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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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
MARTHA JEFFERSON HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
500 MARTHA JEFFERSON DRIVE

City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTESVILLE, VA 22911

D Employer identification number
54-0261840

E Telephone number
(434) 654-8198

G Gross receipts $ 265,297,766

F Name and address of principal officer
JONATHAN DAVIS
500 MARTHA JEFFERSON DRIVE
CHARLOTTESVILLE,VA 22911

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 1929

M State of legal domicile VA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	1,728
6	Total number of volunteers (estimate if necessary)	**6**	761
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	283,512
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-366,716

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,423,182	3,352,623
9	Program service revenue (Part VIII, line 2g)	242,532,667	258,144,347
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	336,748	-121,532
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,056,469	2,823,860
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	253,349,066	264,199,298
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	189,400	722,222
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	125,375,291	130,724,893
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	117,452,310	119,418,238
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	243,017,001	250,865,353
19	Revenue less expenses Subtract line 18 from line 12	10,332,065	13,333,945

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	263,612,901	276,745,703
21	Total liabilities (Part X, line 26)	47,310,128	33,475,114
22	Net assets or fund balances Subtract line 21 from line 20	216,302,773	243,270,589

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 — Date: 2016-11-11

J MICHAEL BURRIS VICE PRESIDENT & CFO
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

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 AND ARE DEDICATED TO IMPROVING THE HEALTH STATUS OF OUR COMMUNITY WE HAVE A VISION TO SET THE STANDARD FOR CLINICAL QUALITY AND PERSONALIZED HEALTHCARE SERVICES AND TO PROVIDE THE BEST CLINICAL QUALITY POSSIBLE WHILE MAINTAINING EXTRAORDINARY CUSTOMER SERVICE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 208,198,329 including grants of $ 722,222) (Revenue $ 257,860,835)

HOSPITAL SERVICES THE HOSPITAL PROVIDES HIGH-QUALITY HEALTH CARE TO THE COMMUNITY BY OFFERING THE LATEST TECHNOLOGY AND THE BEST TECHNICAL EXPERTISE THE HOSPITAL IS A 176-BED FACILITY FEATURING ALL PATIENT-FRIENDLY PRIVATE ROOMS AND PROVIDED 102,325 ADJUSTED PATIENT DAYS OF CARE DURING 2015 SENTARA MARTHA JEFFERSON HOSPITAL OFFERS MANY ADVANCED CLINICAL SERVICES AMONG THE NUMEROUS SERVICES THE HOSPITAL OFFERS ARE CANCER CARE, CARDIAC CARE, EMERGENCY CARE MATERNITY, NEUROLOGY, ORTHOPEDICS AND SURGERY SEE SCHEDULE O FOR A DESCRIPTION OF PROGRAMS AND ACCOMPLISHMENTS OF THE SENTARA HEALTHCARE SYSTEM AS A WHOLE FOR 2015

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 208,198,329

Part IV Checklist of Required Schedules

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

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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**	Yes	
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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	149		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,728		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								6,475,661	8,335,196	2,668,640

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 ▶ 165

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
CERNER CORPORATION PO BOX 959156 ST LOUIS, MO 631959156	MEDICAL SYSTEM SUPPORT	3,837,240
AMN HEALTHCARE INC 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693	HEALTHCARE STAFFING SOLUTIONS	1,411,938
GE HEALTHCARE PO BOX 640200 PITTSBURG, PA 15264	MEDICAL TECHNOLOGIES AND SERVICES	1,238,519
QUEST DIAGNOSTICS DEPT 0065 LOS ANGELES, CA 900840065	DIAGNOSTIC TESTING SERVICES	974,663
ALBEMARLE ANESTHESIA PLC 311 10TH STREET NE CHARLOTTESVILLE, VA 22902	MEDICAL PROFESSIONAL SERVICES	781,710

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 ▶ 46

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				
	c	Fundraising events 1c	203,132			
	d	Related organizations . . . 1d	969,980			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,179,511			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,352,623			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICES	621500	256,422,246	256,138,734	283,512
	b	OTHER PROGRAM SERVICE REVENUE	900099	940,987	940,987	
	c	PREMIUM CAPITATION	621500	781,114	781,114	
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	258,144,347			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	141,010			141,010
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 344,765				
	b	Less rental expenses: 190,684				
	c	Rental income or (loss): 154,081				
	d	Net rental income or (loss) . . . . . ▶	154,081			154,081
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 420,956				
	b	Less cost or other basis and sales expenses: 683,498				
	c	Gain or (loss): -262,542				
	d	Net gain or (loss) . . . . . ▶	-262,542			-262,542
	8a	Gross income from fundraising events (not including $ 203,132 of contributions reported on line 1c) See Part IV, line 18 . . a: 299,576				
	b	Less direct expenses . . . b: 224,286				
	c	Net income or (loss) from fundraising events . . ▶	75,290			75,290
	9a	Gross income from gaming activities See Part IV, line 19 . . . a:				
	b	Less direct expenses . . . b:				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a:				
	b	Less cost of goods sold . . b:				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA AND GIFT SHOP 445100	2,594,489			2,594,489
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	2,594,489			
	12	**Total revenue.** See Instructions . . . . . ▶	264,199,298	257,860,835	283,512	2,702,328

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	722,222	722,222		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,381,662	1,833,880	547,782	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	51,834	39,912	11,922	
7 Other salaries and wages	103,406,931	79,623,337	23,783,594	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,654,120	5,893,672	1,760,448	
9 Other employee benefits	10,235,791	7,881,559	2,354,232	
10 Payroll taxes	6,994,555	5,385,807	1,608,748	
11 Fees for services (non-employees)				
a Management				
b Legal	172,381	132,733	39,648	
c Accounting	27,315	21,033	6,282	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,186,058	9,906,051	1,280,007	
12 Advertising and promotion	700,052	539,040	161,012	
13 Office expenses	8,408,658	6,474,667	1,933,991	
14 Information technology	4,744,875	3,653,554	1,091,321	
15 Royalties				
16 Occupancy	5,241,628	4,036,054	1,205,574	
17 Travel	658,013	506,670	151,343	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,424	30,356	9,068	
20 Interest	4,798,590	4,798,590		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,904,332	10,706,336	3,197,996	
23 Insurance	1,958,962	1,508,401	450,561	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UBIT	5,000	5,000	0	
b MEDICAL SUPPLIES	49,565,793	49,565,793		
c PURCHASED AND CONTRACTE	8,824,021	6,794,496	2,029,525	
d PROV FOR BAD DEBT	4,644,136	4,644,136		
e All other expenses	4,539,000	3,495,030	1,043,970	
25 **Total functional expenses.** Add lines 1 through 24e	250,865,353	208,198,329	42,667,024	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		31,424,124	1	45,035,262
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,173,928	3	1,229,715
	4	Accounts receivable, net		18,317,826	4	21,645,664
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,989,954	7	3,781,236
	8	Inventories for sale or use		3,153,731	8	3,898,338
	9	Prepaid expenses and deferred charges		1,619,633	9	1,494,275
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 243,723,361			
	b	Less accumulated depreciation	10b 54,677,968	181,058,942	10c	189,045,393
	11	Investments—publicly traded securities		7,580,586	11	7,484,996
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	366,383
	15	Other assets See Part IV, line 11		16,294,177	15	2,764,441
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		263,612,901	16	276,745,703
Liabilities	17	Accounts payable and accrued expenses		31,113,801	17	9,316,636
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		16,196,327	25	24,158,478
	26	**Total liabilities.** Add lines 17 through 25		47,310,128	26	33,475,114
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		206,662,232	27	232,645,048
	28	Temporarily restricted net assets		8,448,516	28	9,296,962
	29	Permanently restricted net assets		1,192,025	29	1,328,579
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		216,302,773	33	243,270,589
	34	Total liabilities and net assets/fund balances		263,612,901	34	276,745,703

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	264,199,298
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,865,353
3	Revenue less expenses Subtract line 2 from line 1	3	13,333,945
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	216,302,773
5	Net unrealized gains (losses) on investments	5	-114,225
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13,748,096
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	243,270,589

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
HOWARD P KERN DIRECTOR/VICE CHAIR	1 00 49 20	X		X				0	3,162,206	1,734,160
PETER BROOKS DIRECTOR/CHAIR	2 00 2 00	X		X				0	0	0
DAVID L BERND DIRECTOR	1 00 50 20	X						0	3,297,673	78,898
TERRY GILLILAND MD DIRECTOR	1 00 44 20	X						0	1,300,255	148,987
WILLIAM L ACHENBACH DIRECTOR	1 00 2 00	X						0	0	0
LILLIAN R BEVIER DIRECTOR	1 00 2 00	X						0	0	0
DR GREGORY DOULL DIRECTOR	1 00 0 00	X						0	1,275	0
RICHARD GILLIAM DIRECTOR	1 00 0 00	X						0	0	0
CAROL B HURT DIRECTOR	1 00 0 00	X						0	0	0
DR JOHN LIGUSH DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
E RAY MURPHY DIRECTOR	1 00 0 00	X						0	0	0
DAVID G SUTTON DIRECTOR	1 00 1 00	X						0	0	0
J MICHAEL BURRIS TREASURER	20 00 22 00			X				190,689	190,689	67,392
AMELIA S BLACK COO/SECRETARY (EFFEC 3/15)	40 00 1 00			X				300,536	0	51,447
JONATHAN DAVIS PRESIDENT (EFFEC 1/15)	40 00 1 00			X				465,724	0	44,961
ELLIOT H KUIDA SECRETARY (THRU 3/15)	40 00 1 00			X				191,077	0	-13,766
BRUCE CLEMONS KE (VP, MEDICAL GROUP)	40 00 0 00				X			370,774	0	43,604
MARIJO LECKER KE (VP, CLINICAL SUPPORT SVS)	40 00 0 00				X			276,822	0	40,953
NANCY MALOY KE (VP, CNE)	40 00 0 00				X			167,270	0	24,061
DEBORAH L THEXTON KE (FINANCE DIRECTOR)	40 00 0 00				X			176,245	0	17,569

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JACOB N YOUNG MD PHYSICIAN	40 00 0 00					X		725,700	0	46,920
SANDEEP TEJA MD PHYSICIAN	40 00 0 00					X		637,407	0	28,694
JEFFERSON M PRICHARD MD PHYSICIAN	40 00 0 00					X		623,464	0	40,010
JOHN Z EDWARDS MD PHYSICIAN	40 00 0 00					X		582,009	0	38,215
STEPHEN B GUNTHER MD PHYSICIAN	40 00 0 00					X		560,743	0	42,443
JAMES E HADEN FORMER OFFICER	40 00 0 00						X	530,144	1,800	-23,401
SUSAN CABELL MAINS FORMER KE	0 00 40 00						X	0	248,953	108,525
RONALD J COTTRELL FORMER KE	20 00 20 00						X	132,345	132,345	31,806
FINLAY M ASHBY FORMER KE	40 00 0 00						X	314,880	0	50,038
RAY R MISHLER FORMER KE	40 00 0 00						X	229,832	0	67,124

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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 (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	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*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	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*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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*	4c		
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)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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* ***Part VI.***	6		
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)*	7		
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)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	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* ***Part VI.***	9b		
c	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* ***Part VI.***	9c		
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*	10a		
b	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)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316020666

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	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	28,573,591	28,874,654	28,907,762	29,368,803	29,368,803
b	Contributions					
c	Net investment earnings, gains, and losses		1,649,570	1,328,076	2,784,380	
d	Grants or scholarships	560,662				
e	Other expenditures for facilities and programs	628,637	1,950,633	1,361,184	-3,245,421	
f	Administrative expenses					
g	End of year balance	27,384,292	28,573,591	28,874,654	28,907,762	29,368,803

