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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)**

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 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SENTARA RMH MEDICAL CENTER  Doing business as  Number and street (or P O box if mail is not delivered to street address) Room/suite 2010 HEALTH CAMPUS DRIVE  City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG, VA 22801	<b>D</b> Employer identification number 54-0506331  <b>E</b> Telephone number (540) 689-1000  <b>G</b> Gross receipts \$ 423,769,307
<b>F</b> Name and address of principal officer J MICHAEL BURRIS 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation 1908 <b>M</b> State of legal domicile VA
<b>J</b> Website: ▶ WWW.RMHONLINE.COM		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities NOT-FOR-PROFIT COMMUNITY HOSPITAL ORGANIZATION		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	4
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	2,634
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	325
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,248,885
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	133,251
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		4,099,112	1,320,427
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		383,184,814	419,873,988
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		2,671,330	1,828,348
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		349,427	465,751
		390,304,683	423,488,514
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	333,625	1,890,912
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	181,233,715	182,721,170
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 772,033		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	179,519,355	191,797,836
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	361,086,695	376,409,918	
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	29,217,988	47,078,596	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	297,137,880	254,331,484
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	68,079,140	39,231,886
		229,058,740	215,099,598

**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.

<b>Sign Here</b>	Signature of officer	2016-11-11	Date
	J MICHAEL BURRIS CFO/TREASURER Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶	Firm's EIN ▶	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

OUR MISSION IS TO IMPROVE HEALTH AND PROMOTE WELLBEING AND TO BE AN INNOVATIVE, COMMUNITY-ORIENTED HEALTH CARE PROVIDER COMMITTED TO OFFERING ACCESSIBLE, PERSONALIZED, AND HIGH-QUALITY SERVICES IN A COST-EFFECTIVE MANNER WE WILL WORK IN PARTNERSHIP WITH THE LOCAL MEDICAL COMMUNITY AND OTHER LOCAL AND REGIONAL HEALTH CARE RESOURCES TO ENSURE THAT NECESSARY HEALTH SERVICES ARE AVAILABLE TO ALL, REGARDLESS OF THEIR FINANCIAL STATUS WITH OUR PARTNERS, WE WILL SEEK TO ENHANCE THE HEALTH STATUS OF THE COMMUNITY WE SERVE BY OFFERING AN APPROPRIATE RANGE OF SERVICES, INCLUDING SELECTED AREAS OF EXCELLENCE WORKING WITH OUR LOCAL PHYSICIAN PARTNERS, WE WILL ACTIVELY PARTICIPATE IN THE FORMATION OF A LOCALLY CONTROLLED, INTEGRATED DELIVERY SYSTEM IN OUR EFFORTS, WE WILL BE GUIDED BY THE SHARED VALUES, BELIEFS AND NEEDS OF OUR LOCAL COMMUNITY

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

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

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 \$ 315,515,719 including grants of \$ 1,890,912 ) (Revenue \$ 418,625,103 ) HOSPITAL SERVICES THE HOSPITAL PROVIDES HIGH-QUALITY HEALTH CARE TO THE COMMUNITY BY OFFERING THE LATEST TECHNOLOGY AND THE BEST TECHNICAL EXPERTISE THE HOSPITAL SERVES A SEVEN-COUNTY AREA WITH A POPULATION OF CLOSE TO 218,000, ADMITTING MORE THAN 18,000 INPATIENTS IN 2015 THE HOSPITAL IS LICENSED AS A 238-BED HOSPITAL AND PROVIDES AN APPROPRIATE ARRAY OF REGIONAL COMMUNITY HOSPITAL SERVICES INCLUDING ONCOLOGY, CARDIOLOGY INCLUDING CARDIAC SURGERY, BEHAVIORAL HEALTH, OBSTETRICS AND WOMEN'S SERVICES, OUTPATIENT AND INPATIENT SURGERY, SLEEP MEDICINE, EMERGENCY CARE, SENIOR SERVICES, HOME AND HOSPICE CARE, PHYSICIAN PRACTICES AND A VARIETY OF OTHER OUTPATIENT SERVICES AS WELL AS EDUCATION AND OUTREACH THE HOSPITAL IS HOME TO SCHOOLS OF RADIOLOGICAL TECHNOLOGY AND MEDICAL TECHNOLOGY ALONG WITH TRADITIONAL HEALTH SERVICES, THE HOSPITAL MAKES ITS RESOURCES AVAILABLE TO SUPPORT MANY COMMUNITY HEALTH INITIATIVES AND PROGRAMS 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 315,515,719

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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 . . . . . [X]

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

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

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

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  VA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶CORPORATE OFFICERS 6015 POPLAR HALL DEIVE NORFOLK, VA 23502 (757) 455-7020



**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										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							8,652,288	8,658,552	2,779,378	

**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 ▶ 206

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HARRISONBURG MEDICAL ASSOCIATES 1871 EVELYN BYRD AVE HARRISONBURG, VA 22801	MEDICAL PROFESSIONAL SERVICES	8,965,940
HARRISONBURG PHYSICIANS ANETHESIOLOGY PO BOX 420 DAYTON, VA 22821	MEDICAL PROFESSIONAL SERVICES	7,533,510
HEMATOLOGYONCOLOGY ASSOCIATES 605 E BEVERLY STREET STAUNTON, VA 24401	MEDICAL PROFESSIONAL SERVICES	2,416,258
HARRISONBURG SURGICAL ASSOCIATES LTD 3320 EMMAUS ROAD HARRISONBURG, VA 22801	MEDICAL PROFESSIONAL SERVICES	1,940,571
QUEST DIAGNOSTICS DEPT 0065 LOS ANGELES, CA 900840065	DIAGNOSTIC TESTING SERVICES	1,657,384

