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| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 | OMB No 1545-0047 2015 Open to Public Inspection |
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| | | | |
|---|--|--|---|
| A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 | | | |
| 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 | C Name of organization POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM | | D Employer identification number 54-0853898 |
| | Doing business as SENTARA NORTHERN VA MED CENTER | | E Telephone number (757) 455-7020 |
| | Number and street (or P O box if mail is not delivered to street address) 6015 POPLAR HALL DRIVE | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA 23502 | | G Gross receipts \$ 248,013,170 |
| | F Name and address of principal officer KATHERINE A JOHNSON 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 | | |
| I 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 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| J Website: ► WWW.SENTARA.COM | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | H(c) Group exemption number ► | |
| | | L Year of formation 1968 | M State of legal domicile VA |

| Part I Summary | |
|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 1,357 |
| | 6 Total number of volunteers (estimate if necessary) 6 281 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 |
| | b Net unrelated business taxable income from Form 990-T, line 34 7b 0 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) Prior Year 1,894,825 Current Year 1,052,284 |
| | 9 Program service revenue (Part VIII, line 2g) 243,772,787 244,600,626 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -4,622,899 -3,243,266 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,080,356 1,327,315 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 242,125,069 243,736,959 |
| | Expenses |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 91,003,385 90,744,574 | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 | |
| b Total fundraising expenses (Part IX, column (D), line 25) 0 | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 124,526,800 141,364,221 | |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 216,526,826 233,778,020 | |
| 19 Revenue less expenses Subtract line 18 from line 12 25,598,243 9,958,939 | |
| Net Assets or Fund Balances | |
| | 21 Total liabilities (Part X, line 26) 20,676,378 21,540,154 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 189,916,753 214,318,565 |

| | |
|---|---|
| Part II Signature Block | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | |
| Sign Here | <div> <div>Signature of officer</div> <div>2016-11-11</div> <div>Date</div> </div> |
| | <div> <div>ROBERT A BROERMANN TREASURER</div> <div>Type or print name and title</div> </div> |
| Paid Preparer Use Only | <div> <div>Prnt/Type preparer's name</div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> </div> </div> |
| | <div> <div>Firm's name ▶</div> <div>Firm's EIN ▶</div> </div> |
| | <div> <div>Firm's address ▶</div> <div>Phone no</div> </div> |

Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 186,501,720 including grants of \$ 1,669,225) (Revenue \$ 244,600,626)

SENTARA NORTHERN VIRGINIA MEDICAL CENTER ("SNVMC") PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES THROUGH THE OPERATION OF A 183-BED TERTIARY AND ACUTE CARE HOSPITAL THAT SERVES THE INCREASINGLY DIVERSE COMMUNITY IN PRINCE WILLIAM, SOUTHERN FAIRFAX, AND NORTHERN STAFFORD COUNTIES. THE HOSPITAL PROVIDED 95,814 ADJUSTED PATIENT DAYS OF CARE DURING 2015 AND OFFERS A WIDE RANGE OF MEDICAL SPECIALTIES, A HIGHLY QUALIFIED MEDICAL AND CLINICAL STAFF, AND STATE-OF-THE-ART TECHNOLOGY REQUIRED TO UPHOLD ITS MISSION. SNVMC ALSO OPERATES AN OFF-SITE OUTPATIENT CAMPUS THAT OFFERS 24-HOUR EMERGENCY CARE, DOCTORS' OFFICES, AND QUALITY DIAGNOSTIC TESTING INCLUDING ADVANCED IMAGING AND LAB SERVICES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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 ▶ 186,501,720

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **VA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
CORPORATE OFFICERS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 (757) 455-7020

Part VII

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) HOWARD P KERN DIRECTOR/ VICE CHAIR | 1 00 49 20 | X | | X | | | | 0 | 3,162,206 | 1,734,160 |
| (2) DAVID L BERND DIRECTOR (THRU 10/15) | 1 00 50 20 | X | | | | | | 0 | 3,297,673 | 78,898 |
| (3) TERRY GILLILAND MD DIRECTOR (EFFEC 11/15) | 1 00 44 20 | X | | | | | | 0 | 1,300,255 | 148,987 |
| (4) MARY BETH MICHOS DIRECTOR | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (5) CAROL S SHAPIRO MD DIRECTOR | 1 00 40 00 | X | | | | | | 0 | 120,280 | 13,054 |
| (6) R MICHAEL SORENSEN DIRECTOR/CHAIRMAN | 1 00 0 00 | X | | X | | | | 0 | 0 | 0 |
| (7) PEGGY AGOURIS PHD DIRECTOR (EFFECTIVE 5/15) | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (8) MICHAEL D LUBELEY ESQ DIRECTOR | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (9) STEPHEN D PORTER PRESIDENT/DIRECTOR | 40 00 0 00 | X | | X | | | | 795,065 | 0 | 82,484 |
| (10) ROBERT A BROERMANN TREASURER | 1 00 50 00 | | | X | | | | 0 | 2,302,226 | 30,888 |
| (11) KELA CASEY ASST SECRETARY (THRU 5/15) | 40 00 0 00 | | | X | | | | 41,482 | 0 | 2,868 |
| (12) JEFFREY P KING SECRETARY | 1 00 46 00 | | | X | | | | 0 | 644,028 | 86,140 |
| (13) MICHAEL R KING ASSIST TREAS (EFFEC 11/15) | 40 00 0 00 | | | X | | | | 347,571 | 0 | 44,698 |
| (14) KARLA P MASON ASST SECRETARY (EFFEC 9/15) | 40 00 0 00 | | | X | | | | 72,190 | 0 | -11,229 |

Part VII

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) VALERIE E KEANE | 40 00 | | | | X | | | 263,424 | 0 | -34,902 |
| KE (VP, NURSE EXECUTIVE) | 0 00 | | | | | | | | | |
| (16) DORKA M PICARD | 40 00 | | | | X | | | 186,065 | 0 | 13,845 |
| KE (VP, DIVISION VII) | 0 00 | | | | | | | | | |
| (17) MARLENE M BOLSTER | 40 00 | | | | X | | | 200,746 | 0 | 43,758 |
| KE (VP, OPERATIONS) | 0 00 | | | | | | | | | |
| (18) THOMAS M KAYROUZ | 40 00 | | | | | X | | 258,912 | 0 | 9,804 |
| VPMA, SNVMC | 0 00 | | | | | | | | | |
| (19) ROBIN C ADAMS | 40 00 | | | | | X | | 221,304 | 0 | 41,432 |
| DIR, MARKET DEVELOPMENT | 0 00 | | | | | | | | | |
| (20) KATHY A COX | 40 00 | | | | | X | | 206,608 | 0 | 23,861 |
| RNII | 0 00 | | | | | | | | | |
| (21) ADEDAYO AKINBI | 40 00 | | | | | X | | 176,539 | 0 | 31,420 |
| DIR, PHARMACY | 0 00 | | | | | | | | | |
| (22) WENDY M ATKINSON | 40 00 | | | | | X | | 160,117 | 0 | -13,247 |
| SENIOR DIRECTOR | 0 00 | | | | | | | | | |
| (23) MEGAN R PERRY | 0 00 | | | | | | X | 0 | 763,626 | 209,846 |
| FORMER DIRECTOR/OFFICER | 41 00 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,930,023 | 11,590,294 | 2,536,765 |