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 4 230 %
- c Temporarily restricted endowment ▶ 95 770 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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)	Accumulated (c)depreciation	(d)Book value
1a Land	4,397,829	30,518,699		34,916,528
b Buildings		115,193,376	10,444,761	104,748,615
c Leasehold improvements		1,424,392	808,549	615,843
d Equipment		77,969,649	42,405,699	35,563,950
e Other		14,219,416	1,018,959	13,200,457
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				189,045,393

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATIONS	17,085
GENERAL RESERVE	6,463,903
DUE TO AFFILIATES	2,953,735
DUE TO 3RD PARTY PAYORS	1,744,301
OTHER CURRENT LIABILITIES	12,979,454
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,158,478

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE USED TO SUPPORT THE HEALTH CARE NEEDS OF THE COMMUNITY

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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" on 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*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on 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? Yes	No	**(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
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" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CHAMPION'S GOLF (event type)	(b) Event #2 THE WOMEN'S COMMITTEE (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	119,916	351,518	31,274	502,708
	2 Less Contributions	119,916	66,166	17,050	203,132
	3 Gross income (line 1 minus line 2)		285,352	14,224	299,576
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	35,886	177,186	11,214	224,286
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				224,286
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				75,290

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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 activity conducted in

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligibile 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)			8,205,932		8,205,932	3 330 %
b Medicaid (from Worksheet 3, column a)			12,412,039	8,435,166	3,976,873	1 620 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			20,617,971	8,435,166	12,182,805	4 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,383,525		1,383,525	0 560 %
f Health professions education (from Worksheet 5)			826,715	491,630	335,085	0 140 %
g Subsidized health services (from Worksheet 6)			20,973,596	12,856,398	8,117,198	3 300 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			198,672		198,672	0 080 %
j **Total.** Other Benefits			23,382,508	13,348,028	10,034,480	4 080 %
k **Total.** Add lines 7d and 7j			44,000,479	21,783,194	22,217,285	9 030 %

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						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,644,136		
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	696,620		
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	61,745,823
6	Enter Medicare allowable costs of care relating to payments on line 5	6	84,461,095
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-22,715,272
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	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(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 MARTHA JEFFERSON PHO	MANAGED CARE	50 000 %		50 000 %
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)

Name of hospital facility or letter of facility reporting group MARTHA JEFFERSON HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) SEE SECTION C BELOW			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MARTHA JEFFERSON HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
13	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE PART V SECTION C			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

MARTHA JEFFERSON HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ 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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group MARTHA JEFFERSON OUTPATIENT SURGERY CENT

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3		No
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5		
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		
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		
7	Did the hospital facility make its CHNA report widely available to the public?	7		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8		
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MARTHA JEFFERSON OUTPATIENT SURGERY CENT

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE PART V SECTION C			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

MARTHA JEFFERSON OUTPATIENT SURGERY CENT

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**		No
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ 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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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

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? **17**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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 LINES 7A FOR LINES 7B AND 7G, THE ORGANIZATION USED ITS INTERNAL COST ACCOUNTING SYSTEM TO CALCULATE THE COST OF MEDICAID AND SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
PART I, LINE 7G	$8,117,198 OF THE AMOUNT REPORTED IN COLUMN (E) IS ATTRIBUTABLE TO PHYSICIAN CLINICS

Form and Line Reference	Explanation
PART I, LN 7 COL(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 $4,644,136

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	WE OFFER A VARIETY OF COMMUNITY BUILDING ACTIVITIES INCLUDING THOSE DESIGNED TO HELP MEET THE BASIC NEEDS OF OUR COMMUNITY SUCH AS FOOD DRIVES AND OUR SHOES FOR THE HOMELESS ANNUAL CAMPAIGN WE OFFER AN ANNUAL CELEBRATION OF LIFE EVENT FOR CANCER SURVIVORS TO GIVE THEM THE OPPORTUNITY TO INTERACT WITH THE PHYSICIANS AND STAFF WHO WERE RESPONSIBLE FOR THEIR CARE OVER THE PAST SEVERAL YEARS, WE HAVE HAD ANNUAL UNWANTED MEDICATION AND SHARPS DROP-OFF EVENTS WE HAVE STEADILY INCREASED THE AMOUNT OF MEDICATIONS AND SHARPS WE ARE TAKING OUT OF HOMES IN OUR COMMUNITY AT EACH EVENT

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 BAD DEBT EXPENSE IS REPORTED NET OF ANY DISCOUNTS OR COLLECTIONS ON ACCOUNTS THAT WERE PREVIOUSLY WRITTEN OFF (I E BAD DEBT WRITE-OFFS MINUS DISCOUNTS MINUS PAYMENTS RECEIVED) SEE ALSO THE FOOTNOTE ON PAGES 15-16 OF THE ATTACHED FINANCIAL STATEMENTS WHICH DISCUSSES BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 3	IN COMPUTING LINE 3, THE ORGANIZATION REVIEWED ALL ACCOUNTS WRITTEN-OFF TO BAD DEBT FOR EMPLOYMENT HISTORY, PREVIOUS ELIGIBILITY FOR MEDICAID, INSURANCE PAYMENTS, REGISTRATION WITH INSURANCE, BANRUPTCY AND COMPLIANCE TO INTERNAL CHARITY POLICIES

Form and Line Reference	Explanation
PART III, LINE 4	SEE PAGES 15-16 OF THE ATTACHED FINANCIAL STATEMENTS FOR THE FOOTNOTE WHICH DISCUSSES BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE COST REPORT WAS USED TO DETERMINE THE MEDICARE COSTS REPORTED ON LINE 6 MEDICARE MARGINS HAVE BEEN DECLINING AT THE SAME TIME THAT HOSPITALS HAVE BEEN ENGAGED IN CONCERTED EFFORTS TO IMPROVE EFFICIENCY, WHICH POINTS TO THE FACT THAT THE LOSSES ARE MOST LIKELY THE RESULT OF INADEQUATE REIMBURSEMENT BY THE FEDERAL GOVERNMENT, THUS, SHOULD BE INCLUDED IN COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION PRACTICES ARE GEARED TOWARDS PATIENTS THAT HAVE A HIGH PROBABILITY OF BEING ABLE TO PAY FOR SERVICES BASED ON INCOME LEVEL AND INELIGIBILITY FOR CHARITY PROGRAMS IT IS THE POLICY OF SENTARA MARTHA JEFFERSON HOSPITAL TO REVIEW ACCOUNTS TO ENSURE ALL POSSIBLE METHODS OF PAYMENT HAVE BEEN EXHAUSTED, I E MEDICAL ASSISTANCE, FINANCIAL ASSISTANCE, PAYMENT PLANS AND SELF-PAY DISCOUNTS, PRIOR TO AN ACCOUNT BEING DEEMED AS "BAD DEBT" THE ORGANIZATION PERFORMS INTERNAL BAD DEBT COLLECTION FUNCTIONS AND USES OUTSIDE COLLECTION AGENCIES ON A SECOND PLACEMENT BASIS THE ORGANIZATION DETERMINES WHICH PATIENTS ARE SENT TO OUTSIDE AGENCIES AND GUIDES THE AGENCIES IN PERFORMING REASONABLE COLLECTION EFFORTS

Form and Line Reference	Explanation
PART VI, LINE 2	THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES THROUGH THESE MEANS - ANALYSIS OF AREA SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA THE ANALYSIS FOCUSES ON IDENTIFICATION OF HEALTH CARE NEEDS FOR PLANNING AND DEVELOPMENT OF HEALTH SERVICES AND PROGRAMS THIS ANALYSIS IS UTILIZED 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 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

Form and Line Reference	Explanation
PART VI, LINE 3	THE HOSPITAL PROVIDES PAMPHLETS AT REGISTRATION AREAS, PAYMENT AREAS AND WAITING ROOMS DESCRIBING THE HOSPITAL'S BILLING PROCESS AND FINANCIAL ASSISTANCE IN ADDITION, INFORMATION IS AVAILABLE ON THE HOSPITAL'S WEBSITE DISCUSSING ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE, THE FULL FINANCIAL ASSISTANCE POLICY, AS WELL AS INFORMATION ON THE APPLICATION PROCESS FINANCIAL COUNSELORS AT THE HOSPITAL MAY REACH OUT TO PATIENTS TO DETERMINE IF THEY WOULD LIKE TO APPLY FOR ASSISTANCE, WHICH APPLICATION MAY BE MADE PRIOR TO, DURING OR SUBSEQUENT TO RECEIVING SERVICES

Form and Line Reference	Explanation
PART VI, LINE 4	SENTARA MARTHA JEFFERSON HOSPITAL SERVES RESIDENTS OF THE CITY OF CHARLOTTESVILLE, THE COUNTIES OF ALBEMARLE, FLUVANNA, GREENE, LOUISA, AND NELSON AND SURROUNDING COMMUNITIES THE 2016 POPULATION OF THE AREA IS 314,850 AND THE POPULATION IS PROJECTED TO INCREASE BY 4 5% OVER THE NEXT FIVE YEARS COMPARED TO A PROJECTED U S GROWTH RATE OF 3 7% 17 3% OF THE POPULATION ARE AGE 65+ COMPARED TO THE U S AT 15 1% EDUCATION-WISE, 13 3% HAVE LESS THAN A HIGH SCHOOL EDUCATION, COMPARED TO 13 6% FOR THE U S INCOME-WISE, THE AVERAGE HOUSEHOLD INCOME IS $81,661 COMPARED TO $77,135 FOR THE U S AND 19 0% OF THE HOUSEHOLDS HAVE AN ANNUAL INCOME OF LESS THAN $25,000, COMPARED TO 22 7% FOR THE U S THE RACE AND ETHNICITY COMPOSITION IS AS FOLLOWS 76 1% FOR WHITE NON-HISPANIC, 13 6% FOR BLACK NON-HISPANIC, 4 6% FOR HISPANIC, 3 0% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 2 7% FOR ALL OTHERS THIS COMPARES TO THE U S COMPOSITION OF 61 3% FOR WHITE NON-HISPANIC, 12 3% FOR BLACK NON-HISPANIC, 17 8% FOR HISPANIC, 5 4% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 3 1% FOR ALL OTHERS

Form and Line Reference	Explanation
PART VI, LINE 5	THE ORGANIZATION HAS A COMMUNITY-BASED BOARD COMPRISED OF A MAJORITY OF MEMBERS WHO ARE NEITHER EMPLOYEES, CONTRACTORS, 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 INPATIENT CARE, PROVISION OF SERVICES TO THE UNINSURED AND UNDERINSURED,MEDICAL EDUCATION, AND COMMUNITY PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION IS AFFILIATED WITH THE SENTARA HEALTHCARE SYSTEM ("SENTARA") SENTARA, A NOT FOR PROFIT HEALTH SYSTEM, OPERATES MORE THAN 100 SITES OF CARE SERVING RESIDENTS ACROSS VIRGINIA AND NORTHEASTERN NORTH CAROLINA THE SYSTEM IS COMPRISED OF 12 ACUTE CARE HOSPITALS INCLUDING SEVEN IN HAMPTON ROADS, ONE IN NORTHERN VIRGINIA, TWO IN THE BLUE RIDGE REGIONS, ONE IN SOUTH CENTRAL VIRGINIA, AND ONE IN NORTHEASTERN NORTH CAROLINA, ADVANCED IMAGINING CENTERS, NURSING AND ASSISTED-LIVING CENTERS, OUT PATIENT CAMPUSES, HOME HEALTH AND HOSPICE CARE, A 3,800-PROVIDER MEDICAL STAFF, AND FOUR MEDICAL GROUPS ITS AFFILIATION WITH SENTARA ENHANCES THE ORGANIZATION'S ABILITY TO ACHIEVE BEST PRACTICES IN HEALTHCARE DELIVERY, ACQUIRE CUTTING EDGE TECHNOLOGY AND INTEGRATED INFORMATION SYSTEMS, AND PROVIDE A HIGHER LEVEL OF MEDICAL CARE TO VIRGINIA'S BLUE RIDGE REGION COMMUNITY THESE ATTRIBUTES BETTER POSITION THE ORGANIZATION TO ADDRESS HEALTH CARE REFORM AND OTHER PROFOUND CHANGES AFFECTING THE HEALTHCARE ENVIRONMENT