**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 ▶ 73

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____ 1,050					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 1,319,377					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,320,427			
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SRVC REV _____ Business Code 621300	416,942,398	415,693,513	1,248,885		
	<b>b</b> OTHER PROGRAM SERVICES _____ 621300	2,424,377	2,424,377			
	<b>c</b> PREMIUM & CAPITATION REVENUE _____ 621300	507,213	507,213			
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		419,873,988			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	575,509			575,509
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
<b>5</b> Royalties . . . . . ▶						
<b>6a</b> Gross rents		(i) Real 19,714				
		(ii) Personal				
		<b>b</b> Less rental expenses 0				
		<b>c</b> Rental income or (loss) 19,714				
<b>d</b> Net rental income or (loss) . . . . . ▶			19,714			19,714
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities 948,209				
		(ii) Other 555,755				
		<b>b</b> Less cost or other basis and sales expenses 10,448 240,677				
		<b>c</b> Gain or (loss) 937,761 315,078				
<b>d</b> Net gain or (loss) . . . . . ▶			1,252,839			1,252,839
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		<b>a</b> 42,109				
		<b>b</b> Less direct expenses . . . . . <b>b</b> 29,668				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		12,441		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .		<b>a</b> _____				
		<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue	Business Code					
<b>11a</b> SALES OF NON-MEDICAL GOODS _____	900099	415,879			415,879	
	<b>b</b> DIETARY SALES _____ 722210	17,717			17,717	
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		433,596				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		423,488,514	418,625,103	1,248,885	2,294,099	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,525,323	1,525,323		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	365,589	365,589		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,333,464	2,566,767	766,697	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	75,253	57,945	17,308	
<b>7</b>	Other salaries and wages . . . . .	143,742,029	110,350,389	32,961,805	429,835
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	10,679,440	8,198,637	2,448,943	31,860
<b>9</b>	Other employee benefits . . . . .	15,256,742	11,712,819	3,498,634	45,289
<b>10</b>	Payroll taxes . . . . .	9,634,242	7,392,367	2,208,109	33,766
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	2,323,575	1,789,153	534,422	
<b>b</b>	Legal . . . . .	145,564	112,084	33,480	
<b>c</b>	Accounting . . . . .	125,550	96,674	28,876	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	34,747,982	33,362,465	1,378,017	7,500
<b>12</b>	Advertising and promotion . . . . .	1,166,318	870,509	260,022	35,787
<b>13</b>	Office expenses . . . . .	11,801,695	8,987,335	2,684,528	129,832
<b>14</b>	Information technology . . . . .	7,092,753	5,440,926	1,625,212	26,615
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	5,618,387	4,326,158	1,292,229	
<b>17</b>	Travel . . . . .	781,180	599,362	179,030	2,788
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	84,136	64,785	19,351	
<b>20</b>	Interest . . . . .	10,154,451	10,154,451		
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	16,304,714	12,539,229	3,745,484	20,001
<b>23</b>	Insurance . . . . .	2,483,954	1,912,645	571,309	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	MEDICAL SUPPLIES	67,169,742	67,169,742		
<b>b</b>	BAD DEBT PROVISION	17,201,463	17,201,463		
<b>c</b>	PURCHASED & CONTRACTED	9,001,123	6,930,865	2,070,258	
<b>d</b>	SENTARA SERVICE EXPENSE	3,264,363		3,264,363	
<b>e</b>	All other expenses	2,330,886	1,788,037	534,089	8,760
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	376,409,918	315,515,719	60,122,166	772,033
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	57,061,990	<b>1</b>	3,885,485
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	1,229,263	<b>3</b>	964,479
	<b>4</b> Accounts receivable, net . . . . .	43,486,660	<b>4</b>	46,858,946
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	208,333	<b>5</b>	41,556
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,208,306	<b>7</b>	634,807
	<b>8</b> Inventories for sale or use . . . . .	5,330,762	<b>8</b>	5,509,996
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,118,207	<b>9</b>	1,921,890
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 221,883,991		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 62,380,943	140,965,713	<b>10c</b> 159,503,048
	<b>11</b> Investments—publicly traded securities . . . . .	15,435,489	<b>11</b>	26,482,653
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	13,408,745	<b>12</b>	2,089,492
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	1,229,422	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	13,454,990	<b>15</b>	6,439,132
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	297,137,880	<b>16</b>	254,331,484	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	23,204,411	<b>17</b>	12,486,150
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	1,702
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	44,874,729	<b>25</b>	26,744,034
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	68,079,140	<b>26</b>	39,231,886
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	195,563,411	<b>27</b>	183,084,694
	<b>28</b> Temporarily restricted net assets . . . . .	17,702,443	<b>28</b>	16,160,702
	<b>29</b> Permanently restricted net assets . . . . .	15,792,886	<b>29</b>	15,854,202
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	229,058,740	<b>33</b>	215,099,598	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	297,137,880	<b>34</b>	254,331,484	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	423,488,514
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	376,409,918
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	47,078,596
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	229,058,740
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,691,311
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-59,346,427
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	215,099,598

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-0506331  
**Name:** SENTARA RMH MEDICAL CENTER

