes
(14) VALLEY WELLNESS CENTER  501 STONE SPRING ROAD HARRISONBURG, VA 22801 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA RMH MEDICAL CENTER	Yes
(15) MJH FOUNDATION  500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes
(16) MARTHA JEFFERSON HOSPITAL FOUNDATION  500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 30-0041113	FUNDRAISING	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes
(17) MARTHA JEFFERSON HOSPITAL  500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-0261840	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
<b>Yes</b>	<b>No</b>							
SENTARA SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes
POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBRIIDGE, VA 22191 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C	506,435	3,644,761	100 000 %	Yes
ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN CJ 98-0704114	INSURANCE	CJ	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?
<b>Yes</b>	<b>No</b>							
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 1144 NORTH ROAD STREET ELIZABETH CITY, NC 27909 26-4592192	PHYS PRACTICE	NC	N/A	C			Yes	
SENTARA HEALTH PLANS OF OHIO INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1509408	TPA	OH	N/A	C			Yes	
SENTARA HEALTH INSURANCE CO OF NC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1888140	HEALTH INSURANCE	NC	N/A	C			Yes	
SENTARA HEALTH PLANS OF NC INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 46-5510421	TPA	NC	N/A	C			Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SENTARA HOSPITALS	B	32,364,709	CORP BOOKS/REC
SENTARA HOSPITALS	M	8,440,875	CORP BOOKS/REC
SENTARA HOSPITALS	N	14,445,651	CORP BOOKS/REC
SENTARA HOSPITALS	O	439,457	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	5,958,771	CORP BOOKS/REC
SENTARA MEDICAL GROUP	L	155,186	CORP BOOKS/REC
SENTARA MEDICAL GROUP	M	5,878,203	CORP BOOKS/REC
SENTARA ENTERPRISES	C	1,020,459	CORP BOOKS/REC
SENTARA ENTERPRISES	M	1,018,739	CORP BOOKS/REC
POTOMAC VENTURES CORP	A	37,656	CORP BOOKS/REC
POTOMAC VENTURES CORP	O	206,062	CORP BOOKS/REC
OPTIMA HEALTH PLAN	L	866,578	CORP BOOKS/REC
SENTARA HEALTH PLANS	L	805,519	CORP BOOKS/REC