Additional Data

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

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

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MARTHA JEFFERSON HOSPITAL 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE,VA 22911 WWW SENTARA COM H1872	X	X					X			
2	MARTHA JEFFERSON OUTPATIENT SURGERY CENTER 595 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE,VA 22911 WWW SENTARA COM OH662	X								OUTPATIENT SURGERY CENTER	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
1	1 - SENTARA MJ SURGERY CARE CENTER 595 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE,VA 22911	SURGERY CENTER
1	2 - SENTARA MJ SLEEP MEDICINE CENTER 1793 RICHMOND ROAD CHARLOTTESVILLE,VA 22911	DIAGNOSTIC CENTER
2	3 - SENTARA MJ ORTHOPAEDICS 595 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE,VA 229034896	PHYSICIAN CLINIC
3	4 - SENTARA FOREST LAKES FAMILY MEDICINE 3263 PROFFIT ROAD SUITE 101 CHARLOTTESVILLE,VA 22911	PHYSICIAN CLINIC
4	5 - SENTARA GREENE FAMILY MEDICINE 140 STONERIDGE DRIVE S SUITE 100 RUCKERSVILLE,VA 229683096	PHYSICIAN CLINIC
5	6 - SENTARA MJ INTERNAL MEDICINE 590 PETER JEFFERSON PARKWAY STE 100 CHARLOTTESVILLE,VA 22911	PHYSICIAN CLINIC
6	7 - SENTARA MJ AESTHETIC AND RECONS SURG 600 PETER JEFFERSON PARKWAY STE 270 CHARLOTTESVILLE,VA 229118837	PHYSICIAN CLINIC
7	8 - SENTARA MJ ORTHOPEDIC SERVICES-N 3263 PROFFIT ROAD SUITE 202 CHARLOTTESVILLE,VA 22901	PHYSICIAN CLINIC
8	9 - SENTARA CROZET FAMILY MEDICINE 1646 PARK RIDGE DRIVE CROZET,VA 229323155	PHYSICIAN CLINIC
9	10 - SENTARA BLUE RIDGE INTERNAL MEDICINE 310 OLD IVY WAY SUITE 201 CHARLOTTESVILLE,VA 229034896	PHYSICIAN CLINIC
10	11 - SENTARA PALMYRA MEDICAL ASSOCIATES 33 REBECCA DRIVE PALMYRA,VA 22963	PHYSICIAN CLINIC
11	12 - SENTARA AFTON FAMILY MEDICINE 10950 ROCKFISH VALLEY HWY AFTON,VA 229203203	PHYSICIAN CLINIC
12	13 - SENTARA MJ WOUND CARE CENTER 1490 PANTOPS MOUNTAIN PLACE CHARLOTTESVILLE,VA 22911	WOUND CENTER
13	14 - SENTARA BUCKINGHAM FAMILY MEDICINE 65 BRICKYARD ROAD DILLWYN,VA 229360030	PHYSICIAN CLINIC
14	15 - SENTARA MJ HEALTH SVCS SPRING CREEK 29 JEFFERSON COURT GORDONSVILLE,VA 22942	PHYSICIAN CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
16	16 - SENTARA MADISON FAMILY MEDICINE 2503 SOUTH SEMINOLE TRAIL MADISON,VA 227272690	PHYSICIAN CLINIC
1	17 - SENTARA MJ NEUROSCIENCES 590 PETER JEFFERSON PARKWAY STE 100 CHARLOTTESVILLE,VA 22911	PHYSICIAN CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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	MARTHA JEFFERSON HOSPITAL DONATES FUNDS IN FURTHERANCE OF THE HOSPITAL'S MISSION TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY BY MAINTAINING, ENHANCING AND RESTORING PERSONAL HEALTH AND WELL BEING ASSISTANCE IS GIVEN BASED ON DIRECTION FROM THE BOARD OF DIRECTORS AND COMMUNITY NEED

Additional Data

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PIEDMONT VIRGINIA COMMUNITY COLLEGE 501 COLLEGE DRIVE CHARLOTTESVILLE,VA 22902	54-1268264	501(C)(3)	75,000				COMMUNITY HEALTH
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET STE A CHARLOTTESVILLE,VA 22902	20-5913090	501(C)(3)	40,000				MENTAL HEALTH SERVICES
UNITED WAY 806 EAST HIGH STREET CHARLOTTESVILLE,VA 22902	54-0505882	501(C)(3)	10,000				RX RELIEF PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DRIVE 200 CHARLOTTESVILLE,VA 22903	54-1610405	501(C)(3)	25,000				COMMUNITY HEALTH
READYKIDS INC 1000 E HIGH STREET CHARLOTTESVILLE,VA 22902	54-0546000	501(C)(3)	10,000				COMMUNITY HEALTH
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION 114 4TH STREET SE CHARLOTTESVILLE,VA 22902	54-1506312	501(C)(3)	25,000				COMMUNITY HEALTH

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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" on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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	COUNTRY CLUB MEMBERSHIP FEES AND DUES SOCIAL CLUB DUES PAID ON BEHALF OF THE ORGANIZATION'S SENIOR EXECUTIVES ARE ALLOCATED BETWEEN BUSINESS AND PERSONAL USE, THE PERSONAL USE OF WHICH IS TREATED AS ADDITIONAL COMPENSATION AND REPORTED ON FORM W-2 AS TAXABLE WAGES THE ORGANIZATION COVERED THE RELOCATION EXPENSES OF AN EXECUTIVE RECRUIT, INCLUDING 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 AN INDEPENDENT COMPENSATION CONSULTANT AND A COMPENSATION STUDY
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 SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE DAVID BERND 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 SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE VESTING IS DETERMINED BY THE GOVERNING BOARD OF SENTARA HEALTHCARE AND IS SEPARATELY STATED IN EACH PARTICIPANT'S OPTION AGREEMENT THERE WERE NO OPTIONS GRANTED AFTER 2002 DAVID BERND, HOWARD KERN, TERRY GILLILAND AND JOHNATHAN DAVIS PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE) DURING 2015 THE FOLLOWING CORPORATE EXECUTIVIES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN DAVID BERND ($269,148) AND HOWARD KERN ($355,085) THIS AMOUNT HAS BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II
PART I, LINE 7	DURING THE CURRENT TAX YEAR, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL TOP HAT-WITHIN THE ANNUAL INCENTIVE PROGRAM, EXECUTIVES AND SENIOR LEADERS MAY RECEIVE ADDITIONAL INCENTIVE PAY TO REWARD EXCEPTIONAL INDIVIDUAL PERFORMANCE 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 PHYSICIAN PERFORMANCE INCENTIVE - AN INCENTIVE DESIGNED TO ENCOURAGE AND RECOGNIZE THE CONTRIBUTIONS AND STEWARDSHIP OF PHYSICIANS IN SENTARA'S INTEGRATED DELIVERY SYSTEM AWARDS ARE BASED ON THE ACHIEVEMENT OF CLINICAL QUALITY, PATIENT SATISFACTION, FISCAL RESPONSIBILITY AND SYSTEM ALIGNMENT GOALS

Additional Data

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HOWARD P KERN DIRECTOR/VICE CHAIR	(I)	0	0	0	0	0	0	0
	(II)	966,286	858,798	1,337,122	1,715,812	- 18,348	- 4,896,366	560,147
1DAVID L BERNDDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,391,722	1,508,038	397,913	57,405	- 21,493	- 3,376,571	0
2TERRY GILLILAND MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	722,318	552,328	25,609	132,605	- 16,382	- 1,449,242	0
3J MICHAEL BURRIS TREASURER	(I)	124,042	54,132	12,515	20,966	12,730	224,385	0
	(II)	124,042	54,132	12,515	20,966	- 12,730	- 224,385	0
4AMELIA S BLACK COO/SECRETARY (EFFEC 3/15)	(I)	223,970	57,735	18,831	26,410	25,037	351,983	0
	(II)	0	0	0	0	- 0	- 0	0
5JONATHAN DAVIS PRESIDENT (EFFEC 1/15)	(I)	373,911	32,467	59,346	25,667	19,294	510,685	0
	(II)	0	0	0	0	- 0	- 0	0
6ELLIOT H KUIDA SECRETARY (THRU 3/15)	(I)	64,361	92,903	33,813	-17,034	3,268	177,311	0
	(II)	0	0	0	0	- 0	- 0	0
7BRUCE CLEMONS KE (VP, MEDICAL GROUP)	(I)	314,599	39,538	16,637	19,703	23,901	414,378	0
	(II)	0	0	0	0	- 0	- 0	0
8MARIJO LECKER KE (VP, CLINICAL SUPPORT SVS)	(I)	218,318	57,663	841	23,056	17,897	317,775	0
	(II)	0	0	0	0	- 0	- 0	0
9NANCY MALOYKE (VP, CNE)	(I)	147,656	18,014	1,600	4,585	19,476	191,331	0
	(II)	0	0	0	0	- 0	- 0	0
10DEBORAH L THEXTON KE (FINANCE DIRECTOR)	(I)	153,994	21,720	531	16,765	804	193,814	0
	(II)	0	0	0	0	- 0	- 0	0
11JACOB N YOUNG MD PHYSICIAN	(I)	638,334	67,500	19,866	25,456	21,464	772,620	0
	(II)	0	0	0	0	- 0	- 0	0
12SANDEEP TEJA MD PHYSICIAN	(I)	583,206	53,265	936	21,356	7,338	666,101	0
	(II)	0	0	0	0	- 0	- 0	0
13 JEFFERSON M PRICHARD MD PHYSICIAN	(I)	562,664	42,500	18,300	18,802	21,208	663,474	0
	(II)	0	0	0	0	- 0	- 0	0
14JOHN Z EDWARDS MD PHYSICIAN	(I)	532,369	49,069	571	18,759	19,456	620,224	0
	(II)	0	0	0	0	- 0	- 0	0
15STEPHEN B GUNTHER MD PHYSICIAN	(I)	507,579	51,922	1,242	24,199	18,244	603,186	0
	(II)	0	0	0	0	- 0	- 0	0
16JAMES E HADEN FORMER OFFICER	(I)	44,378	403,805	81,961	-27,060	3,659	506,743	0
	(II)	0	0	1,800	0	- 0	- 1,800	0
17SUSAN CABELL MAINS FORMER KE	(I)	0	0	0	0	0	0	0
	(II)	180,435	49,934	18,584	87,311	- 21,214	- 357,478	0
18RONALD J COTTRELL FORMER KE	(I)	101,014	30,929	402	2,901	13,002	148,248	0
	(II)	101,014	30,929	402	2,901	- 13,002	- 148,248	0
19FINLAY M ASHBY FORMER KE	(I)	229,128	66,152	19,600	31,619	18,419	364,918	0
	(II)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 RAY R MISHLER FORMER KE	(I)	149,730	53,131	26,971	57,932	9,192	296,956	0
	(II)	0	0	0	0	0	0	0

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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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

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	(e) Sharing of organization's revenues? No
(1) ETHAN R MURPHY	FAMILY MEMBER OF E RAY MURPHY, DIRECTOR	39,494	EMPLOYMENT		No
(2) SHANNON M KUIDA	FAMILY MEMBER OF ELLIOT H KUIDA, OFFICER	12,340	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	159,034	COST OR SELLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	MARTHA JEFFERSON HOSPITAL USES EXTERNAL PARTIES TO COORDINATE AN ARMS-LENGTH SALE OF NON-CASH CONTRIBUTIONS FOR EXAMPLE, A LICENSED STOCK BROKER WAS USED THIS YEAR TO SELL GIFTS OF STOCK