**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
ANN E C HOMAN ..... CHAIR/DIRECTOR	2 00 ..... 2 20	X		X				0	0	0
DAVID L BERND ..... DIRECTOR	1 00 ..... 50 20	X						0	3,297,673	78,898
TERRY M GILLILAND MD ..... DIRECTOR	1 00 ..... 44 20	X						0	1,300,255	148,987
A JERRY BENSON PHD ..... DIRECTOR	1 00 ..... 0 20	X						0	0	0
JOSEPH K FUNKHOUSER II ..... DIRECTOR	1 00 ..... 0 20	X						0	0	0
ALDEN L HOSTETTER MD ..... DIRECTOR/SECRETARY	2 00 ..... 0 20	X		X				0	0	0
JAMES E HARTMAN ..... DIRECTOR (THRU 10/15)	1 00 ..... 0 20	X						0	0	0
DEVON ANDERS ..... DIRECTOR	1 00 ..... 0 20	X						0	0	0
J MICHAEL BURRIS ..... TREASURER	20 00 ..... 22 00			X				190,689	190,689	67,392

**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			
JAMES D KRAUSS ..... PRESIDENT	40 00 .....			X				1,010,532	0	41,080
RICHARD L HAUSHALTER ..... KE (SR VP/COO)	40 00 .....				X			496,304	0	49,078
DONNA S HAHN ..... KE (VP ACUTE CARE/CNE)	40 00 .....				X			264,019	0	82,521
JOHN A MCGOWAN ..... KE (RMH MEDICAL GROUP CEO)	40 00 .....				X			416,838	0	57,285
TIMOTHY S CRADDOCK ..... KE (DIR, SURGICAL SVCS)	40 00 .....				X			154,537	0	24,639
PHILIP W HACKETT ..... KE (EXEC DIR, RMH MEDICAL GROUP)	40 00 .....				X			199,988	0	46,120
ELIZABETH EARLY ..... KE (DIR, PHARMACY)	40 00 .....				X			204,925	0	61,213
CHAD MUXLOW MD ..... PHYSICIAN	40 00 .....					X		1,253,400	0	38,458
CHRISTOPHER DIPASQUALE DO ..... PHYSICIAN	40 00 .....					X		988,589	0	44,547
CHRISTOPHER J HESS MD ..... PHYSICIAN	40 00 .....					X		920,608	0	42,067

**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			
WILLIAM LENNEN MD ..... PHYSICIAN	40 00 ..... 0 00					X		910,659	0	51,205
JEROME MCDONALD MD ..... PHYSICIAN	40 00 ..... 0 00					X		819,657	0	43,307
MICHAEL KING ..... FORMER OFFICER	0 00 ..... 40 00						X	0	347,571	44,698
DALE A CARROLL ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	333,142	0	8,090
MICHAEL J ROZMUS ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	295,827	0	64,539
KATHERINE A HARRISON ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	0	202,066	-15,880
MARK ZIMMERMAN ..... FORMER KEY EMPLOYEE	18 00 ..... 22 00						X	192,574	158,092	66,974

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA RMH MEDICAL CENTER

Employer identification number

54-0506331

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

**Section B. Total Support**

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

**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**

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

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

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> 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).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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.		
<b>b</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.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 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.
- 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.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).

	Yes	No
<b>1</b>		

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

- 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?
- 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).
- 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.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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).
- 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.
- 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.
- 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.
- 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.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.35	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> 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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SENTARA RMH MEDICAL CENTER

**Employer identification number**  
54-0506331

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	33,495,329	33,004,830	34,339,057	33,693,873	29,171,837
<b>b</b> Contributions . . . . .	1,315,110	1,979,213	1,514,019	1,941,005	7,634,593
<b>c</b> Net investment earnings, gains, and losses	-272,089	331,638	2,161,899	1,870,472	119,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,523,446	1,820,352	5,010,145	3,166,293	3,231,557
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	32,014,904	33,495,329	33,004,830	34,339,057	33,693,873

- 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 ▶ 49 520 %
  - c** Temporarily restricted endowment ▶ 50 480 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		11,956,814		11,956,814
<b>b</b> Buildings . . . . .		47,408,798	5,122,925	42,285,873
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		126,131,799	55,303,486	70,828,313
<b>e</b> Other . . . . .		36,386,580	1,954,532	34,432,048
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				159,503,048



**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.

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE USED FOR VARIOUS EQUIPMENT, PROGRAMS, AND OPERATING EXPENSES IN ACCORDANCE WITH DONOR RESTRICTIONS

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SENTARA RMH MEDICAL CENTER

Employer identification number

54-0506331

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		1,358,195
(2)					
(3)					
(4)					
(5)					
<b>3a</b> Sub-total	0	0			1,358,195
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,358,195

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>									
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3	INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA RMH MEDICAL CENTER

Employer identification number

54-0506331

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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	(b)Event #2	(c)Other events	(d)
		<b>/OTHER COMMISSION</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	36,922			36,922
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	36,922			36,922
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	27,169			27,169
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				27,169
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				9,753

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

## 2015

**Open to Public Inspection**

<b>Name of the organization</b> SENTARA RMH MEDICAL CENTER	<b>Employer identification number</b> 54-0506331
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			13,814,169		13,814,169	3 850 %
<b>b</b> Medicaid (from Worksheet 3, column a)			22,490,271	16,796,138	5,694,133	1 590 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> <b>Total</b> Financial Assistance and Means-Tested Government Programs			36,304,440	16,796,138	19,508,302	5 440 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			366,897		366,897	0 100 %
<b>f</b> Health professions education (from Worksheet 5)			2,692,755	1,149,171	1,543,584	0 430 %
<b>g</b> Subsidized health services (from Worksheet 6)			54,588,915	36,880,577	17,708,338	4 930 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			209,480		209,480	0 060 %
<b>j</b> <b>Total</b> Other Benefits			57,858,047	38,029,748	19,828,299	5 520 %
<b>k</b> <b>Total</b> . Add lines 7d and 7j			94,162,487	54,825,886	39,336,601	10 960 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .	<b>1</b> Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .		<b>2</b> 17,201,463
<b>3</b> 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 . . . . .		<b>3</b>
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	114,880,768
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	106,986,215
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	7,894,553
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b> Yes	
<b>b</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 . . . . .	<b>9b</b> 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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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?