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 ▶ 114

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

Section B. Independent Contractors

| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year | | |
|----------|---|---------------------------------|---------------------|
| | (A) Name and business address | (B) Description of services | (C) Compensation |
| | SODEXO INC PO BOX 536922 ATLANTA, GA 30353 | FOOD & FACILITY MGMT | 2,214,950 |
| | ARAMARK HEALTHCARE TECHNOLOGIES LLC 12483 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 | MEDICAL TECHNOLOGIES & SERVICES | 1,797,504 |
| | AMN HEALTHCARE INC 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | HEALTHCARE STAFFING SOLUTIONS | 1,481,912 |
| | DELPHI HEALTHCARE PARTNERS INC 170 SOUTHPORT DR MORRISVILLE, NC 27560 | MEDICAL PROFESSIONAL SERVICES | 1,119,039 |
| | MORRISON MANAGEMENT SPECIALISTS INC PO BOX 160266 MOBILE, AL 36625 | FOOD & FACILITY MGMT | 978,988 |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 37 | | |

Part VIII

Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|-----------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . | 1a | | | | |
| | b | Membership dues | 1b | 920 | | | |
| | c | Fundraising events | 1c | 5,000 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 453,843 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 592,521 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | | 1,052,284 | | |
| Program Service Revenue | 2a | PATIENT SERVICE REV | Business Code | | | | |
| | | | 900099 | 244,537,924 | 244,537,924 | | |
| | b | OTHER PROGRAM SVC REV | 900099 | 111,391 | 111,391 | | |
| | c | EQUITY IN EARN OF AFFIL | 900099 | -48,689 | -48,689 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | 244,600,626 | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 36,265 | | | 36,265 |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real 2,004,383 | (ii) Personal | | | |
| | b | Less rental expenses | 876,446 | | | | |
| | c | Rental income or (loss) | 1,127,937 | | | | |
| | d | Net rental income or (loss) | | 1,127,937 | | | 1,127,937 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b | Less cost or other basis and sales expenses | | 3,279,531 | | | |
| | c | Gain or (loss) | | -3,279,531 | | | |
| | d | Net gain or (loss) | | -3,279,531 | | | -3,279,531 |
| | 8a | Gross income from fundraising events (not including \$ 5,000 of contributions reported on line 1c) See Part IV, line 18 | a | 94,624 | | | |
| | b | Less direct expenses | b | 41,263 | | | |
| | c | Net income or (loss) from fundraising events . . | | 53,361 | | | 53,361 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities . . . | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | 136,850 | | | |
| | b | Less cost of goods sold | b | 78,971 | | | |
| | c | Net income or (loss) from sales of inventory . . | | 57,879 | | | 57,879 |
| | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | CAFETERIA/CAFE SALES | 722210 | 88,138 | | | 88,138 |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 88,138 | | | |
| 12 | Total revenue. See Instructions | | | 243,736,959 | 244,600,626 | 0 | -1,915,951 |

Part IX **Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,535,723 | 1,535,723 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22. | 133,502 | 133,502 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 2,048,065 | 1,577,010 | 471,055 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 | Other salaries and wages. | 72,251,486 | 55,633,644 | 16,617,842 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 5,716,229 | 4,401,496 | 1,314,733 | |
| 9 | Other employee benefits. | 5,260,745 | 4,050,774 | 1,209,971 | |
| 10 | Payroll taxes. | 5,468,049 | 4,210,398 | 1,257,651 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | 4,852,417 | 3,736,361 | 1,116,056 | |
| b | Legal. | 286,063 | 220,269 | 65,794 | |
| c | Accounting. | 5,198 | 4,002 | 1,196 | |
| d | Lobbying. | | | | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees. | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 17,883,580 | 17,438,763 | 444,817 | |
| 12 | Advertising and promotion. | 650,121 | 500,593 | 149,528 | |
| 13 | Office expenses. | 9,879,569 | 7,607,268 | 2,272,301 | |
| 14 | Information technology. | 1,176,767 | 906,111 | 270,656 | |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | 4,421,758 | 3,404,754 | 1,017,004 | |
| 17 | Travel. | 217,647 | 167,588 | 50,059 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 37,462 | 28,846 | 8,616 | |
| 20 | Interest. | 1,747,991 | 1,747,991 | | |
| 21 | Payments to affiliates. | | | | |
| 22 | Depreciation, depletion, and amortization. | 15,336,047 | 11,808,756 | 3,527,291 | |
| 23 | Insurance. | 1,232,531 | 949,049 | 283,482 | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | MEDICAL SUPPLIES | 34,714,138 | 34,714,138 | | |
| b | BAD DEBT | 29,843,593 | 29,843,593 | | |
| c | SENTARA SERVICE EXPENSE | 16,636,364 | | 16,636,364 | |
| d | PURCHASED SERVICES | 699,227 | 538,405 | 160,822 | |
| e | All other expenses | 1,743,748 | 1,342,686 | 401,062 | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 233,778,020 | 186,501,720 | 47,276,300 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

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

| | | | | (A) | | (B) | |
|-----------------------------|--|---|-------------|-------------------|-------------|-------------|-------------|
| | | | | Beginning of year | | End of year | |
| Assets | 1 | Cash—non-interest-bearing | | | 1 | | |
| | 2 | Savings and temporary cash investments | | 5,112,338 | 2 | 5,144,801 | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | 30,392,515 | 4 | 27,845,998 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 173,461 | 6 | 30,058 | |
| | 7 | Notes and loans receivable, net | | 785,594 | 7 | 760,060 | |
| | 8 | Inventories for sale or use | | 4,313,972 | 8 | 4,282,848 | |
| | 9 | Prepaid expenses and deferred charges | | 668,832 | 9 | 242,135 | |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 358,110,459 | | | |
| | b | Less: accumulated depreciation | 10b | 171,549,164 | 159,247,108 | 10c | 186,561,295 |
| | 11 | Investments—publicly traded securities | | | 11 | | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | 2,597,709 | 14 | 5,660,709 | |
| | 15 | Other assets. See Part IV, line 11 | | 7,301,602 | 15 | 5,330,815 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 210,593,131 | 16 | 235,858,719 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 5,248,472 | 17 | 5,877,184 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 107,781 | 19 | 53,890 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 15,320,125 | 25 | 15,609,080 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 20,676,378 | 26 | 21,540,154 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | 187,827,560 | 27 | 212,176,011 | |
| | 28 | Temporarily restricted net assets | | 1,421,996 | 28 | 1,475,357 | |
| | 29 | Permanently restricted net assets | | 667,197 | 29 | 667,197 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | | |
| | 33 | Total net assets or fund balances | | 189,916,753 | 33 | 214,318,565 | |
| | 34 | Total liabilities and net assets/fund balances | | 210,593,131 | 34 | 235,858,719 | |