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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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SENTARA HEALTHCARE I SENTARA HEALTHCARE - YOUR NOT FOR PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE BASED IN NORFOLK, VA, CELEBRATES MORE THAN 127 YEARS IN RELENTLESS PURSUIT OF ITS MISSION TO IMPROVE HEALTH EVERY DAY THROUGH INNOVATION, COMPASSION AND COMMUNITY BENEFIT SENTARA IS A FULLY-INTEGRATED NOT-FOR-PROFIT SYSTEM WITH NEARLY 300 SITES OF CARE OF WHICH THERE ARE 12 HOSPITALS IN VIRGINIA AND NORTH CAROLINA, INCLUDING A LEVEL I TRAUMA CENTER WITH NIGHTINGALE REGIONAL AIR AMBULANCE AND THE NATIONALLY-RANKED SENTARA HEART HOSPITAL THE SENTARA FAMILY INCLUDES FOUR MEDICAL GROUPS, AMBULATORY CAMPUSES, POST-ACUTE CARE SERVICES, THE PHYSICIAN-LED SENTARA QUALITY CARE NETWORK, THE ACCREDITED SENTARA CANCER NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES, OPTIMA HEALTH PLAN MEMBERS IN VIRGINIA, ALABAMA AND OHIO, AND A TEAM OF PROFESSIONALS NEARLY 30,000 STRONG SENTARA PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED LIVING CENTERS, PHYSICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE, AND GROUND MEDICAL TRANSPORTATION SENTARA IS STRATEGICALLY FOCUSED ON CONTINUOUS IMPROVEMENT IN QUALITY, SAFETY, CLINICAL OUTCOMES AND THE PATIENT EXPERIENCE AND PURSUES KEY CLINICAL GOALS THROUGH HIGH-PERFORMANCE TEAMS ACROSS THE ENTERPRISE EFFORTS ARE CENTERED ON PROVIDING THE RIGHT CARE IN THE RIGHT SETTING AT THE RIGHT TIME AND ADDING VALUE TO THE COMMUNITIES WE SERVE WE STRIVE TO SERVE ALL IN THE COMMUNITIES WE SERVE THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS II COMMITMENT TO THE COMMUNITY A SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS IN 2015, SENTARA COMMUNITY BENEFIT REACHED $335,510,000 SENTARA PROVIDED $276,309,000 IN UNCOMPENSATED PATIENT CARE, $19,687,000 IN MEDICAL EDUCATION, AND $39,514,000 IN COMMUNITY PROGRAMS B SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATIONS THESE FOUNDATIONS RAISED MONEY TO SUPPORT THE CLINICAL NEEDS OF THE SYSTEM AND PROVIDED FUNDING THROUGH GRANTS AND DIRECT CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT HAVE SIMILAR INTERESTS IN COMMUNITY HEALTH NEEDS SENTARA FOUNDATION-HAMPTON ROADS FUNDED 38 COMMUNITY GRANTS IN 2015 TOTALING $585,000, AND THE RMH FOUNDATION FUNDED SEVEN COMMUNITY HEALTH PROGRAMS WITH GRANTS TOTALING ALMOST $118,000 THE MARTHA JEFFERSON HOSPITAL FOUNDATION ESTABLISHED A NEW PALLIATIVE CARE OUTPATIENT CLINIC AND FUNDED TWO 3D MAMMOGRAPHY UNITS WITHIN THEIR COMMUNITY ALL THREE FOUNDATIONS RALLIED AROUND SUPPORT FOR NURSING EXCELLENCE AND INNOVATION, FUNDING 235 SCHOLARSHIPS FOR REGISTERED NURSES WHO ARE PURSUING THEIR BACHELORS OF SCIENCE IN NURSING SENTARA MADE A $100,000 CONTRIBUTION TO THE NORTHEAST ACADEMY OF AEROSPACE AND ADVANCED TECHNOLOGIES (NEAAT) IN ELIZABETH CITY, NORTH CAROLINA THE MONEY IS THE FIRST GIFT TO THE NEW CHARTER SCHOOL AND WILL BE ALLOCATED OVER THREE YEARS THE NORTH CAROLINA STATE BOARD OF EDUCATION APPROVED THE SCHOOL IN DECEMBER 2014, AND IT WAS SLATED TO OPEN IN AUGUST 2015 WITH A GOAL OF WORKFORCE DEVELOPMENT FOR NORTHEAST NORTH CAROLINA AND AN AID TO PHYSICIAN RECRUITMENT SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED DEVASTATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNESS IN 2015, THE HOPE FUND AWARDED $143,000 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM MTI TRANSPORT, LLC, DONATED A RETIRED GROUND TRANSPORT AMBULANCE TO THE ONE ELEUTHERA FOUNDATION IN THE BAHAMAS TO RAISE AWARENESS OF BREAST CANCER IN A COUNTRY WITH A HIGH RATE OF BREAST CANCER PAINTED PINK AND NAMED AFTER A SENTARA EMPLOYEE WITH BREAST CANCER, "MISS VICKI", THE AMBULANCE MADE HER WAY TO THE BAHAMAS IN 2015 TO SUPPORT THE NEEDS OF THIS COMMUNITY C COMMUNITY HEALTH INITIATIVES SENTARA AND OPTIMA HEALTH HAVE LONG BEEN COMMITTED TO PROVIDING HEALTH AND PREVENTION SERVICES TO THE COMMUNITIES WE SERVE THROUGH MANY CHANNELS INCLUDING THE SENTARA HEALTHCARE COMMUNITY HEALTH AND PREVENTION ORGANIZATION WITHIN SENTARA BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2015 - HEALTH IMPROVEMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE AND HAMPTON ROADS SANITATION DISTRICT, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS INCLUDING THE POCKET EKG PROGRAM AND THE SENTARA LIVING PROGRAM - CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAICHI AND YOGA - THE FLU PATROL ADMINISTERED AT TOTAL OF 7,785 IMMUNIZATIONS 7,010 WERE GIVEN TO OPTIMA HEALTH INSURED GROUPS THROUGHOUT VIRGINIA THE REMAINDER WAS DELIVERED TO CHURCHES AND OTHER COMMUNITY GROUPS - BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS WERE DELIVERED TO ADULT MEMBERS OF OPTIMA HEALTH, OHIOHEALTH PLAN MEMBERS AND CHILDREN - THE TOBACCO CESSATION PROGRAM DISTRIBUTED OVER 385 QUIT KITS TO PROMOTE THE GREAT AMERICAN SMOKEOUT PATIENTS DISCHARGED FROM SENTARA VIRGINIA BEACH GENERAL HOSPITAL AND SENTARA HEART HOSPITAL WERE CONTACTED FOUR WEEKS AFTER THEIR HOSPITAL DISCHARGE FOR TOBACCO CESSATION FOLLOW-UP - AS PART OF THE SENTARA BENEFIT ENROLLMENT PROCESS, 18,462 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM - FINALLY, WEBMD BECAME THE NEW HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER IN JANUARY 2015 14,788 MEMBERS HAVE REGISTERED ON WEBMD'S PORTAL AND OF THOSE, 11,680 MEMBERS ARE ACTIVELY ENGAGED SENTARA HOSTS A NUMBER OF COMMUNITY EVENTS RAISING AWARENESS AROUND KEY HEALTH AWARENESS MONTHS ONE GOOD EXAMPLE IS THE FOCUS ON COLON CANCER DON'T SIT ON COLON CANCER. THROUGH THE SENTARA CANCER NETWORK, WE HOSTED A 5K AT SENTARA PRINCESS ANNE HOSPITAL IN VIRGINIA BEACH THROUGH SENTARA HEART , WE PROMOTED THE "28 DAYS OF HEART" IN FEBRUARY, 2015 IN SUPPORT OF HEART HEALTH AWARENESS ONLINE PROMOTIONS, RADIO ADS, SCREENINGS AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DISEASE THROUGHOUT THE COMMUNITIES WE SERVE IN VIRGINIA AND NORTH CAROLINA III GROWTH IN SENTARA HEALTHCARE SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO OTHER INDUSTRY LEADERS AND JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVICES TO MORE PEOPLE. IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND IN OTHER STATES, NORTH CAROLINA, ALABAMA AND OHIO, BY SEEKING PARTNERSHIPS WITH SUCCESSFUL HOSPITALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY AND CUSTOMER FOCUS OUR GROWTH IN 2015 INCLUDED THE FOLLOWING A SENTARA ADVANTEDGE OPTIMA HEALTH, THE INSURANCE ARM OF SENTARA HEALTHCARE, FORMED SENTARA ADVANTEDGE, A PROGRAM THAT ESTABLISHES STRATEGIC HEALTH PLAN PARTNERSHIPS - ALABAMA AND OHIO BEING THE FIRST TWO STATES REPRESENTING GROWTH OUTSIDE OF VIRGINIA B SENTARA PRATT MEDICAL GROUP SENTARA PARTNERED WITH PRATT MEDICAL CENTER TO FORM SENTARA PRATT MEDICAL GROUP WITH 32 PROVIDERS AND 7 LOCATIONS IN THE AREAS OF FREDERICKSBURG, STAFFORD, KING GEORGE, AND DAHLGREN, SENTARA NOW HAS A PRESENCE IN THE GREATER FREDERICKSBURG MARKET SENTARA PRATT ALSO BRINGS AN ADDITIONAL IMAGING CENTER INTO THE SENTARA HEALTHCARE NETWORK C SENTARA QUALITY CARE NETWORK (SQCN) THE SENTARA QUALITY CARE NETWORK EXPANDED ITS NETWORK TO COVER THE HARRISONBURG, VIRGINIA AREA IN 2015 WITH THE CREATION OF THE SHENANDOAH REGIONAL SERVICE ORGANIZATION SQCN NOW INCLUDES 2,754 PROVIDERS AND 30,647 PATIENTS ACROSS VIRGINIA IV NEW INITIATIVES A CLINICAL PERFORMANCE IMPROVEMENT IN 2015, SENTARA DESIGNED AND IMPLEMENTED A CLINICAL PERFORMANCE IMPROVEMENT (CLINICAL PI) INITIATIVE TO EXECUTE ON THE "ALWAYS IMPROVING" INITIATIVE WITHIN SENTARA THESE EFFORTS PROVIDED A STRUCTURE TO DRIVE CHANGE AND CREATED A PROCESS FOR RAPID CYCLE IMPLEMENTATION THE SYSTEM-WIDE INITIATIVE PRODUCED SIGNIFICANT PROGRESS IN 5 AREAS OF CLINICAL FOCUS B ICD-10 SENTARA SUCCESSFULLY TRANSITIONED FROM THE ICD-9 CODING SYSTEM TO THE ICD-10 CODING SYSTEM ON OCTOBER 1, 2015 THIS WAS AN ADOPTION THAT TOOK PLACE THROUGHOUT THE U S HEALTHCARE INDUSTRY SENTARA BEGAN ITS ICD-10 JOURNEY IN 2011 WITH SIGNIFICANT INVESTMENTS IN TECHNOLOGY, TOOLS AND TRAINING FOR STAFF AND PROVIDERS ACROSS THE COMPANY V OFFERING NEW PROCEDURES AND TECHNOLOGIES CLINICAL BREAKTHROUGHS SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING ORTHOPEDICS, NEUROSCIENCES AND CARDIAC