**1**

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)

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

SENTARA RMH MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

SENTARA RMH MEDICAL CENTER

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

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

**Billing and Collections**

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

**Part V Facility Information** (continued)

SENTARA RMH MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No



**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 3C	AND PART V, SECTION B LINE 13H UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, UNINSURED INDIVIDUALS RECEIVING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE ARE RECHARGED NO MORE THAN AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE. IN ADDITION, AN INDIVIDUAL WHOSE INCOME IS AT OR BELOW 300% OF THE FPG MAY BE ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE. WHEN AN INDIVIDUAL SUBMITS A FINANCIAL ASSISTANCE APPLICATION, THE ORGANIZATION USES A MULTI-FACETED REVIEW OF AN APPLICANT'S SITUATION TO DETERMINE BOTH ELIGIBILITY FOR FREE OR ADDITIONAL DISCOUNTED CARE, AND THE LEVEL OF DISCOUNT PROVIDED. AMONG THE FACTORS TAKEN INTO CONSIDERATION ARE FAMILY SIZE, THE AMOUNT OF ASSETS AVAILABLE TO CONTRIBUTE TOWARDS THE COST OF CARE AND WHETHER AN INDIVIDUAL HAD ELIGIBILITY THROUGH A GOVERNMENT PROGRAM AND FAILED TO APPLY

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	EXCEPT FOR SUBSIDIZED HEALTH SERVICES, A COST-TO-CHARGE RATIO, CALCULATED USING WORKSHEET 2, WAS USED TO CALCULATE COSTS REPORTED IN THE TABLE SUBSIDIZED HEALTH SERVICES WERE REPORTED USING A COST-TO-CHARGE RATIO SPECIFIC TO THE COST CENTER PROVIDING SUCH SERVICES

Form and Line Reference	Explanation
PART I, LINE 7G	\$17,708,338 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 \$17,201,463

Form and Line Reference	Explanation
PART III, LINE 2	AMOUNT REPORTED ON LINE 2 INCLUDES ACTUAL BAD DEBT WRITE OFFS NET OF RECOVERIES PLUS CHANGES IN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCOUNTS RECEIVABLE 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 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	WORKSHEET A IN THE INSTRUCTIONS WAS USED TO COMPUTE THE AMOUNT REPORTED ON LINE 6

Form and Line Reference	Explanation
PART III, LINE 9B	PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE WILL HAVE THEIR BALANCES DISCOUNTED BY THE APPLICABLE RATE AND ANY REMAINING BALANCES WILL BE BILLED TO THEM THE COLLECTION PRACTICES OF STATEMENTS, LETTERS, PHONE CALLS, REFERRAL TO THIRD PARTY COLLECTION AGENCIES, ETC ARE THE SAME FOR ALL PATIENTS WITH A BALANCE DUE IF DURING A CALL THE PATIENT ASKS FOR FINANCIAL ASSISTANCE, AN APPLICATION IS MAILED TO THEM THE ORGANIZATION DID NOT IMPOSE COLLECTION ACTIONS FOR ANY PATIENT WITHOUT FIRST MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THAT PATIENT WAS ELIGIBLE FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 2	<p>THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES THROUGH THESE MEANS - ANALYSIS OF AREA SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA THE ANALYSIS FOCUSES ON IDENTIFICATION OF HEALTH CARE NEEDS FOR PLANNING AND DEVELOPMENT OF HEALTH SERVICES AND PROGRAMS THIS ANALYSIS IS UTILIZED FOR EDUCATION OF HOSPITAL LEADERSHIP AND IS INCORPORATED INTO THE ORGANIZATION'S STRATEGIC PLANS - OBTAINING INPUT FROM KEY STAKEHOLDERS AND THE PUBLIC HEALTH COMMUNITY IN ADDITION TO THE ANALYSIS OF SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA, ADDITIONAL INFORMATION IS OBTAINED AND ANALYZED THIS INCLUDES INPUT FROM KEY STAKEHOLDERS INCLUDING THE LOCAL PUBLIC HEALTH COMMUNITY - REVIEW OF HEALTH CARE NEEDS ASSESSMENTS AND DATA DEVELOPED BY COMMUNITY PARTNERS (SUCH AS STATE HEALTH DEPARTMENTS AND LOCAL HEALTH DISTRICTS), REGIONAL AGENCIES (SUCH AS THE PLANNING COUNCIL OR PLANNING DISTRICT COMMISSION), NATIONAL ORGANIZATIONS WHICH REPORT ON A LOCAL BASIS (SUCH AS COUNTY HEALTH RANKINGS), AND INFORMATION REPORTED IN LOCAL MEDIA THIS INFORMATION IS STUDIED AND INCORPORATED INTO THE ORGANIZATION'S PLANS - PARTICIPATION IN COLLABORATIVE HEALTH PLANNING AND NEEDS ASSESSMENT ACTIVITIES SUCH AS THOSE SPONSORED BY LOCAL HEALTH DISTRICTS (MAPP - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) AND OTHER ORGANIZATIONS SUCH AS UNITED WAY INFORMATION GATHERED THROUGH THESE ACTIVITIES IS INCORPORATED INTO THE ORGANIZATION'S PLANNING - INFORMATION AND INPUT FROM PATIENTS AND CARE PROVIDERS PATIENT CHARACTERISTICS AND TRENDS ARE REVIEWED TO ASSIST IN IDENTIFYING NEW COMMUNITY NEEDS INPUT FROM PATIENTS AND CARE PROVIDERS IS SOUGHT AND CYCLED INTO THE ASSESSMENT PHASE OF PROJECTS</p>