Part XI **Reconciliation of Net Assets**

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 243,736,959 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 233,778,020 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 9,958,939 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 189,916,753 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 14,442,873 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 214,318,565 |

Part XII **Financial Statements and Reporting**

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

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

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box)
- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

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

| Section A. Public Support | | | | | | |
|---|---------|---------|---------|---------|---------|----------|
| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | |
|---|---------|---------|---------|---------|---------|--------------------------|
| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div> | | |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> | | |
| <div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div> | | |
| <div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div> | | |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> | | |
| <div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div> | | |
| <div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div> | | |

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

1

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

☐

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

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

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 2,089,193 | 2,093,221 | 2,384,131 | 3,679,757 | 4,254,093 |
| b Contributions | 501,124 | 587,609 | 685,717 | 554,601 | 1,262,740 |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | 120,502 | 48,240 | 500 | 1,000 | 1,000 |
| e Other expenditures for facilities and programs | 327,261 | 543,397 | 976,127 | 1,849,227 | 1,836,076 |
| f Administrative expenses | | | | | |
| g End of year balance | 2,142,554 | 2,089,193 | 2,093,221 | 2,384,131 | 3,679,757 |

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 31 140 %

c

Temporarily restricted endowment 68 860 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

No

b

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

3b

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a)Cost or other basis (investment) | (b)Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|---|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land | 8,881,973 | 5,907,086 | | 14,789,059 |
| b Buildings | | 169,605,314 | 65,144,982 | 104,460,332 |
| c Leasehold improvements | | 182,295 | 72,918 | 109,377 |
| d Equipment | | 126,865,276 | 95,725,325 | 31,139,951 |
| e Other | | 46,668,515 | 10,605,939 | 36,062,576 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 186,561,295 |

Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | THE ENDOWMENT FUND IS FOR THE PRIMARY PURPOSE OF PROVIDING SCHOLARSHIPS TO HIGH SCHOOL SENIORS PLANNING TO ENTER HEALTH CARE RELATED FIELDS OF STUDY. TEMPORARILY RESTRICTED CONTRIBUTIONS ARE TO SPECIFIC PURPOSE FUNDS OR PLANT EXPANSION FUNDS. SPECIFIC PURPOSE FUNDS INCLUDE GENERAL BENEFIT FUNDS SUCH AS MOBILE CLINIC OPERATIONS, MOBILE MAMMOVAN, EMS/EKG TRANSMISSION, AND DIABETES OUTREACH. OTHER SPECIFIC PURPOSE FUNDS ARE FOR CANCER/ONCOLOGY, AND CARDIAC. PLANT EXPANSION FUNDS INCLUDE FUNDS FOR GENERAL BUILDING. |

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

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events.

Complete if the organization answered "Yes" 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.

| Revenue | | (a)Event #1 <u>GOLF TOURNAMENT</u> (event type) | (b)Event #2 <u>PECAN SALES</u> (event type) | (c)Other events <u>1</u> (total number) | (d) Total events (add col (a) through col (c)) | |
|-----------------|----|---|---|---|---|--------|
| | 1 | Gross receipts | 48,848 | 6,792 | 6,185 | 61,825 |
| | 2 | Less Contributions | 5,000 | | | 5,000 |
| | 3 | Gross income (line 1 minus line 2) | 43,848 | 6,792 | 6,185 | 56,825 |
| | | | | | | |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 21,162 | 5,485 | 1,098 | 27,745 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ► | | | | 27,745 |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) ► | | | | 29,080 |

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.

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

| | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14

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

Name ▶

Address ▶

15a

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

☐ **Yes** ☐ **No**

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ **Yes** ☐ **No**

b

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

Part IV

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

| | |
|---|--|
| Name of the organization POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM | Employer identification number 54-0853898 |
|---|--|

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

| 7 Financial Assistance and Certain Other Community Benefits at Cost | | | | | | |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1) | | | 16,191,127 | | 16,191,127 | 7 890 % |
| b Medicaid (from Worksheet 3, column a) | | | 27,524,689 | 22,496,650 | 5,028,039 | 2 450 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 43,715,816 | 22,496,650 | 21,219,166 | 10 340 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 456,986 | | 456,986 | 0 220 % |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | | | 456,986 | | 456,986 | 0 220 % |
| k Total. Add lines 7d and 7j | | | 44,172,802 | 22,496,650 | 21,676,152 | 10 560 % |

Part IICommunity Building Activities

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|----|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 | Physical improvements and housing | | | | | |
| 2 | Economic development | | | | | |
| 3 | Community support | | | | | |
| 4 | Environmental improvements | | | | | |
| 5 | Leadership development and training for community members | | | | | |
| 6 | Coalition building | | 2,208 | | 2,208 | 0 % |
| 7 | Community health improvement advocacy | | | | | |
| 8 | Workforce development | | 470,109 | | 470,109 | 0 230 % |
| 9 | Other | | 3,534 | | 3,534 | 0 % |
| 10 | Total | | 475,851 | | 475,851 | 0 230 % |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

29,843,593

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4,476,539

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

45,626,976

6

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

6

61,939,468

7

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

7

-16,312,492

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

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

9a

Yes

No

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

No

Part IVManagement Companies and Joint Ventures

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1 1 LAKE RIDGE AMBULATORY SURGERY CNTR LLC | OUTPATIENT SURGERY CENTER | 43 600 % | | 37 400 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year?