Return Reference	Explanation
FORM 990, PART III, LINE 4A	A ORTHOPEDICS SENTARA NORTHERN VIRGINIA MEDICAL CENTER WAS HOME TO THE FIRST STEMLESS TOTAL SHOULDER REPLACEMENT PROCEDURE IN THE DC/METRO AREA ORTHOPAEDICS HOSPITAL AT SENTARA CAREPLEX WAS THE FIRST IN HAMPTON ROADS WHERE ORTHOPEDIC SURGEONS USE NAVIO - A ROBOTIC ASSISTED TECHNOLOGY FOR KNEE REPLACEMENTS NOT REQUIRING A CT SCAN A NEUROSURGEON AT SENTARA PRINCESS ANNE HOSPITAL WAS THE FIRST IN SOUTHERN VIRGINIA BEACH TO USE THE MAZOR ROBOTICS RENAISSANCE GUIDANCE SYSTEM THAT ALLOWS FOR ROBOTIC ASSISTED SPINE SURGERY FOR SPINE FUSIONS AND REDUCES THE USE OF RADIATION BY REDUCING CONTINUOUS FLUOROSCOPY DURING SURGERY B NEUROSCIENCES SENTARA CAREPLEX HOSPITAL AND SENTARA PRINCESS ANNE HOSPITAL OFFERED A NEW PROCEDURE IN HAMPTON ROADS USING SPENOCATH - A DEVICE USED IN AN INTERVENTIONAL RADIOLOGY PROCEDURE FOR MIGRAINE TREATMENT THROUGH THE NOSE C CARDIAC SENTARA HEART HOSPITAL WAS THE FIRST IN HAMPTON ROADS TO OFFER A PROCEDURE USING THE WATCHMAN DEVICE-AN ALTERNATIVE TO LONG-TERM BLOOD THINNING MEDICATION THERAPY FOR STROKE RISK REDUCTION IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATIONS VI EXPANDING PARTNERSHIPS A IN OCTOBER, 2015, SENTARA BECAME AN INVESTMENT PARTNER OF MEDSTREAMING, A COMPANY WHOSE DATA AGGREGATION TOOL HAS LONG BEEN USED IN SENTARA VASCULAR SERVICES MEDSTREAMING'S TECHNOLOGY ENABLES PROVIDERS TO AGGREGATE DATA FROM MULTIPLE DATA SOURCES AND ASSIMILATE THAT DATA TO PROVIDE DIAGNOSIS AND TREATMENT RECOMMENDATIONS FASTER AND MORE ACCURATELY B IN 2015, SENTARA BEGAN WORKING WITH WELLPEPPER INC WELLPEPPER IS DEVELOPING GROUNDBREAKING DIGITAL TOOLS, THROUGH THEIR PROPRIETARY INTELLECTUAL PROPERTY, SUCH AS A DIGITAL "APP" THAT CAN HELP MONITOR MIGRAINES WELLPEPPER IS WORKING WITH SENTARA TO DEPLOY THE MIGRAINE APP, AND OTHER APPS FOR OTHER CONDITIONS ARE ON THE HORIZON C SENTARA CONTINUES ITS EFFORTS TO GROW AND INTEGRATE MDLIVE INTO THE COMMUNITIES WE SERVE, THROUGH OUR EMPLOYEES, AND THROUGH MEMBERS INSURED THROUGH OPTIMA MDLIVE DELIVERS 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 PHYSICIAN OR PARTNER PHYSICIAN WHO CAN DIAGNOSE LOW-ACUITY ILLNESSES, PROVIDE CARE AND PRESCRIBE MEDICATIONS AS APPROPRIATE VII EXPANDING EDUCATIONAL OPPORTUNITIES SENTARA IS COMMITTED TO ALWAYS IMPROVING-INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONAL OPPORTUNITIES CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS IN 2015, SENTARA MARKED FURTHER PROGRESS TOWARD ACHIEVING OUR GOAL OF 80% OF SENTARA NURSES HAVING A BSN BY 2020 IN 2015 SENTARA HAS 54 2% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE SENTARA IS MOVING THE NEEDLE ON THIS MEASURE AND THE SENTARA FOUNDATIONS ARE AN ENORMOUS SUPPORT ALL SENTARA FOUNDATIONS RALLIED AROUND ADVANCING NURSING EDUCATION BY FUNDING 235 SCHOLARSHIPS IN 2015 FOR RNS WHO ARE PURSUING THEIR BSN VIII RESEARCH RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM A 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 SENTARA EXPANDED THE USE OF THE COPPER-INFUSED LINENS AND SURFACES BEYOND SENTARA LEIGH HOSPITAL AND A SMALL AREA OF SENTARA NORFOLK GENERAL HOSPITAL MATERIALS ARE NOW AT 5 SENTARA HOSPITAL LOCATIONS PLUS ONE SENTARA NURSING CENTER THIS WILL ALLOW US TO EXPAND THE REACH OF THE CURRENT RESEARCH STUDY THAT IS TESTING THE EFFECTIVENESS OF THESE MATERIALS IN A CLINICAL SETTING EARLY RESULTS OF THE RESEARCH ARE EXPECTED IN 2016, WHICH WILL ENABLE SENTARA TO CHART A COURSE FOR FURTHER USE THROUGHOUT SENTARA B CARDIAC THROUGH THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE, CARDIOLOGISTS AND UNIQUELY TRAINED REGISTERED NURSE RESEARCH COORDINATORS MAKE SIGNIFICANT STRIDES IN ADVANCING THE UNDERSTANDING AND TREATMENT OF THE NO 1 KILLER IN AMERICA CARDIOVASCULAR DISEASE AS THE PREEMINENT CARDIAC RESEARCH INSTITUTE IN THE MID-ATLANTIC REGION, SENTARA HEART WORKS COLLABORATIVELY WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOMEDICAL COMPANIES ON NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL RESEARCH TRIALS WE FOCUS OUR EFFORTS ON DISCOVERING MORE EFFECTIVE CARDIOVASCULAR TREATMENTS AND PROTOCOLS WHILE ELIMINATING THOSE THAT ARE POTENTIALLY HARMFUL OR NOT AS BENEFICIAL OUR ULTIMATE GOAL IS TO PROVIDE ENHANCED CLINICAL CARE THAT ADVANCES PATIENT OUTCOMES AND IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY OUR RESEARCH TOUCHES ON EVERY ASPECT OF HEART CARE, INCLUDING MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CARDIAC INTERVENTIONAL PROCEDURES, STRUCTURAL HEART DISEASE, AND THE MEDICAL MANAGEMENT OF CORONARY ARTERY DISEASE RISK FACTORS SUCH AS DIABETES AND HIGH CHOLESTEROL COLLECTIVELY, OUR RESEARCH NURSES COORDINATE MORE THAN 80 CLINICAL TRIALS AT ANY GIVEN TIME, SHEPHERDING PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS, PROVIDING CARE DURING PERIODS OF NEED, AND TIRELESSLY ADVOCATING FOR THEIR PATIENTS' WELL-BEING C CANCER WITHIN THE SENTARA CANCER NETWORK, CLINICIANS AND ACADEMIC RESEARCHERS WORK TOGETHER TO ELEVATE CARE FOR PATIENTS THIS COLLABORATIVE PHILOSOPHY FOSTERS INNOVATION IN THE NETWORK AND DRIVES ACCESS TO CLINICAL TRIAL OPTIONS FOR OUR PATIENTS MEDICAL ONCOLOGISTS IN THE SENTARA CANCER NETWORK COMMUNITIES ARE ESPECIALLY INSTRUMENTAL IN CONNECTING PATIENTS WITH CLINICAL TRIALS - HELPING TO ACHIEVE THE COMMISSION ON CANCER'S PRINCIPLE TO DELIVER QUALITY CARE CLOSE TO HOME THERE ARE PROMISING CLINICAL TRIALS BEING CONDUCTED ALL OVER THE COUNTRY FOR PATIENTS WITH CANCER, AND MANY OF THESE ARE ACCESSIBLE TO PATIENTS IN THE SENTARA CANCER NETWORK OPPORTUNITIES TO PARTICIPATE IN CLINICAL TRIALS HAVE OPENED UP PATIENT CARE OPTIONS, INCLUDING ACCESS TO CUTTING-EDGE MEDICINE OUR PARTICIPATION IN CLINICAL TRIALS ALSO CONTRIBUTES TO CANCER LAB RESEARCH VIA TISSUE DONATION, RETROSPECTIVE CHART STUDIES ON CONTROL GROUPS AND PARTICIPATION OUR CLINICAL TRIALS INCLUDE EFFICACY AND SAFETY TRIALS FOR INVESTIGATIONAL BIOLOGICS, COMBINATION TRIALS FOR ONCOLOGY DRUGS, SURGICAL AND RADIATION THERAPY RESEARCH TRIALS, ADJUVANT AND MAINTENANCE DRUG TRIALS, POSTOPERATIVE ONCOLOGY OPTIONS, AND RETROSPECTIVE CHART REVIEWS IX BUILDING FOR THE FUTURE A SENTARA NORTHERN VIRGINIA MEDICAL CENTER, LOCATED IN WOODBRIDGE, VIRGINIA, COMPLETED CONSTRUCTION ON ITS NEW SURGERY CENTER, TOOK POSSESSION IN DECEMBER 2015 AND BEGAN PERFORMING SURGERIES IN JANUARY 2016 SENTARA NORTHERN VIRGINIA MEDICAL CENTER ALSO LAUNCHED A CARDIAC ELECTROPHYSIOLOGY PROGRAM AND THE CONSTRUCTION OF A DEDICATED ELECTROPHYSIOLOGY LAB IS UNDERWAY WITH A JULY 2016 COMPLETION TARGET DATE THE WEIGHT LOSS SURGERY SERVICE AT SENTARA NORTHERN VIRGINIA MEDICAL CENTER ACHIEVED THE DESIGNATION AS A BLUE DISTINCTION CENTER+ FOR BARIATRIC SURGERY BY ANTHEM, INC THIS, ALONG WITH RECEIVING THE AETNA INSTITUTE OF QUALITY (IOQ) BARIATRIC PROGRAM AND CIGNA 3 STAR BARIATRIC CENTER, DEMONSTRATES A PROVEN TRACK RECORD FOR DELIVERING FEWER COMPLICATIONS AND READMISSIONS THAN FACILITIES WITHOUT THESE DESIGNATIONS B SENTARA RMH MEDICAL CENTER, LOCATED IN HARRISONBURG, VIRGINIA, BROKE GROUND ON THE NEW SENTARA TIMBER WAY HEALTH CENTER THIS NEW CENTER WILL BE A COMBINATION OF THE CURRENT TIMBERVILLE HEALTH CARE LOCATION AND SPRINGBROOK FAMILY MEDICINE IN BROADWAY THE CENTER WILL ALSO OFFER X-RAY, LABORATORY AND REHABILITATION SERVICES THIS NEW, LARGER, MORE COMPREHENSIVE CENTER WILL TRULY MEET THE NEEDS OF THE COMMUNITY IN A SINGLE LOCATION SENTARA RMH MEDICAL CENTER COMPLETED CONSTRUCTION OF THE SENTARA RMH ORTHOPEDIC CENTER AND OPENED TO PATIENTS THE SENTARA RMH SCHOOL OF HISTOTECHNOLOGY HELD ITS FIRST GRADUATION CEREMONY ON JUNE 3, 2015 THE FIRST CLASS CONSISTED OF EIGHT STUDENTS, FOUR OF THEM GOING ON TO WORK AT SENTARA HOSPITALS SENTARA RMH MEDICAL CENTER IS THE ONLY HOSPITAL IN THE SENTARA SYSTEM THAT HAS A SCHOOL OF HISTOTECHNOLOGY, AND THERE IS ONLY ONE OTHER HOSPITAL-BASED HTL SCHOOL IN THE UNITED STATES SIX STUDENTS HAVE ENROLLED IN THE SECOND CLASS WITH GRADUATION SCHEDULED FOR JUNE, 2016