Form and Line Reference	Explanation
PART VI, LINE 3	SEE EXPLANATION FOR PART V, SECTION C, LINE 20E

Form and Line Reference	Explanation
PART VI, LINE 4	SENTARA RMH MEDICAL CENTER (SRMH) SERVES RESIDENTS OF THESE COUNTIES AND INDEPENDENT CITIES ROCKINGHAM, HARRISONBURG, PAGE, SHENANDOAH, AUGUSTA, STAUNTON AND ADJOINING COMMUNITIESTHE 2016 POPULATION OF THE AREA IS 220,383 AND THE POPULATION IS PROJECTED TO INCREASE BY 3.9% OVER THE NEXT FIVE YEARS COMPARED TO A PROJECTED U S GROWTH RATE OF 3.7% 16.9% OF THE POPULATION ARE AGE 65+ COMPARED TO THE U S AT 15.1% EDUCATION-WISE, 17.9% HAVE LESS THAN A HIGH SCHOOL EDUCATION, COMPARED TO 13.6% FOR THE U S INCOME-WISE, THE AVERAGE HOUSEHOLD INCOME IS \$63,822 COMPARED TO \$77,135 FOR THE U S AND 24.3% 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 83.2% FOR WHITE NON-HISPANIC, 4.6% FOR BLACK NON-HISPANIC, 8.7% FOR HISPANIC, 1.6% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 1.9% 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 IN PATIENT CARE, PROVISION OF SERVICES TO THE UNINSURED AND UNDERINSURED, MEDICAL EDUCATION, AND COMMUNITY PROGRAMS

Form and Line Reference

Explanation

PART VI, LINE 6

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 IMAGING 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:** 54-0506331

**Name:** SENTARA RMH MEDICAL CENTER

### 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?

1

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		X					X		OTHER MENTAL HEALTH AND SUBSTANCE ABUSE	

**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)
<b>1</b> 1 - MEDICAL OFFICE BLDG - PHYSIC PRACT 2006 HEALTH CAMPUS DRIVE HARRISONBURG,VA 22801	PHYSICIAN OFFICES - SPECIALTY PRACTICES
<b>1</b> 2 - FUNKHOUSER WOMEN'S CENTER 2275 HEALTH CAMPUS DRIVE HARRISONBURG,VA 22801	MAMMOGRAPHY SERVICES, BREAST SURGERY CLINIC, IMAGE RECOVERY
<b>2</b> 3 - RMH SOUTH MAIN HEALTH CENTER 1661 S MAIN STREET HARRISONBURG,VA 22801	FAMILY PRACTICE, INTERNAL MEDICINE, ENDOCRINOLOGY
<b>3</b> 4 - RMH EAST ROCKINGHAM HEALTH CENTER 13737 SPOTSWOOD TRAIL ELKTON,VA 22827	FAMILY PRACTICE, LAB, REHAB SERVICES
<b>4</b> 5 - REHAB SERVICES - PAVILION 2500 WELLNESS DRIVE HARRISONBURG,VA 22801	OUTPATIENT PHYSICAN THERAPY SERVICES
<b>5</b> 6 - RMH HAHN CANCER CENTER 2008 HEALTH CAMPUS DRIVE HARRISONBURG,VA 22801	SPECIALTY PHYSICIAN OFFICES
<b>6</b> 7 - RMH VALLEY BEHAVIORAL MEDICINE 644 UNIVERSITY BLVD BROADWAY,VA 22815	MENTAL HEALTH SERVICES
<b>7</b> 8 - RMH SPRINGBROOK FAMILY MEDICINE 173 E SPRINGBROOK ROAD BROADWAY,VA 22815	FAMILY PRACTICE
<b>8</b> 9 - RMH OCCUPATIONAL HEALTH CENTER 1790-64B E MARKET STREET HARRISONBURG,VA 22801	OCCUPATIONAL MEDICINE
<b>9</b> 10 - RMH LURAY HEALTH CENTER 135 GENERAL DRIVE LURAY,VA 22835	FAMILY PRACTICE
<b>10</b> 11 - RMH NEW MARKET HEALTH CENTER 9626 S CONGRESS ST NEW MARKET,VA 22844	FAMILY PRACTICE
<b>11</b> 12 - RMH MOUNT JACKSON HEALTH CENTER 120 MEDICAL AVENUE MT JACKSON,VA 22842	FAMILY PRACTICE
<b>12</b> 13 - RMH TIMBERVILLE HEALTH CENTER 165 NEW MARKET ROAD TIMBERVILLE,VA 22853	FAMILY PRACTICE
<b>13</b> 14 - BRIDGEWATER REHAB 302 N SECOND STREET BRIDGEWATER,VA 22812	OUTPATIENT PHYSICAL THERAPY
<b>14</b> 15 - RMH CENTER FOR SLEEP MEDICINE 640 SOUTH MAIN ST HARRISONBURG,VA 22801	SLEEP STUDIES

**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)
<b>16</b> 16 - RMH TIMBERVILLE RADIOLOGYLAB 444 NEW MARKET ROAD TIMBERVILLE, VA 22853	OUTPATIENT IMAGING AND LAB SERVICES
<b>1</b> 17 - RMH INTEGRATIVE MEDICINE 1931 MEDICAL AVENUE HARRISONBURG, VA 22801	INTEGRATIVE MEDICINE