2

Other (Describe)

Facility reporting group

See Additional Data Table

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

| | | Yes | No | |
|----|--|-----|-----|--|
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div><div>a</div><div><input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 % <div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div><div>c</div><div><input type="checkbox"/> Asset level</div><div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div><div>e</div><div><input type="checkbox"/> Insurance status</div><div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div><div>g</div><div><input type="checkbox"/> Residency</div><div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div></div> | 13 | Yes | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div><div>b</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div><div>c</div><div><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</div><div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div> | 15 | Yes | |
| 16 | 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) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url)</div><div><div>b</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url)</div><div><div>c</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)</div><div><div>d</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>e</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>f</div><div><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)</div><div><div>g</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div></div> | 16 | Yes | |

Billing and Collections

| | | | | |
|----|--|----|--|----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | | No |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div><div>e</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div></div></div></div></div> | | | |

Part V

Facility Information (continued)

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

LAKE RIDGE AMBULATORY CENTER

Name of hospital facility or letter of facility reporting group

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

| | Yes | No |
|---|-----------------------------------|-----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 3 5 | Yes |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | No |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C BELOW</u> b <input type="checkbox"/> Other website (list url) _____ c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 7 8 10 | Yes |
| a If "Yes" (list url) <u>SEE PART V SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | No |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

LAKE RIDGE AMBULATORY CENTER

Name of hospital facility or letter of facility reporting group

| | | Yes | No | |
|----|---|-----|-----|--|
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div>a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)</div> | 13 | Yes | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div>a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <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 d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)</div> | 15 | Yes | |
| 16 | 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) <div>a <input type="checkbox"/> The FAP was widely available on a website (list url) b <input type="checkbox"/> The FAP application form was widely available on a website (list url) c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)</div> | 16 | Yes | |

Billing and Collections

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

Part V

Facility Information (continued)

LAKE RIDGE AMBULATORY CENTER

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

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| | |
| | |
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| | |

Part V **Facility Information** *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

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

| 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 \$29,843,593 |

| Form and Line Reference | Explanation |
|--|---|
| PART II, COMMUNITY BUILDING ACTIVITIES | COALITION BUILDING THE ORGANIZATION PARTICIPATED IN VARIOUS COALITIONS ON COMMUNITY ISSUES WORKFORCE DEVELOPMENT - THE ORGANIZATION ENTERS INTO PHYSICIAN RECRUITING AGREEMENTS IN ORDER TO INCENT HIGHLY QUALIFIED PHYSICIANS INTO THE COMMUNITY TO FILL POSITIONS IN SERVICES AREAS WHERE THERE IS AN URGENT NEED OTHER - EMPLOYEES OF THE ORGANIZATION PARTICIPATE IN THE UNITED WAY DAY OF CARING, WHICH CAN INCLUDE ACTIVITIES SUCH AS MEALS ON WHEELS DELIVERIES, HEIGHT, WEIGHT AND VISION SCREENINGS AT LOCAL SCHOOLS, AND VARIOUS MAINTENANCE PROJECTS FOR OTHER 501(C)(3) TAX EXEMPT ORGANIZATIONS IN THE COMMUNITY |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 2 | BAD DEBT EXPENSE IS REPORTED AT ESTABLISHED RATES IN ACCORDANCE WITH THE ORGANIZATION'S BOOKS AND RECORDS, NET OF ANY DISCOUNTS OR COLLECTIONS ON ACCOUNTS THAT WERE PREVIOUSLY WRITTEN-OFF SEE ALSO THE FOOTNOTE ON PAGES 15-16 OF THE ATTACHED FINANCIAL STATEMENTS WHICH DISCUSSES BAD DEBT |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 3 | IN COMPUTING LINE 3, THE ORGANIZATION CONSERVATIVELY ESTIMATES THAT 15% OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO WOULD QUALIFY FOR CHARITY ASSISTANCE IF SUFFICIENT DATA WAS AVAILABLE THIS ESTIMATE IS BASED ON CREDIT REPORTING DATA PURCHASED FROM EQUIFAX THIS DATA PROVIDES CREDIT SCORE, INCOME PREDICTION DATA AND NUMEROUS LINES OF CREDIT AND ASSET DATA FOR UNRESPONSIVE PATIENTS, THE ORGANIZATION USES THE ESTIMATED INCOME, MARITAL STATUS, ASSET INFORMATION AND CREDIT LINE DATA TO DETERMINE WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY BASED ON A PROJECTED INCOME OF 200% OF THE FEDERAL POVERTY GUIDELINES WITH LITTLE TO NO ASSET DATA THIS INFORMATION IS NOT ALL INCLUSIVE FOR ALL UNRESPONSIVE PATIENTS THAT COULD QUALIFY, AS DEPENDENT INFORMATION IS NOT READILY AVAILABLE |

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 4 | SEE PAGE 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 | <p>UNDER THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY, A HOSPITAL FACILITY MUST TAKE REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE PRIOR TO ENGAGING IN COLLECTION EFFORTS AGAINST A PATIENT. SUCH EFFORTS INCLUDE NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE, PROVIDING ASSISTANCE IN THE APPLICATION PROCESS, ADVERTISING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON PATIENT STATEMENTS, FOLLOWING UP WITH PATIENTS WHO HAVE SUBMITTED INCOMPLETE APPLICATIONS TO TRY AND OBTAIN THE MISSING INFORMATION, AND INFORMING APPLICANTS REGARDING THEIR ELIGIBILITY DETERMINATION. PRIOR TO TURNING THE ACCOUNTS OF UNRESPONSIVE PATIENTS OVER TO COLLECTIONS, THE HOSPITAL FACILITY ALSO ATTEMPTS TO QUALIFY AND WRITE OFF BALANCES UNDER THE FINANCIAL ASSISTANCE POLICY BASED ON CREDIT REPORTING DATA THAT ASSISTS IN DETERMINING INCOME AND CREDIT WORTHINESS. WHEN THE CREDIT DATA SUGGESTS THAT A PATIENT'S INCOME IS AT OR BELOW THE 200% FEDERAL POVERTY GUIDELINES, THE ACCOUNT BALANCE IS WRITTEN-OFF TO PRESUMPTIVE CHARITY, AND ALL COLLECTIONS EFFORTS CEASE. IF THE CREDIT REPORTING DATA IS UNCLEAR ON AN UNRESPONSIVE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, THE PATIENT'S ACCOUNT MAY BE MOVED TO BAD DEBT AND FURTHER COLLECTIONS ACTIONS TAKEN. IF AT ANY TIME DURING THE BAD DEBT COLLECTIONS PROCESS THE HOSPITAL FACILITY RECEIVES INFORMATION THAT THE PATIENT IS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY, THE COLLECTION EFFORTS CEASE, AND THE ACCOUNT IS WRITTEN OFF TO CHARITY.</p> |