Return Reference	Explanation
FORM 990, PART III, LINE 4A	C SENTARA MARTHA JEFFERSON HOSPITAL, LOCATED IN CHARLOTTESVILLE, VIRGINIA, PARTNERED WITH THE REGION 10 COMMUNITY SERVICES BOARD TO OPEN THE PETERSON HEALTH CENTER REGION 10 COMMUNITY SERVICES BOARD IS PART OF A STATEWIDE NETWORK OF 40 COMMUNITY SERVICES BOARDS WORKING TO PROVIDE MENTAL HEALTH, INTELLECTUAL DISABILITY AND SUBSTANCE USE SERVICES IN CENTRAL VIRGINIA THE PETERSON HEALTH CENTER OPENED IN DOWNTOWN CHARLOTTESVILLE TO PROVIDE PREVENTATIVE CARE, INCLUDING VACCINES AND PHYSICALS, TREATMENT OF ACUTE ILLNESSES, DIABETES AND HIGH BLOOD PRESSURE MANAGEMENT, WOMEN'S HEALTH SERVICES AND GERIATRIC MEDICINE FIRST TO SENTARA, SENTARA MARTHA JEFFERSON HOSPITAL INTRODUCED A NEW ONLINE TOOL WHERE PATIENTS CAN "CHECK-IN" TO THE EMERGENCY ROOM BY "APPOINTMENT", THUS PROVIDING A FAR IMPROVED CUSTOMER EXPERIENCE THIS NEW ONLINE TECHNOLOGY IS BEING USED FOR THE EMERGENCY ROOM AT THE SENTARA MARTHA JEFFERSON HOSPITAL AND AT THE EMERGENCY ROOM ON THE OUTPATIENT CAMPUS, SENTARA MARTHA JEFFERSON OUTPATIENT CARE CENTER SENTARA MARTHA JEFFERSON HOSPITAL INTRODUCED 3D-MAMMOGRAPHY IN 2015, WHICH MAKES IT POSSIBLE FOR RADIOLOGISTS TO SEE INSIDE THE BREAST IN GREATER DETAIL AND DETECT CANCERS THAT MAY HAVE OTHERWISE BEEN OBSCURED D HAMPTON ROADS (SOUTHEASTERN VIRGINIA) I SENTARA BROKE GROUND ON A MEDICAL OFFICE BUILDING LOCATED IN CHESAPEAKE, VIRGINIA, CALLED SENTARA EDINBURGH SLATED TO OPEN IN LATE 2016, SERVICES INCLUDE URGENT CARE, PRIMARY CARE, IMAGING, PHYSICAL THERAPY AND A YMCA II SENTARA LEIGH HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, OPENED ITS 5-STORY WEST TOWER IN 2015 AND BEGAN CONSTRUCTION ON THE FINAL PHASE OF ITS EIGHT YEAR ON-SITE RENOVATION, A TWO-STORY ATRIUM FEATURING PATIENT CHECK-IN AND MEETING SPACE III GROWING AS A MEDICAL DESTINATION CENTER, SENTARA NORFOLK GENERAL HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, CONTINUED TO INTRODUCE AND/OR EXPAND ITS QUATERNARY SERVICES, TOTALING 17 PROGRAMS IN 2015 ALONE, SENTARA NORFOLK GENERAL HOSPITAL CARED FOR 30 MORE OUT OF AREA PATIENTS THAN IN 2014 FROM AREAS OUTSIDE OF HAMPTON ROADS SENTARA NORFOLK GENERAL HOSPITAL RECEIVED APPROVAL FROM SENTARA LEADERSHIP TO EMBARK ON A FIVE-YEAR, $199 4 MILLION EXPANSION AND MODERNIZATION PROJECT THE PLAN WILL ADD FLOORS, WINGS, EXPAND AND MODERNIZE 23 OPERATING ROOMS, CONSOLIDATE ICU BEDS ON TWO NEW FLOORS, EXPAND THE EMERGENCY ROOM, CREATE A STATE-OF-THE-ART NEONATAL INTENSIVE CARE UNIT AND ADD A ROOFTOP HELIPAD FOR NIGHTINGALE, SENTARA'S AIR AMBULANCE, AND OTHER MEDICAL HELICOPTERS ADDITIONALLY, SENTARA NORFOLK GENERAL CELEBRATED ITS 30TH ANNIVERSARY AS A LEVEL I TRAUMA CENTER. IV SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, LAUNCHED SENTARA TO HOME, A STOREFRONT AND PATIENT SERVICES ENABLING PATIENTS TO GO HOME WITH THEIR MEDICATIONS AND OTHER POST-DISCHARGE NEEDS FULFILLED PRIOR TO LEAVING THE HOSPITAL A TRANSITION SPECIALIST ENSURES THAT EACH PATIENT HAS DISCHARGE FOLLOW UP NEEDS ADDRESSED SENTARA VIRGINIA BEACH GENERAL LAUNCHED A BACK AND NECK PROGRAM FOR SPINE SURGERY CASES THIS SPECIALIZED PROGRAM BRINGS TOGETHER A TEAM INCLUDING EXPERT SURGEONS WITH CARING AND SPECIALLY TRAINED NURSES, THERAPISTS AND OTHER HEALTH PROFESSIONALS THE GOAL IS TO PROVIDE SEAMLESS, COORDINATED CARE THAT REDUCES PAIN AND GETS PATIENTS BACK TO THEIR ACTIVITIES AS SOON AS POSSIBLE. ADDITIONALLY, SENTARA VIRGINIA BEACH GENERAL HOSPITAL CELEBRATED ITS 50TH ANNIVERSARY OF PROVIDING QUALITY CARE TO THE COMMUNITY V SENTARA CAREPLEX HOSPITAL, LOCATED IN HAMPTON, VIRGINIA, FILED A CERTIFICATE OF PUBLIC NEED APPLICATION TO THE COMMONWEALTH OF VIRGINIA TO REESTABLISH OBSTETRIC SERVICES VI SENTARA OBICI HOSPITAL, LOCATED IN SUFFOLK, VIRGINIA, FILED A CERTIFICATE OF PUBLIC NEEDS APPLICATION FOR TEN ADDITIONAL INPATIENT PSYCHIATRIC BEDS AND RECEIVED APPROVAL IN FEBRUARY 2016 A REAL BREAKTHROUGH FOR IDENTIFYING AND VIEWING TUMORS NEAR MOVING ORGANS, A 4D CT IS NOW AVAILABLE AT SENTARA OBICI HOSPITAL VII SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, DESIGNATED A PEDIATRIC TRACK IN THE EMERGENCY DEPARTMENT WITH A SEPARATE WAITING AREA, KID-FRIENDLY COLORS AND GRAPHICS IN PATIENT ROOMS, AND SPECIALLY-TRAINED STAFF PROGRAM DEVELOPMENT WAS COMPLETED AND IMPLEMENTATION IS UNDERWAY FOR THE DEAN ORNISH INTENSIVE CARDIAC REHABILITATION PROGRAM AIMED AT REVERSING HEART DISEASE. VIII SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, LOCATED IN WILLIAMSBURG, VIRGINIA, OFFERS A NEW PEDIATRIC OBSERVATION UNIT IN THE EMERGENCY ROOM ADDITIONALLY, THEY OPENED AN OUTPATIENT REHABILITATION SITE AT THE YMCA IN GLOUCESTER, VIRGINIA IX SENTARA KITTY HAWK, AN OUTPATIENT CAMPUS LOCATED IN KITTY HAWK, NORTH CAROLINA, OBTAINED A NEW LARGE-BORE MRI, INTRODUCED PRIMARY CARE IN EDENTON, NORTH CAROLINA, LAUNCHED A SINGLE/LOCAL PRIMARY CARE CALL CENTER TO THE REGION, AND PREPARED FOR THE OPENING OF A NEW SENTARA URGENT CARE THAT OFFICIALLY OPENED ON JANUARY 4, 2016 E SOUTH BOSTON/HALIFAX FEBRUARY 2, 2015 MARKED THE INTRODUCTION OF THE SENTARA BRAND INTO THE HALIFAX SERVICE AREA SENTARA HALIFAX REGIONAL HOSPITAL, LOCATED IN SOUTH BOSTON, VIRGINIA, NEARED COMPLETION OF A MAJOR EXPANSION OF TWO NURSING CARE CENTERS, SENTARA MEADOWVIEW TERRACE AND SENTARA WOODVIEW, WITH OCCUPANCY TAKING PLACE IN MAY 2016 ADDITIONALLY, CAPITAL FUNDING WAS APPROVED TO INTRODUCE EPIC, THE ELECTRONIC MEDICAL RECORD USED THROUGHOUT SENTARA, PLANNED FOR 2017 PRIMARY CARE GROWTH AND SERVICE DELIVERY ENHANCEMENTS WERE A TOP PRIORITY FOR SENTARA'S MEDICAL GROUP IN THE HALIFAX SERVICE AREA THE SENTARA CLARKSVILLE FAMILY MEDICINE CLINIC EXPANDED ITS PHYSICAL LOCATION AND OTHER PRIMARY CARE OFFICES BEGAN OFFERING EXPANDED OFFICE HOURS TO ALLOW FOR GREATER PATIENT ACCESS SPECIALTY CARE SERVICES, INCLUDING CARDIAC AND GENERAL SURGERY SERVICES, WERE ADDED TO THE SENTARA PRIMARY CARE CLINICS, AS IT WAS RECOGNIZED THAT ALL PATIENTS CANNOT MAKE THEIR WAY TO SENTARA HALIFAX REGIONAL HOSPITAL OR SPECIALIST OFFICES IN SOUTH BOSTON FOR THESE SPECIALIZED SERVICES F SENTARA ENTERPRISES SENTARA ENTERPRISES CONTINUES TO FOCUS ON IMPROVING QUALITY, AND THIS WAS DEMONSTRATED IN 2015 WITH SENTARA ENTERPRISES HAVING AN ACCREDITATION SURVEY WITH ZERO DEFICIENCIES G SENTARA LIFE CARE. SENTARA LIFE CARE IS COMPRISED OF ASSISTED LIVING CENTERS, NURSING HOMES, MOBILE MEALS AND THE PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) IN 2015, SENTARA LIFE CARE ADOPTED THE USE OF COPPER INFUSED LINENS AT ONE OF THE NURSING CENTERS JUST AS HAS BEEN IMPLEMENTED AT FIVE SENTARA HOSPITALS, THIS MATERIAL IMPLEMENTATION WILL ENABLE SENTARA TO MEASURE THE EFFECTIVENESS IN PREVENTING HOSPITAL-ACQUIRED INFECTIONS OUR NURSING HOME IN BARCO, NORTH CAROLINA TRANSFORMED A RESIDENT WING TO SERVE AS A MORE DEFINED INPATIENT REHABILITATION UNIT WITH A LARGER, MORE MODERN GYMNASIUM THE CONSOLIDATED UNIT WITH 23 BEDS WILL ENHANCE THE APPEAL OF SENTARA LIFE CARE - CURRITUCK FOR REHABILITATION TO RESIDENTS IN NORTHEASTERN NORTH CAROLINA SENTARA LIFE CARE BROKE GROUND ON A NEW "HOUSEHOLD" MODEL OF CARE - SENTARA NURSING AND REHABILITATION CENTER- IN CHESAPEAKE, VIRGINIA THIS NEW CENTER IS EXPECTED TO OPEN IN FALL 2016 THE DESIGN OF THE 120-BED CENTER CALLS FOR "HOUSEHOLDS" OF 20 RESIDENTS EACH, WITH A KITCHEN SERVING EACH ONE, AN OUTDOOR GARDEN SETTING AND COMMON AREAS FOR VISITING AND ACTIVITIES THERE WILL ALSO BE A 40-BED SHORT STAY PAVILION FOR POST-ACUTE REHABILITATION PATIENTS FEATURING A BISTRO WHERE PATIENTS AND FAMILIES CAN SHARE MEALS LASTLY, SENTARA LIFE CARE RELOCATED PACE (PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY) FROM VIRGINIA BEACH TO NORFOLK, ALLOWING US TO SERVE MORE PARTICIPANTS IN A SPACIOUS, MODERN CLINIC WITH GREATER PRIVACY AND ROOM TO GROW PACE PROVIDES TRANSPORTATION, MEALS, MEDICAL CARE AND SOCIALIZATION FOR SENIORS LIVING WITH THEIR FAMILIES, WHO QUALIFY FOR NURSING FACILITY LEVEL OF CARE. PACE SITES IN NORFOLK AND PORTSMOUTH TRANSITIONED TO THE ELECTRONIC MEDICAL RECORD USED THROUGHOUT SENTARA, EPIC, CREATING A MORE SEAMLESS CONNECTION FOR MEDICAL SERVICES PARTICIPANTS MAY REQUIRE H SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) I EASE OF PATIENT ACCESS AND GROWING OUR SERVICES ARE MAJOR AREAS OF FOCUS FOR SENTARA MEDICAL GROUP ALL OF THE SENTARA URGENT CARE LOCATIONS OFFER AN ONLINE OPTION TO "RESERVE YOUR SPOT" WHEREBY CONSUMERS CAN GO ONLINE, IDENTIFY THE URGENT CARE MOST CONVENIENT TO THEM, RESERVE "THEIR SPOT AND SHOW UP AT THE APPOINTED TIME TO BE SEEN THUS, CONSUMERS CAN AVOID THE WAIT AND IT SETS EXPECTATIONS OF WHEN THEY WILL BE SEEN