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization SENTARA RMH MEDICAL CENTER

Employer identification number 54-0506331

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?
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 7
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
(1) EMPLOYEE RELIEF FUND	30	42,632			
(2) INDIGENT MEDICAL EXPENSES	371	211,345			
(3) FITNESS CENTER SCHOLARSHIPS	64	3,312			
(4) SCHOLARSHIPS	43	108,300			

**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	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM SENTARA RMH MEDICAL CENTER HAS A CAREFUL SCREENING PROCESS IN REVIEWING GRANT APPLICANTS THE APPLICATIONS ARE FIRST REVIEWED BY A SMALL COMMITTEE USING ESTABLISHED CRITERIA SUCH AS 1) WHAT COMMUNITY NEED IS BEING ADDRESSED, 2) THE ROLE OF PARTNERS IN THE INITIATIVE, 3) AN ACTION PLAN WITH SPECIFIC ACTIVITIES, 4) MEASURABLE GOALS OR OUTCOMES, 5) BUDGET, AND 6) SUSTAINABILITY FOR THE PROJECT IN THE FUTURE IF AWARDED THE GRANT, THE APPLICANT IS REQUIRED TO SUBMIT A WRITTEN REPORT OF THE OUTCOME WITHIN 12 MONTHS NO GRANTS ARE MADE OUTSIDE OF THE UNITED STATES
SCHEDULE I, PART III	-THE EMPLOYEE RELIEF FUND PROVIDES ASSISTANCE TO EMPLOYEES WITH FINANCIAL NEED -INDIGENT MEDICAL EXPENSES ARE PAYMENTS OF MEDICAL COSTS FOR INDIGENT PATIENTS -FITNESS CENTER SCHOLARSHIPS ARE SCHOLARSHIPS AWARDED TO INDIVIDUALS WHO HAVE AN IDENTIFIED MEDICAL NEED REQUIRING ONGOING PARTICIPATION IN AN EXERCISE PROGRAM - SCHOLARSHIPS ARE AWARDED TO NURSING STUDENTS WITH FINANCIAL NEED

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-0506331  
**Name:** SENTARA RMH MEDICAL CENTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STEET HARRISONBURG, VA 22801	54-1568909	501(C)(3)	12,146				MULTI-SPECIALTY CLINIC MANAGEMENT PROGRAM
INSTITUTE FOR INNOVATION IN HEALTH AND HUMAN SERVICES AT JMU JMU BLUE RIDGE HALL 601 UNIVERSITY BLVD MSC 9008 HARRISONBURG, VA 22807	54-6001756	501(C)(3)	76,222				HEALTHCARE FOR THE HOMELESS, SUITCASE CLINIC
VALLEY PROGRAM FOR THE AGING SERVICE 800 SOUTH MAIN ST MSC 9019 HARRISONBURG, VA 22807	54-0958526	501(C)(3)	8,725				SENIOR TRANSPORTATION PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUE RIDGE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC PO BOX 80 WYERS CAVE, VA 24486	54-1328809	501(C)(3)	250,000				SUPPORT OF NURSING SCHOOL
BLUE RIDGE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC PO BOX 80 WYERS CAVE, VA 24486	54-1328809	501(C)(3)	75,000				COMMUNITY COLLEGE PROGRAMS
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE STE 301 GLEN ALLEN, VA 23060	54-0633474	501(C)(3)	25,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EASTERN MENNONITE UNIVERSITY 1200 PARK ROAD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	10,000				SPONSORSHIP
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	52-1271901	501(C)(3)	1,068,230				OVERHEAD ALLOCATIONS

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

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

Name of the organization SENTARA RMH MEDICAL CENTER	Employer identification number 54-0506331
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes								
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> 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.</p>	<b>7</b>	Yes								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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 3	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION STUDY, AND APPROVAL BY SENTARA HEALTHCARE'S COMPENSATION COMMITTEE
PART I, LINE 4B	HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY 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, M D, AND JAMES KRAUSS PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN. PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEAR'S 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 EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: DAVID BERND (\$269,148), HOWARD KERN (\$355,085), AND JAMES KRAUSS (\$71,070). THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II. RICHARD HAUSHALTER PARTICIPATED IN THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE PLAN IS A DEFINED CONTRIBUTION PLAN WITH ANNUAL CONTRIBUTIONS EQUAL TO A FIXED PERCENT OF TOTAL COMPENSATION. THE FIXED PERCENT IS SET AT PLAN ENTRY AND NEVER ADJUSTED REGARDLESS OF WHETHER OR NOT ASSUMPTIONS ARE REALIZED. CONTRIBUTIONS ARE MADE AT THE END OF THE PLAN YEAR TO ACTIVE EXECUTIVES (NOT PAID IF SEPARATION OF SERVICE DURING YEAR). DURING THE CURRENT TAX YEAR RICHARD HAUSHALTER RECEIVED A DISTRIBUTION UNDER THE PLAN OF \$54,986. 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. 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:** 54-0506331  
**Name:** SENTARA RMH MEDICAL CENTER