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

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 3 | FINANCIAL ASSISTANCE BROCHURES AND OTHER INFORMATION ARE POSTED AT EACH POINT OF SERVICE A TOLL-FREE NUMBER IS GIVEN TO PATIENTS TO REACH CUSTOMER SERVICE REPRESENTATIVES DURING THE BUSINESS DAY FOR QUESTIONS OR CONCERNS FINANCIAL ASSISTANCE PROGRAMS ARE ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE AND INCLUDED ON THE STATEMENTS PROVIDED TO PATIENTS THE ORGANIZATION EMPLOYS FINANCIAL COUNSELORS WHO ARE AVAILABLE TO HELP PATIENTS COMPLETE APPLICATIONS FOR MEDICAID OR OTHER GOVERNMENT PAYMENT ASSISTANCE PROGRAMS, OR APPLY FOR CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF APPLICABLE THE ORGANIZATION ALSO EMPLOYS AN EXTERNAL FIRM TO ASSIST IN THE ELIGIBILITY PROCESS |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 4 | THE ORGANIZATION'S SERVICE AREA INCLUDES THE FOLLOWING AREAS OF PRINCE WILLIAM, STAFFORD, AND FAIRFAX COUNTIES IN NORTHERN VIRGINIA WOODBRIDGE, DUMFRIES, STAFFORD, TRIANGLE, QUANTICO, MANASSAS, AND LORTON THE 2015 POPULATION OF THE ORGANIZATION'S SERVICE AREA IS 401,359 (SOURCE NIELSEN) AND IS PROJECTED TO GROW BY 7 7% OVER THE NEXT FIVE YEARS, COMPARED TO A PROJECTED U S GROWTH RATE OF 3 5% CURRENTLY APPROXIMATELY 7 9% OF THE POPULATION IS AGE 65+, COMPARED TO 14 7% FOR THE U S THIS AGE GROUP IS GROWING IN SIZE AND IS PROJECTED TO COMPRISE 10 4% OF THE ORGANIZATION'S SERVICE AREA POPULATION IN 2020 IN TERMS OF THE RACIAL COMPOSITION, 45 0% OF THE SERVICE AREA'S POPULATION IS WHITE NON-HISPANIC, THIS COMPARES TO 61 8% NATIONWIDE 23 0% OF THE AREA'S POPULATION IS BLACK NON-HISPANIC, THE U S COMPARISON IS 12 3% THE ASIANS AND PACIFIC ISLANDERS POPULATION REPRESENTS 7 7% OF THE TOTAL, COMPARED TO 5 3% NATIONWIDE OTHER GROUPS ACCOUNT FOR 4 3% WITHIN THE SERVICE AREA AND 3 1% NATIONALLY IN TERMS OF THE ETHNIC COMPOSITION, THE HISPANIC ETHNIC GROUP ACCOUNTS FOR 19 9% OF THE POPULATION OF THE SERVICE AREA, COMPARED TO 17 6% NATIONWIDE OF THE ORGANIZATION'S SERVICE AREA ADULTS, 90 2% HAVE AT LEAST A HIGH SCHOOL LEVEL OF EDUCATION, COMPARED TO THE 86 1% NATIONALLY THE AREA'S UNEMPLOYMENT RATE IS 4 6%, COMPARED TO 6 2% NATIONALLY ABOUT 3 7% OF THE AREA'S WORKFORCE IS EMPLOYED IN THE ARMED FORCES THE AVERAGE HOUSEHOLD INCOME IN THE ORGANIZATION'S SERVICE AREA IS \$123,831 COMPARED TO THE U S HOUSEHOLD AVERAGE OF \$74,165 7 1% OF THE ORGANIZATION'S SERVICE AREA HOUSEHOLDS HAVE AN ANNUAL INCOME OF \$25,000 OR LESS, COMPARED TO 23 5% OF U S HOUSEHOLDS TWO CIVILIAN GENERAL ACUTE CARE HOSPITALS ARE LOCATED WITHIN THIS AREA, THIS INCLUDES THE SENTARA FACILITY THE AREA IS ALSO SERVED BY SEVERAL OTHER HOSPITALS LOCATED IN SURROUNDING COMMUNITIES |

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 5 | THE ORGANIZATION'S GOVERNING BODY IS ELECTED ANNUALLY BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A 501(C) TAX-EXEMPT ORGANIZATION, WHOSE COMMUNITY-BASED BOARD IS COMPRISED OF A MAJORITY OF MEMBERS WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF SENTARA HEALTHCARE, NOR FAMILY MEMBERS THEREOF GENERALLY, MEDICAL STAFF MEMBERSHIP IS OPEN TO ALL CARE PROVIDERS WHO MAY QUALIFY THE ORGANIZATION'S SURPLUS FUNDS ARE USED FOR IMPROVEMENTS IN PATIENT CARE, PROVISION OF SERVICES TO THE UNINSURED AND UNDERINSURED, MEDICAL EDUCATION, AND COMMUNITY PROGRAMS |

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

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI | <p>GENERAL NARRATIVE REGARDING ASCS THE ORGANIZATION IS A MEMBER OF A JOINT VENTURE WHICH OWNS AND OPERATES AN AMBULATORY SURGERY CENTER ("ASC") LOCATED IN VIRGINIA (SEE PART V FOR OWNERSHIP INFORMATION) AS VIRGINIA REQUIRES ASCS TO GO THROUGH A CERTIFICATE OF PUBLIC NEED PROCESS AND RETAIN A HOSPITAL LICENSE, VIRGINIA ASCS MEET THE DEFINITION OF HOSPITAL FACILITIES FOR FORM 990 REPORTING PURPOSES THE ORGANIZATION'S ASC IS ORGANIZED AND OPERATED IN ACCORDANCE WITH THE ORGANIZATION'S CHARITABLE PURPOSES AS AN EXTENSION OF ITS OUTPATIENT FACILITIES, IN PARTNERSHIP WITH ITS PHYSICIANS, TO PROVIDE A MORE EFFECTIVE MEANS OF CARING FOR LESS SERIOUS NON-EMERGENCY MEDICAL CONDITIONS THAT DO NOT REQUIRE INPATIENT HOSPITAL CARE ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE ASC UNINSURED INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL PRIOR TO BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS THE ASC WORKS WITH UNINSURED INDIVIDUALS TO COME UP WITH PAYMENT OPTIONS, SUCH AS PAYMENT PLANS, OFFERING FREE OR DISCOUNTED CARE IN ACCORDANCE WITH ITS FINANCIAL ASSISTANCE POLICY AND DISCOUNT PRACTICES</p> |