Return Reference	Explanation
FORM 990, PART III, LINE 4A	II SENTARA PARTNERED WITH PRATT MEDICAL CENTER TO FORM SENTARA PRATT MEDICAL GROUP WITH 32 PROVIDERS AND 7 LOCATIONS IN THE AREAS OF FREDERICKSBURG, STAFFORD, KING GEORGE AND DAHLGREN, SENTARA NOW HAS A PRESENCE IN THE GREATER FREDERICKSBURG, VIRGINIA MARKET SENTARA PRATT MEDICAL CENTER ALSO BRINGS AN ADDITIONAL IMAGING CENTER INTO THE SENTARA HEALTHCARE NETWORK III SENTARA MEDICAL GROUP HAS A MAJOR FOCUS ON CUSTOMER SERVICE IN 2015, SENTARA MEDICAL GROUP DEPLOYED A SHORTER, ONLINE AND AUTOMATED PHONE CALL SURVEY THAT PATIENTS WOULD RECEIVE ON THE HEELS OF THEIR VISIT TO A SENTARA MEDICAL GROUP PROVIDER THE CHANGE MORE THAN TRIPLED THE AMOUNT OF SURVEY RESPONSES, AND THE DATA WAS MORE REAL-TIME FOR US TO TAKE ACTION AS NECESSARY X QUALITY AND PATIENT SAFETY DISTINCTIONS A AWARD-WINNING CARE- AS ALWAYS, SENTARA IS PROUD AND HUMBLED BY THE VARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVED OVER THE COURSE OF THE YEAR OUR MISSION IS TO IMPROVE HEALTH EVERY DAY TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION - DRIVEN WORK HERE ARE A FEW OF THE 2015 AWARDS AND RECOGNITIONS I FOR THE 15TH CONSECUTIVE YEAR, THE CARDIOLOGY AND HEART SURGERY PROGRAM AT SENTARA NORFOLK GENERAL HOSPITAL (SENTARA HEART HOSPITAL) WAS LISTED AMONG THE TOP 50 HEART PROGRAMS IN THE U S NEWS & WORLD REPORT 'BEST HOSPITALS' EDITION AND IMPROVED ITS RANKING FROM 41ST IN 2014 TO 31ST IN 2015 THE EAR, NOSE & THROAT PROGRAM AT SNGH ALSO MADE THE TOP 50 RANKING FOR THE SECOND CONSECUTIVE YEAR II SENTARA CANCER NETWORK, INCLUDING SEVEN SENTARA HOSPITALS IN THE SOUTHEASTERN VIRGINIA REGION, WAS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION OF CANCER THE SENTARA CANCER NETWORK REMAINS THE ONLY NETWORK-ACCREDITED CANCER PROGRAM IN VIRGINIA III ALL SENTARA HOSPITALS IN HAMPTON ROADS (SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, SENTARA CAREPLEX HOSPITAL, SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA OBICI HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, AND SENTARA PRINCESS ANNE HOSPITAL) AND SENTARA MARTHA JEFFERSON HOSPITAL AND SENTARA RMH MEDICAL CENTER RECEIVE LEAPFROG'S HIGHEST "A" RATING FOR DELIVERING SAFE PATIENT CARE FOR 2015 IV SENTARA COMPLETED THE TRANSITION TO DNV HEALTHCARE FOR ACCREDITATION AT ALL SENTARA HOSPITALS WITH SUCCESSFUL SURVEYS AT SENTARA HALIFAX REGIONAL HOSPITAL AND SENTARA ALBEMARLE MEDICAL CENTER V SENTARA LEIGH HOSPITAL FAMILY MATERNITY CENTER RECEIVED THE ADVANCE FOR NURSES 2015 BEST NURSING TEAM RUNNER UP STATUS THIS WAS ONE OF SIX TEAMS REPRESENTED ACROSS THE NATION VI SENTARA MARTHA JEFFERSON HOSPITAL MEDICAL GROUP PRACTICES RECEIVED THE NCQA CERTIFICATION TO BECOME PATIENT CENTERED MEDICAL HOMES MEDICAL HOMES PROVIDE PATIENT-CENTERED CARE THAT EMPHASIZES CARE COORDINATION AND COMMUNICATION AND WORKS TO GIVE PATIENTS THE HEALTHCARE EXPERIENCE THEY EXPECT MEDICAL HOMES CAN ALSO LEAD TO IMPROVED QUALITY AND DECREASED COSTS VII TEN SENTARA HOSPITALS WERE RECOGNIZED WITH THE PLATINUM AWARD BY THE AMERICAN COLLEGE OF CARDIOLOGY FOR CONSISTENT HIGH PERFORMANCE IN TREATING HEART ATTACK PATIENTS VIII THE INTENSIVE CARE UNIT AT SENTARA MARTHA JEFFERSON HOSPITAL RECEIVED THE SILVER BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES B SENTARA LEIGH HOSPITAL BECAME THE LATEST HOSPITAL WITHIN THE SENTARA FAMILY TO EARN THE NURSING MAGNET DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER MAGNET SPEAKS TO A SUPPORTIVE WORKING ENVIRONMENT FOR NURSES AND SUPERIOR CLINICAL CARE BASED ON STRICT CRITERIA THAT MAGNET HOSPITALS MUST MEET C SENTARA IMPROVED VITAL CLINICAL COMMUNICATION WITH ALL PATIENTS BY DEPLOYING THE LANGUAGE ACCESS NETWORK ACROSS THE ENTERPRISE TO ADDRESS COMMUNICATION NEEDS FOR PATIENTS WHO ARE DEAF OR HARD OF HEARING, BLIND OR VISION-IMPAIRED, WITH LIMITED ENGLISH PROFICIENCY OR WHO CANNOT READ THIS NEW TECHNOLOGY IMPROVES THE PATIENT AND FAMILY EXPERIENCE WHILE ENSURING THAT ALL SENTARA SITES OF CARE REMAIN COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT AND OTHER FEDERAL CIVIL RIGHT REGULATIONS XI OPTIMA HEALTH A GROWTH OPTIMA HEALTH ESTABLISHED SENTARA ADVANTEDGE, A PROGRAM THAT ESTABLISHED STRATEGIC HEALTH PLAN PARTNERSHIPS - ALABAMA AND OHIO BEING THE FIRST TWO STATES REPRESENTING OPTIMA GROWTH OUTSIDE OF VIRGINIA AS OF JANUARY 1, 2015, SENTARA ADVANTEDGE BEGAN SERVICE AS THE THIRD PARTY ADMINISTRATOR (TPA) FOR ABOUT 30,500 OHIOHEALTH EMPLOYEES IN ALABAMA, SENTARA ADVANTEDGE BEGAN CONTRACTING WITH PROVIDERS FOR THE FIRST REGIONAL CARE ORGANIZATION (RCO) IN ALABAMA, WITH INITIAL PLANS TO COVER MORE THAN 180,000 MEDICAID ENROLLEES ACROSS 23 COUNTIES IN 2016 IN ADDITION, OPTIMA DESIGNED A NEW PRODUCT CALLED, OPTIMA HEALTH SELECT, FOR INDIVIDUAL MEMBERS OPTIMA HEALTH SELECT OFFERS AN EXCLUSIVELY SENTARA QUALITY CARE NETWORK (SQCN) NETWORK TO MEMBERS LIVING IN VIRGINIA BEACH, NORFOLK, PORTSMOUTH AND CHESAPEAKE AND LAUNCHED IN JANUARY 2016 B POPULATION HEALTH ANALYTICS TO MEET THE NEEDS OF UNDERSTANDING THE POPULATIONS WE SERVE, OPTIMA HEALTH IMPLEMENTED ENHANCED POPULATION HEALTH ANALYTICS CAPABILITIES TO SUPPORT OPTIMA'S STRATEGIC PARTNERSHIPS AND VALUE BASED REIMBURSEMENT MODELS AND TO PROVIDE MEANINGFUL PROVIDER REPORTING C QUALITY THERE ARE MANY EXAMPLES OF HOW OPTIMA HEALTH IS FOCUSED ON ENHANCING THE QUALITY OF CARE IT PROVIDES FOR MEMBERS ONE SHINING EXAMPLE IS THE PRODUCT CALLED LIVONGO TM DIABETES PATIENTS WHO ARE OPTIMA HEALTH MEMBERS NOW HAVE A NEW HAND-HELD WIRELESS DEVICE THAT MONITORS THEIR BLOOD SUGAR AND OTHER VITALS THIS DATA IS STORED SECURELY IN THE CLOUD AND CAN BE ACCESSED REAL TIME BY PROVIDERS AND CERTIFIED DIABETES EDUCATORS TO COACH AND GUIDE THE MEMBER AS NEEDED ADDITIONALLY, OPTIMA HEALTH AIMS TO IMPROVE ITS COMMUNICATION AND CONNECTIVITY WITH MEMBERS TO ENHANCE THE QUALITY OF CARE WE PROVIDE AND TO PROVIDE BETTER CUSTOMER SERVICE IN 2014 AND CARRIED ON IN 2015, OPTIMA FAMILY CARE (MEDICAID MANAGED CARE) PARTNERED WITH TRACFONE AND VOXIVA TO TAKE ADVANTAGE OF A FEDERAL PROGRAM TO PROVIDE MORE THAN 10,000 OPTIMA FAMILY CARE MEMBERS WITH CELL PHONES THESE PHONES HELP MEMBERS STAY IN TOUCH WITH THEIR PROVIDERS AND RECEIVE TEXT REMINDERS FOR WELL-BABY EXAMS AND OTHER SERVICES MEMBERS ARE LIMITED TO 250 MINUTES PER MONTH AND CALLS TO MEMBER SERVICES DO NOT COUNT AGAINST THEIR MINUTES THIS HAS BEEN A CREATIVE WAY FOR OPTIMA HEALTH TO HELP ENSURE BETTER OUTCOMES FOR MEDICAID FAMILIES AND LOWER COSTS OF CARE XII CONCLUSION SENTARA HEALTHCARE IS COMMITTED TO IMPROVING HEALTH EVERY DAY WE DO SO BY PROVIDING QUALITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE - ALL WITH A CONSTANT FOCUS ON INNOVATION WE LOOK FORWARD TO ANOTHER YEAR OF GROWTH AND INNOVATION IN 2016