**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				
1 HOWARD 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
1 DAVID L BERND DIRECTOR	(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
2 TERRY M 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
3 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
4 JAMES D KRAUSS PRESIDENT	(i)	472,076	420,737	117,719	19,832	21,248	1,051,612	0
	(ii)	0	0	0	0	0	0	0
5 RICHARD L HAUSHALTER KE (SR VP/COO)	(i)	325,323	98,085	72,896	30,839	18,239	545,382	0
	(ii)	0	0	0	0	0	0	0
6 DONNA S HAHN KE (VP ACUTE CARE/CNE)	(i)	211,191	51,982	846	58,572	23,949	346,540	0
	(ii)	0	0	0	0	0	0	0
7 JOHN A MCGOWAN KE (RMH MEDICAL GROUP CEO)	(i)	299,970	96,506	20,362	34,798	22,487	474,123	0
	(ii)	0	0	0	0	0	0	0
8 TIMOTHY S CRADDOCK KE (DIR, SURGICAL SVCS)	(i)	137,848	16,436	253	6,106	18,533	179,176	0
	(ii)	0	0	0	0	0	0	0
9 PHILIP W HACKETT KE (EXEC DIR, RMH MEDICAL GROUP)	(i)	183,971	13,324	2,693	23,448	22,672	246,108	0
	(ii)	0	0	0	0	0	0	0
10 ELIZABETH EARLY KE (DIR, PHARMACY)	(i)	160,158	21,487	23,280	38,529	22,684	266,138	0
	(ii)	0	0	0	0	0	0	0
11 CHAD MUXLOW MD PHYSICIAN	(i)	1,160,100	80,324	12,976	15,584	22,874	1,291,858	0
	(ii)	0	0	0	0	0	0	0
12 CHRISTOPHER DIPASQUALE DO PHYSICIAN	(i)	847,991	104,461	36,137	21,341	23,206	1,033,136	0
	(ii)	0	0	0	0	0	0	0
13 CHRISTOPHER J HESS MD PHYSICIAN	(i)	815,259	49,508	55,841	15,584	26,483	962,675	0
	(ii)	0	0	0	0	0	0	0
14 WILLIAM LENNEN MD PHYSICIAN	(i)	776,842	89,350	44,467	25,254	25,951	961,864	0
	(ii)	0	0	0	0	0	0	0
15 JEROME MCDONALD MD PHYSICIAN	(i)	753,082	28,500	38,075	20,920	22,387	862,964	0
	(ii)	0	0	0	0	0	0	0
16 MICHAEL KING FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	294,571	28,414	24,586	20,855	23,843	392,269	0
17 DALE A CARROLL FORMER KEY EMPLOYEE	(i)	178,689	114,482	39,971	5,799	2,291	341,232	0
	(ii)	0	0	0	0	0	0	0
18 MICHAEL J ROZMUS FORMER KEY EMPLOYEE	(i)	210,448	56,055	29,324	41,071	23,468	360,366	0
	(ii)	0	0	0	0	0	0	0
19 KATHERINE A HARRISON FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	0	27,305	174,761	-21,072	5,192	186,186	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 MARK ZIMMERMAN FORMER KEY EMPLOYEE	(i)	85,435	88,493	18,646	25,243	7,849	225,666	0
	(ii)	141,329	0	16,763	24,724	-	-	0
						9,158	191,974	

**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
SENTARA RMH MEDICAL CENTER

Employer identification number  
54-0506331

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SUBSTANTIAL (1) CONTRIBUTOR		PHYS RECRUIT-INC GUAR		X	100,000	41,556		No		No	Yes	
Total						▶ \$	41,556					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PATHOLOGY ASSOCIATES OF HARRISONBURG	>35% - OWNED BY DIRECTOR ALDEN HOSTETTER, M D	186,289	PATHOLOGY SERVICES		No
(2) VICKI KRAUSS	FAMILY MEMBER OF OFFICER JAMES KRAUSS	75,253	EMPLOYMENT		No
(3) SUSAN ROZMUS	FAMILY MEMBER OF FORMER KE MICHAEL ROZMUS	83,110	EMPLOYMENT		No
(4) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	273,255	EMPLOYMENT		No
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	259,947	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

OMB No 1545-0047

# 2015

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990)**

Name of the organization  
SENTARA RMH MEDICAL CENTER

**Employer identification number**  
54-0506331

## 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	37,528	FMV
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 . . . . .	X	1	100,000	FMV
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

	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? . . . . .		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public Inspection

Name of the organization SENTARA RMH MEDICAL CENTER	Employer identification number 54-0506331
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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SENTARA HEALTHCARE I SENTARA HEALTHCARE - YOUR NOT FOR PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE BASED IN NORFOLK, VA, CELEBRATES MORE THAN 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</p>

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FORM 990, PART III, LINE 4A	<p>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 WELLPAPPER INC WELLPAPPER IS DEVELOPING GROUNDBREAKING DIGITAL TOOLS, THROUGH THEIR PROPRIETARY INTELLECTUAL PROPERTY, SUCH AS A DIGITAL "APP" THAT CAN HELP MONITOR MIGRAINES WELLPAPPER 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 TIMBERWAY 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</p>

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FORM 990, PART III, LINE 4A	<p>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 BREST 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</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 &amp; WORLD REPORT 'BEST HOSPITALS' EDITION AND IMPROVED ITS RANKING FROM 41ST IN 2014 TO 31ST IN 2015 THE EAR, NOSE &amp; 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</p>

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 1A FORM 1096	THE ORGANIZATION IS THE 501(C)(3) SOLE MEMBER OF ANOTHER 501(C)(3) ORGANIZATION FOR WHICH IT MAINTAINS AN AGENCY RELATIONSHIP AND ISSUES 1099S 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 ORGANIZATION ARE ATTRIBUTABLE TO MORE THAN ONE ENTITY, AND THERE IS NO REPORTING MECHANISM TO DETERMINE 1099S ATTRIBUTABLE SOLELY TO THE ORGANIZATION