Schedule H (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 54-0853898

Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

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

Section A. Hospital Facilities

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

2

Name, address, primary website address, and state license number

| | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|---------------------------|--------------------------|
| 1 | SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BOULEVARD WOODBIDGE, VA 22191 WWW.SENTARA.COM H 1881 | X | X | | | | | X | | | |
| 2 | LAKE RIDGE AMBULATORY SURGERY CNTR LLC 12825 MINNIEVILLE RD SUITE 204 WOODBIDGE, VA 22192 LAKERIDGESURGERYCENTER.COM OH 720 | X | | | | | | | | AMBULATORY SURGERY CENTER | |

2015

**Open to Public
Inspection**

54-0853898

Schedule I (Form 990) 2015

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) SCHOLARSHIPS | 9 | 13,000 | | | |
| (2) MAMMOGRAM FOLLOW-UP VISITS FOR UNINSURED | 38 | 120,502 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM THE ORGANIZATION DONATES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITH A SIMILAR MISSION OF PROVIDING AND PROMOTING HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY SUCH ORGANIZATIONS ALSO HAVE COMMUNITY BOARDS WHICH OVERSEE THE PROPER EXPENDITURES OF SUCH FUNDS AUXILIARY SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO PLAN TO PURSUE CAREERS IN A MEDICAL HEALTH CARE OR RELATED FIELD IN 2015, THE AUXILIARY AWARDED \$13,000 IN SCHOLARSHIPS IN 2015, \$120,502 WAS PAID FOR MAMMOGRAM FOLLOW-UP VISITS FOR UNINSURED INDIVIDUALS |

Additional Data

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE SKILLSOURCE GROUP INC 8300 BOONE BLVD STE 450 VIENNA,VA 22182 | 30-0129320 | 501(C)(3) | | 21,454 | | | DONATION/SPONSORSHIP |
| SENTARA HEALTHCARE 6015 POPLAR HALL DR NORFOLK,VA 23502 | 52-1271901 | 501(C)(3) | | 1,469,869 | | | OVERHEAD ALLOCATION |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

Part I Questions Regarding Compensation

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

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | THE ORGANIZATION COVERED THE RELOCATION EXPENSES OF CERTAIN EXECUTIVES, INCLUDING TEMPORARY HOUSING AND THE ADDITIONAL TAXES ASSOCIATED WITH SUCH BENEFITS, ALL OF WHICH WERE TREATED AS TAXABLE COMPENSATION. |
| PART I, LINE 3 | SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION STUDY, AND APPROVAL BY SENTARA HEALTHCARE'S COMPENSATION COMMITTEE. |
| PART I, LINE 4B | HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY 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, ROBERT BROERMANN, MEGAN PERRY, STEPHEN PORTER, JEFFREY KING, AND TERRY GILLILAND, M.D. 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), ROBERT BROERMANN (\$948,055), HOWARD KERN (\$355,085), MEGAN PERRY (\$31,754), STEPHEN PORTER (\$31,231), AND JEFFREY KING (\$43,559). THESE AMOUNTS HAVE 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. PERFORMANCE PLUS - ELIGIBLE FULL-TIME AND PART-TIME EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN MAY EARN ADDITIONAL COMPENSATION IF THEIR BUSINESS UNIT MEETS FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE GOALS, AND THE SYSTEM NET OPERATING MARGIN GOAL HAS BEEN MET. INDIVIDUAL PAYOUT IS BASED ON JOB CLASSIFICATION, BUSINESS UNIT GOAL SUCCESS AND PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION. GOALS AND THE PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN. AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD, BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE, AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE. SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. |

Additional Data

Software ID:

Software Version:

EIN: 54-0853898

Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1HOWARD P KERN DIRECTOR/ VICE CHAIR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 966,286 | 858,798 | 1,337,122 | 1,715,812 | - | - | 560,147 |
| | | | | | 18,348 | | 4,896,366 | |
| 1DAVID L BERND DIRECTOR (THRU 10/15) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,391,722 | 1,508,038 | 397,913 | 57,405 | - | - | 0 |
| | | | | | | 21,493 | 3,376,571 | |
| 2TERRY GILLILAND MD DIRECTOR (EFFEC 11/15) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 722,318 | 552,328 | 25,609 | 132,605 | - | - | 0 |
| | | | | | | 16,382 | 1,449,242 | |
| 3STEPHEN D PORTER PRESIDENT/DIRECTOR | (i) | 385,059 | 214,100 | 195,906 | 65,732 | 16,752 | 877,549 | 16,985 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 4ROBERT A BROERMANN TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 738,225 | 556,761 | 1,007,240 | 12,518 | - | - | 563,900 |
| | | | | | | 18,370 | 2,333,114 | |
| 5JEFFREY P KINGSECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 434,964 | 144,257 | 64,807 | 61,948 | - | - | 25,115 |
| | | | | | | 24,192 | 730,168 | |
| 6MICHAEL R KING ASSIST TREAS (EFFEC 11/15) | (i) | 294,571 | 28,414 | 24,586 | 20,855 | 23,843 | 392,269 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 7VALERIE E KEANE KE (VP, NURSE EXECUTIVE) | (i) | 195,464 | 57,821 | 10,139 | -48,969 | 14,067 | 228,522 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 8DORKA M PICARD KE (VP, DIVISION VII) | (i) | 161,871 | 23,596 | 598 | 10,016 | 3,829 | 199,910 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 9MARLENE M BOLSTER KE (VP, OPERATIONS) | (i) | 174,863 | 25,506 | 377 | 22,413 | 21,345 | 244,504 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 10THOMAS M KAYROUZ VPMA, SNVMC | (i) | 190,502 | 40,000 | 28,410 | 0 | 9,804 | 268,716 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 11ROBIN C ADAMS DIR, MARKET DEVELOPMENT | (i) | 178,227 | 42,200 | 877 | 22,508 | 18,924 | 262,736 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 12KATHY A COXRNII | (i) | 195,412 | 10,000 | 1,196 | 15,123 | 8,738 | 230,469 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 13ADEDAYO AKINBI DIR, PHARMACY | (i) | 157,403 | 18,039 | 1,097 | 10,481 | 20,939 | 207,959 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 14MEGAN R PERRY FORMER DIRECTOR/OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 458,308 | 253,222 | 52,096 | 195,123 | - | - | 27,641 |
| | | | | | | 14,723 | 973,472 | |

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) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 14,629,895 | CONSTRUCTION SERVICES | | No |
| | | | | | |
| | | | | | |
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Part V **Supplemental Information**