Return Reference	Explanation
FORM 990, PART V, LINE 1A	NUMBER REPORTED IN BOX 3 OF FORM 1096 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, SECTION A, LINE 2	DAVID BERND AND HOWARD KERN HAVE A BUSINESS RELATIONSHIP THE ORGANIZATION'S OFFICERS AND DIRECTORS SERVED TOGETHER ON THE BOARDS OF OTHER ORGANIZATIONS WITHIN THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AS WELL AS JOINT VENTURES IN WHICH THE SYSTEM HAD AN OWNERSHIP INTEREST SEE SCHEDULE R FOR A LISTING OF SUCH ENTITIES

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 SELECTED AS FOLLOWS SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, APPOINTED THE CLASS B DIRECTORS AND APPROVED THE CLASS A DIRECTORS THE CLASS A DIRECTORS WERE ELECTED BY A MAJORITY OF THE CLASS A DIRECTORS VOTING AS A SEPARATE CLASS, EXCLUDING THE CLASS A DIRECTOR SUBJECT TO RE-ELECTION, AND RATIFIED BY THE MEMBER'S BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION MAY NOT TAKE OR ALLOW ANY OF THE FOLLOWING GOVERNANCE ACTIONS WITHOUT THE WRITTEN CONSENT OF ITS 501(C)(3) SOLE MEMBER, SENTARA HEALTHCARE APPROVAL OR ADOPTION OF ANY PLAN OR MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, THE VOLUNTARY DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION, REVOCATION OF ANY SUCH VOLUNTARY DISSOLUTION PROCEEDINGS, OR ANY DECISION TO FILE A PETITION REQUESTING OR CONSENTING TO AN ORDER FOR RELIEF UNDER THE FEDERAL BANKRUPTCY LAWS OR SIMILAR STATE LAWS FOR THE ORGANIZATION, ELECTION OF NEW BOARD MEMBERS, OR ALTERATION, AMENDMENT, RESTATEMENT OR REPEAL OF ANY ORGANIZING OR ENABLING DOCUMENTS OR BYLAWS THE APPROVAL OF THE SOLE MEMBER IS ALSO REQUIRED FOR CERTAIN OPERATIONAL ACTIONS, AS OUTLINED IN THE ORGANIZATION'S BYLAWS SUCH ACTIONS INCLUDE, BUT ARE NOT LIMITED TO, APPROVAL OF STRATEGIC PLANS AND ANNUAL OPERATING AND CAPITAL BUDGETS, TRANSACTIONS WITH INTERESTED PERSONS, CREATION OR ACQUISITION OF SUBSIDIARIES OR INTERESTS IN WHICH THE ORGANIZATION WILL BE A MEMBER, ENTRANCE INTO JOINT VENTURE OR OTHER SIMILAR ARRANGEMENTS, EMPLOYMENT MATTERS CONCERNING THE ORGANIZATION'S PRESIDENT, UNBUDGETED CAPITAL EXPENDITURES OR INDEBTEDNESS OVER SPECIFIED DOLLAR AMOUNTS, AND THE COMMENCEMENT OR SETTLEMENT OF LITIGATION SENTARA HEALTHCARE HAS EXCLUSIVE AUTHORITY TO DIRECT AND MANAGE THE OPERATIONS AND AFFAIRS OF THE HOSPITAL, SUBJECT TO BOARD OVERSIGHT TO THE EXTENT AND IN THE MANNER SET FORTH IN THE ORGANIZATION'S BYLAWS

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	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 31 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, LAST UNDERTAKEN IN THE CURRENT TAX YEAR, WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S VICE CHAIRMAN, WHO ALSO SERVES AS PRESIDENT AND COO OF THE SYSTEM THE OUTSIDE MARKET STUDY DESCRIBED ABOVE WAS ALSO USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, WHO IS CONSIDERED THE TOP MANAGEMENT OFFICIAL OF THE ORGANIZATION RESULTS WERE PRESENTED TO SENIOR EXECUTIVES OF THE SYSTEM FOR REVIEW AND APPROVAL RATHER THAN THE SYSTEM'S COMPENSATION COMMITTEE

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 VI, LINE 1B	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, APPOINTS THE ORGANIZATION'S CLASS B DIRECTORS AND APPROVES ITS CLASS A DIRECTORS WHO ARE SELECTED AS DESCRIBED IN CORE PART VI LINE 7 THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 18 VOTING MEMBERS, 17 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

Return Reference	Explanation
FORM PART VI, LINE 13	THE ORGANIZATION HAD A WRITTEN WHISTLEBLOWER POLICY WHICH WAS APPROVED BY THE BOARD OF DIRECTORS OF SENTARA HEALTHCARE, THE PARENT ORGANIZATION OF THE SENTARA HEALTHCARE SYSTEM

Return Reference	Explanation
FORM PART VI, LINE 14	DOCUMENT RETENTION POLICY THE ORGANIZATION HAD A WRITTEN POLICY FOR DOCUMENT RETENTION AND DESTRUCTION WHICH WAS APPROVED BY SENIOR LEADERS OF THE SENTARA HEALTHCARE SYSTEM

Return Reference	Explanation
FORM PART IV, LINE 16B	JOINT VENTURE POLICY THE SENTARA HEALTHCARE SYSTEM HAD A WRITTEN POLICY REQUIRING EVALUATION OF ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS WITH COMMUNITY-BASED PHYSICIANS 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
FORM 990, PART XI, LINE 9	BOOK RECLASS OF INTERCO ACCT BALANCES TO EQUITY 13,748,096

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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
(1) MARTHA JEFFERSON MEDICAL GROUP LLC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 26-1126956	PHYSICIAN PRACTICES	VA	30,570,364	5,015,652	MARTHA JEFFERSON HOSPITAL

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? Yes	(g) No
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) Disproprtionate 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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

(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) Disproprtionate 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

Additional Data

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MJH FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1401357	INVEST/MGT SVC FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	11A TYPE I	MARTHA JEFFERSON HOSPITAL	Yes	
MARTHA JEFFERSON HOSPITAL FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 30-0041113	FUNDRAISING	VA	501(C)(3)	11A TYPE I	MARTHA JEFFERSON HOSPITAL	Yes	
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	
HALIFAX REGIONAL DEV FOUNDATION INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801459	HEALTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
HALIFAX REGIONAL HOSPITAL INCORPORATED 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-0648699	HEALTH CARE	VA	501(C)(3)	IN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
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	
SENTARA HALIFAX REGIONAL PROPERTIES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801463	HEALTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501(C)(3)	IN7_NORMALGOVTSUPPOR	N/A		No
SENTARA PRINCESS ANNE HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	IN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	Yes	
SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	IN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
OPTIMA HEALTH PLAN 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	11A TYPE I	SENTARA HEALTHCARE	Yes	
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTH CARE	VA	501(C)(3)	IN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
SENTARA RMH MEDICAL CENTER 2010 HEALTH CAMPUS DRIVE ROCKINGHAM, VA 22801 54-0506331	HEALTH CARE	VA	501(C)(3)	IN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
VALLEY WELLNESS CENTER 501 STONE SPRING ROAD ROCKINGHAM, VA 22801 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA RMH MEDICAL CENTER	Yes	
SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
MARTHA JEFFERSON HEALTH SERVICES CORPORATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1401355	COMMUNITY HEALTHCARE	VA	501(C)(3)	11 TYPE II	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate 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	
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	N/A									
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	N/A									
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	N/A									
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	N/A									
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	N/A									
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	N/A									
HEALTHCARE PERFORMANCE IMPROVEMENT LLC 5041 CORPORATE WOODS DR STE 180 VIRGINIA BEACH, VA 23462 20-4024074	CONSULTING	VA	N/A									
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	N/A									
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	N/A									
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	N/A									
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTHCARE	VA	N/A									
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-4185117	MGT SVCS	VA	N/A									
CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	N/A									
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	MJME	UNRELATED	186,445	329,441		No		Yes		50 000 %
MNS SUPPLY CHAIN NETWORK LLC 11525 N COMMUNITY HOUSE RD STE 450 CHARLOTTE, NC 28277 45-4235238	GPO	DE	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate 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	
LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBRIDGE, VA 22192 45-5347932	HEALTH CARE	VA	N/A									
ALETA HEALTH LLC 2300 OPITZ BLVD WOODBRIDGE, VA 22191 46-5661314	MSO	DE	N/A									
OPACC I LLC 18000 W SARAH LANE SUITE 250 BROOKFIELD, WI 53045 39-2021431	RE RENTAL	WI	N/A									
PORT WARWICK II LLC 18000 W SARAH LANE SUITE 250 BROOKFIELD, WI 53045 20-2739075	RE RENTAL	WI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
(1) SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
(2) OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
(3) OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
OPTIMA BEHAVIORAL HEALTH (4) SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C					No
(5) SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
(6) SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
(7) SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
(8) SENTARA HEALTH PLANS OF OHIO INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1509408	TPA	OH	N/A	C				Yes	
(9) SENTARA HEALTH INSURANCE CO OF NC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
(10) SENTARA HEALTH PLANS OF NC INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 46-5510421	TPA	NC	N/A	C				Yes	
SENTARA SOUTHSIDE HEALTH (11) SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
DOMINION HEALTH MEDICAL (12) ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
(13) SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
(14) POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBRIDGE, VA 22191 54-1441420	PHARMACY	VA	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE ROCKINGHAM, VA 22801 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
(1) MARTHA JEFFERSON MEDICAL ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	MARTHA JEFFERSON HOSPITAL	C	3,548,068	3,699,761	100 000 %	Yes	
(2) BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	N/A	C				Yes	
(3) ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 1144 NORTH ROAD STREET ELIZABETH CITY, NC 27909 26-4592192	PHYS PRACTICE	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
(1)	SENTARA HOSPITALS	N	7,698,363	CORP BOOKS/RECORDS
(1)	SENTARA HOSPITALS	C	7,325,366	CORP BOOKS/RECORDS
(2)	SENTARA HOSPITALS	M	788,073	CORP BOOKS/RECORDS
(3)	SENTARA HOSPITALS	O	104,654	CORP BOOKS/RECORDS
(4)	SENTARA HOSPITALS	P	84,768	CORP BOOKS/RECORDS
(5)	SENTARA HOSPITALS	Q	50,479	CORP BOOKS/RECORDS
(6)	MARTHA JEFFERSON MEDICAL ENTERPRISES	A	107,627	CORP BOOKS/RECORDS
(7)	MARTHA JEFFERSON MEDICAL ENTERPRISES	D	3,545,414	CORP BOOKS/RECORDS
(8)	MARTHA JEFFERSON MEDICAL ENTERPRISES	Q	337,331	CORP BOOKS/RECORDS
(9)	MARTHA JEFFERSON MEDICAL ENTERPRISES	L	1,717,995	CORP BOOKS/RECORDS
(10)	MARTHA JEFFERSON MEDICAL ENTERPRISES	M	3,063,402	CORP BOOKS/RECORDS
(11)	MJH FOUNDATION	Q	807,567	CORP BOOKS/RECORDS
(12)	MJH FOUNDATION	C	1,058,465	CORP BOOKS/RECORDS
(13)	SENTARA ENTERPRISES	B	222,572	CORP BOOKS/RECORDS
(14)	SENTARA ENTERPRISES	M	195,391	CORP BOOKS/RECORDS
(15)	OPTIMA HEALTH PLAN	L	7,504,883	CORP BOOKS/RECORDS
(16)	OPTIMA HEALTH INSURANCE COMPANY	L	4,008,423	CORP BOOKS/RECORDS
(17)	SENTARA RMH MEDICAL CENTER	C	2,656,691	CORP BOOKS/RECORDS
(18)	SENTARA RMH MEDICAL CENTER	P	817,742	CORP BOOKS/RECORDS
(19)	POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM	R	312,851	CORP BOOKS/RECORDS