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC 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	EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS THE ORGANIZATION'S SOLE MEMBER WAS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY 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 RATIFIED THE CLASS A DIRECTORS THAT WERE ELECTED BY ROCKINGHAM HEALTH CARE'S BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, 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 THE ORGANIZATION MAY NOT TAKE OR ALLOW ANY OF THE FOLLOWING GOVERNANCE ACTIONS WITHOUT THE CONSENT OF ITS SOLE MEMBER APPROVE OR ADOPT ANY PLAN OF MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, THE VOLUNTARY DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION, REVOCATION OF AN 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 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

<b>Return Reference</b>	<b>Explanation</b>
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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 1A & B, BOARD MEMBER INDEPENDENCE	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, APPOINTS THE ORGANIZATION'S CLASS B DIRECTORS AND RATIFIES 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 990, 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 990, PART VI, LINE 13,  
WHISTLEBLOWER POLICY

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 990, PART VI, LINE 16B, JOINT VENTURE POLICY	THE SENTARA HEALTHCARE SYSTEM HAD A WRITTEN POLICY REQUIRING EVALUATION OF ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS 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	RECLASS OF INTERCOMPANY ACCTS TO EQUITY -51,367,332 OTHER CHANGES -2,000 WRITE OFF OF INVESTMENT IN SUB ACCOUNT TO EQUITY -7,977,095

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SENTARA RMH MEDICAL CENTER

Employer identification number

54-0506331

**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) RMH MEDICAL GROUP LLC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 27-1444665	HEALTHCARE	VA	46,162,940	8,886,724	SENTARA RMH MEDICAL CENTER

**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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

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

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



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

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

<b>Return Reference</b>	<b>Explanation</b>
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-0506331  
**Name:** SENTARA RMH MEDICAL CENTER

**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
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	HLTH/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	HEALTHCARE	VA	501(C)(3)	LN3_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	HLTH/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)	LN7_NORMALGOVTSUPPOR	N/A		No
SENTARA PRINCESS ANNE HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	Yes	
SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LN3_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 ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	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 - 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)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
VALLEY WELLNESS CENTER 501 STONE SPRING ROAD HARRISONBURG, VA 22801 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA RMH MEDICAL CENTER	Yes	
MJH FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
MARTHA JEFFERSON HOSPITAL FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 30-0041113	FUNDRAISING	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
MARTHA JEFFERSON HOSPITAL 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-0261840	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
ROCKINGHAM HEALTH CARE INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 52-1309259	SUPPORT OF HEALTHCARE ORGS	VA	501(C)(3)	11B - II	N/A		No





Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SENTARA SOUTHSIDE HEALTH (1) SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
DOMINION HEALTH MEDICAL (1) ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
(2) SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
(3) SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
(4) OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
(5) OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
OPTIMA BEHAVIORAL HEALTH (6) SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
(7) SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
(8) SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
(9) SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
(10) SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
(11) POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBIDGE, VA 22191 54-1441420	PHARMACY	VA	N/A	C				Yes	
(12) ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE ROCKINGHAM, VA 22801 54-1721387	CONTRACTING SVCS	VA	SENTARA RMH MEDICAL CENTER	C		40	100.000 %	Yes	
MARTHA JEFFERSON MEDICAL (13) ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
(14) BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALBEMARLE PHYSICIAN SERVICES- (16) SENTARA INC 1144 NORTH ROAD STREET ELIZABETH CITY, NC 27909 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	
(1) SENTARA HEALTH PLANS OF OHIO INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1509408	TPA	OH	N/A	C				Yes	
(2) SENTARA HEALTH INSURANCE CO OF NC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
(3) SENTARA HEALTH PLANS OF NC INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 46-5510421	TPA	NC	N/A	C				Yes	

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	SENTARA HOSPITALS	N	16,264,951	CORP BOOKS/REC
<b>(1)</b>	SENTARA HOSPITALS	C	12,786,314	CORP BOOKS/REC
<b>(2)</b>	SENTARA HOSPITALS	M	1,026,527	CORP BOOKS/REC
<b>(3)</b>	SENTARA HOSPITALS	O	175,483	CORP BOOKS/REC
<b>(4)</b>	SENTARA HOSPITALS	P	109,968	CORP BOOKS/REC
<b>(5)</b>	SENTARA HOSPITALS	L	57,832	CORP BOOKS/REC
<b>(6)</b>	SENTARA HOSPITALS	Q	51,067	CORP BOOKS/REC
<b>(7)</b>	MARTHA JEFFERSON HOSPITAL	B	2,656,691	CORP BOOKS/REC
<b>(8)</b>	MARTHA JEFFERSON HOSPITAL	Q	817,742	CORP BOOKS/REC
<b>(9)</b>	OPTIMA HEALTH PLAN	L	14,035,147	CORP BOOKS/REC
<b>(10)</b>	OPTIMA HEALTH INSURANCE COMPANY	L	8,470,305	CORP BOOKS/REC
<b>(11)</b>	SENTARA HEALTH PLANS	L	1,871,456	CORP BOOKS/REC
<b>(12)</b>	SENTARA ENTERPRISES	B	136,165	CORP BOOKS/REC
<b>(13)</b>	SENTARA ENTERPRISES	C	88,865	CORP BOOKS/REC
<b>(14)</b>	SENTARA ENTERPRISES	M	120,079	CORP BOOKS/REC
<b>(15)</b>	VALLEY WELLNESS CENTER	K	156,970	CORP BOOKS/REC
<b>(16)</b>	VALLEY WELLNESS CENTER	C	8,325,340	CORP BOOKS/REC