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

| Return Reference | Explanation |
|---------------------|--|
| SCHEDULE L, PART II | LOANS TO INTERESTED PERSONS THE ORGANIZATION HAS DETERMINED THAT IT HAS A COMMUNITY OBLIGATION IN FURTHERANCE OF ITS CHARITABLE PURPOSES TO ASSIST IN THE RECRUITMENT OF ADDITIONAL PHYSICIANS TO AND RETENTION OF PHYSICIANS IN ITS SERVICE AREA FOR THE PURPOSE OF IMPROVING THE QUALITY, EXPANDING THE SCOPE, AND ENHANCING THE ACCESSIBILITY OF MEDICAL SERVICES TO RESIDENTS OF ITS SERVICE AREA THE ORGANIZATION HAS DETERMINED THAT THE MOST FEASIBLE METHOD BY WHICH TO MEET THIS COMMUNITY OBLIGATION IS THROUGH THE SELECTIVE USE OF RECRUITMENT INCENTIVES INCLUDING, BUT NOT LIMITED TO, FINANCIAL ASSISTANCE WITH THE COSTS ASSOCIATED WITH RELOCATION OF A PHYSICIAN TO ITS SERVICE AREA, AND THE COSTS ASSOCIATED WITH A PHYSICIAN'S INITIAL YEARS IN PRACTICE IN ITS SERVICE AREA TO THAT END, THE ORGANIZATION HAS ENTERED INTO CERTAIN PHYSICIAN INCOME GUARANTY LOANS, WHICH INCLUDES THE PRACTICE OF DR DENIS J HALMI, A FORMER EX-OFFICIO NON-VOTING DIRECTOR, WHEREBY THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE TO THE PRACTICE IN ORDER TO HELP IT IN RECRUITING, ATTRACTING AND RETAINING ADDITIONAL PHYSICIANS PRACTICING IN A SPECIALTY AREA WHERE THERE IS CURRENTLY AN EXISTING AND PROJECTED SHORTAGE OF PHYSICIANS WITHIN THE ORGANIZATION'S COMMUNITY FUNDS ARE ADVANCED TO THE PRACTICE DURING THE INCOME GUARANTY PERIOD REPAYMENT IS LATER FORGIVEN BASED ON THE PHYSICIAN'S LENGTH OF STAY IN THE SERVICE AREA, IN RECOGNITION OF THE PHYSICIAN'S CONTRIBUTION TO THE HEALTH CARE OF RESIDENTS IN THE SERVICE AREA AMOUNTS FORGIVEN, INCLUDING INTEREST ON OUTSTANDING LOAN BALANCES, ARE REPORTED TO THE IRS ON THE APPLICABLE REPORTING FORM |

SCHEDULE 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.

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2015

Open to Public Inspection

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

| Return Reference | Explanation |
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| 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 BKG 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> |

| Return Reference | Explanation |
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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> |

| Return Reference | Explanation |
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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 BREAST IN GREATER DETAIL AND DETECT CANCERS THAT MAY HAVE OTHERWISE BEEN OBSCURED D HAMPTON ROADS (SOUTHEASTERN VIRGINIA) I SENTARA BROKE GROUND ON A MEDICAL OFFICE BUILDING LOCATED IN CHESAPEAKE, VIRGINIA, CALLED SENTARA EDINBURGH SLATED TO OPEN IN LATE 2016, SERVICES INCLUDE URGENT CARE, PRIMARY CARE, IMAGING, PHYSICAL THERAPY AND A YMCA II SENTARA LEIGH HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, OPENED ITS 5-STORY WEST TOWER IN 2015 AND BEGAN CONSTRUCTION ON THE FINAL PHASE OF ITS EIGHT YEAR ON-SITE RENOVATION, A TWO-STORY ATRIUM FEATURING PATIENT CHECK-IN AND MEETING SPACE III GROWING AS A MEDICAL DESTINATION CENTER, SENTARA NORFOLK GENERAL HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, CONTINUED TO INTRODUCE AND/OR EXPAND ITS QUATERNARY SERVICES, TOTALING 17 PROGRAMS IN 2015 ALONE, SENTARA NORFOLK GENERAL HOSPITAL CARED FOR 30 MORE OUT OF AREA PATIENTS THAN IN 2014 FROM AREAS OUTSIDE OF HAMPTON ROADS SENTARA NORFOLK GENERAL HOSPITAL RECEIVED APPROVAL FROM SENTARA LEADERSHIP TO EMBARK ON A FIVE-YEAR, \$199.4 MILLION EXPANSION AND MODERNIZATION PROJECT THE PLAN WILL ADD FLOORS, WINGS, EXPAND AND MODERNIZE 23 OPERATING ROOMS, CONSOLIDATE ICU BEDS ON TWO NEW FLOORS, EXPAND THE EMERGENCY ROOM, CREATE A STATE-OF-THE-ART NEONATAL INTENSIVE CARE UNIT AND ADD A ROOFTOP HELIPAD FOR NIGHTINGALE, SENTARA'S AIR AMBULANCE, AND OTHER MEDICAL HELICOPTERS ADDITIONALLY, SENTARA NORFOLK GENERAL CELEBRATED ITS 30TH ANNIVERSARY AS A LEVEL I TRAUMA CENTER. IV SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, LAUNCHED SENTARA TO HOME, A STOREFRONT AND PATIENT SERVICES ENABLING PATIENTS TO GO HOME WITH THEIR MEDICATIONS AND OTHER POST-DISCHARGE NEEDS FULFILLED PRIOR TO LEAVING THE HOSPITAL A TRANSITION SPECIALIST ENSURES THAT EACH PATIENT HAS DISCHARGE FOLLOW UP NEEDS ADDRESSED SENTARA VIRGINIA BEACH GENERAL LAUNCHED A BACK AND NECK PROGRAM FOR SPINE SURGERY CASES THIS SPECIALIZED PROGRAM BRINGS TOGETHER A TEAM INCLUDING EXPERT SURGEONS WITH CARING AND SPECIALLY TRAINED NURSES, THERAPISTS AND OTHER HEALTH PROFESSIONALS THE GOAL IS TO PROVIDE SEAMLESS, COORDINATED CARE THAT REDUCES PAIN AND GETS PATIENTS BACK TO THEIR ACTIVITIES AS SOON AS POSSIBLE ADDITIONALLY, SENTARA VIRGINIA BEACH GENERAL HOSPITAL CELEBRATED ITS 50TH ANNIVERSARY OF PROVIDING QUALITY CARE TO THE COMMUNITY V SENTARA CAREPLEX HOSPITAL, LOCATED IN HAMPTON, VIRGINIA, FILED A CERTIFICATE OF PUBLIC NEED APPLICATION TO THE COMMONWEALTH OF VIRGINIA TO REESTABLISH OBSTETRIC SERVICES VI SENTARA OBICI HOSPITAL, LOCATED IN SUFFOLK, VIRGINIA, FILED A CERTIFICATE OF PUBLIC NEEDS APPLICATION FOR TEN ADDITIONAL INPATIENT PSYCHIATRIC BEDS AND RECEIVED APPROVAL IN FEBRUARY 2016 A REAL BREAKTHROUGH FOR IDENTIFYING AND VIEWING TUMORS NEAR MOVING ORGANS, A 4D CT IS NOW AVAILABLE AT SENTARA OBICI HOSPITAL VII SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, DESIGNATED A PEDIATRIC TRACK IN THE EMERGENCY DEPARTMENT WITH A SEPARATE WAITING AREA, KID-FRIENDLY COLORS AND GRAPHICS IN PATIENT ROOMS, AND SPECIALLY-TRAINED STAFF PROGRAM DEVELOPMENT WAS COMPLETED AND IMPLEMENTATION IS UNDERWAY FOR THE DEAN ORNISH INTENSIVE CARDIAC REHABILITATION PROGRAM AIMED AT REVERSING HEART DISEASE VIII SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, LOCATED IN WILLIAMSBURG, VIRGINIA, OFFERS A NEW PEDIATRIC OBSERVATION UNIT IN THE EMERGENCY ROOM ADDITIONALLY, THEY OPENED AN OUTPATIENT REHABILITATION SITE AT THE YMCA IN GLOUCESTER, VIRGINIA IX SENTARA KITTY HAWK, AN OUTPATIENT CAMPUS LOCATED IN KITTY HAWK, NORTH CAROLINA, OBTAINED A NEW LARGE-BORE MRI, INTRODUCED PRIMARY CARE IN EDENTON, NORTH CAROLINA, LAUNCHED A SINGLE/LOCAL PRIMARY CARE CALL CENTER TO THE REGION, AND PREPARED FOR THE OPENING OF A NEW SENTARA URGENT CARE THAT OFFICIALLY OPENED ON JANUARY 4, 2016 E SOUTH BOSTON/HALIFAX FEBRUARY 2, 2015 MARKED THE INTRODUCTION OF THE SENTARA BRAND INTO THE HALIFAX SERVICE AREA SENTARA HALIFAX REGIONAL HOSPITAL, LOCATED IN SOUTH BOSTON, VIRGINIA, NEARED COMPLETION OF A MAJOR EXPANSION OF TWO NURSING CARE CENTERS, SENTARA MEADOWVIEW TERRACE AND SENTARA WOODVIEW, WITH OCCUPANCY TAKING PLACE IN MAY 2016 ADDITIONALLY, CAPITAL FUNDING WAS APPROVED TO INTRODUCE EPIC, THE ELECTRONIC MEDICAL RECORD USED THROUGHOUT SENTARA, PLANNED FOR 2017 PRIMARY CARE GROWTH AND SERVICE DELIVERY ENHANCEMENTS WERE A TOP PRIORITY FOR SENTARA'S MEDICAL GROUP IN THE HALIFAX SERVICE AREA THE SENTARA CLARKSVILLE FAMILY MEDICINE CLINIC EXPANDED ITS PHYSICAL LOCATION AND OTHER PRIMARY CARE OFFICES BEGAN OFFERING EXPANDED OFFICE HOURS TO ALLOW FOR GREATER PATIENT ACCESS SPECIALTY CARE SERVICES, INCLUDING CARDIAC AND GENERAL SURGERY SERVICES, WERE ADDED TO THE SENTARA PRIMARY CARE CLINICS, AS IT WAS RECOGNIZED THAT ALL PATIENTS CANNOT MAKE THEIR WAY TO SENTARA HALIFAX REGIONAL HOSPITAL OR SPECIALIST OFFICES IN SOUTH BOSTON FOR THESE SPECIALIZED SERVICES F SENTARA ENTERPRISES SENTARA ENTERPRISES CONTINUES TO FOCUS ON IMPROVING QUALITY, AND THIS WAS DEMONSTRATED IN 2015 WITH SENTARA ENTERPRISES HAVING AN ACCREDITATION SURVEY WITH ZERO DEFICIENCIES G SENTARA LIFE CARE SENTARA LIFE CARE IS COMPRISED OF ASSISTED LIVING CENTERS, NURSING HOMES, MOBILE MEALS AND THE PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) IN 2015, SENTARA LIFE CARE ADOPTED THE USE OF COPPER INFUSED LINENS AT ONE OF THE NURSING CENTERS JUST AS HAS BEEN IMPLEMENTED AT FIVE SENTARA HOSPITALS, THIS MATERIAL IMPLEMENTATION WILL ENABLE SENTARA TO MEASURE THE EFFECTIVENESS IN PREVENTING HOSPITAL-ACQUIRED INFECTIONS OUR NURSING HOME IN BARCO, NORTH CAROLINA TRANSFORMED A RESIDENT WING TO SERVE AS A MORE DEFINED INPATIENT REHABILITATION UNIT WITH A LARGER, MORE MODERN GYMNASIUM THE CONSOLIDATED UNIT WITH 23 BEDS WILL ENHANCE THE APPEAL OF SENTARA LIFE CARE - CURRITUCK FOR REHABILITATION TO RESIDENTS IN NORTHEASTERN NORTH CAROLINA SENTARA LIFE CARE BROKE GROUND ON A NEW "HOUSEHOLD" MODEL OF CARE - SENTARA NURSING AND REHABILITATION CENTER- IN CHESAPEAKE, VIRGINIA THIS NEW CENTER IS EXPECTED TO OPEN IN FALL 2016 THE DESIGN OF THE 120-BED CENTER CALLS FOR "HOUSEHOLDS" OF 20 RESIDENTS EACH, WITH A KITCHEN SERVING EACH ONE, AN OUTDOOR GARDEN SETTING AND COMMON AREAS FOR VISITING AND ACTIVITIES THERE WILL ALSO BE A 40-BED SHORT STAY PAVILION FOR POST-ACUTE REHABILITATION PATIENTS FEATURING A BISTRO WHERE PATIENTS AND FAMILIES CAN SHARE MEALS LASTLY, SENTARA LIFE CARE RELOCATED PACE (PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY) FROM VIRGINIA BEACH TO NORFOLK, ALLOWING US TO SERVE MORE PARTICIPANTS IN A SPACIOUS, MODERN CLINIC WITH GREATER PRIVACY AND ROOM TO GROW PACE PROVIDES TRANSPORTATION, MEALS, MEDICAL CARE AND SOCIALIZATION FOR SENIORS LIVING WITH THEIR FAMILIES, WHO QUALIFY FOR NURSING FACILITY LEVEL OF CARE PACE SITES IN NORFOLK AND PORTSMOUTH TRANSITIONED TO THE ELECTRONIC MEDICAL RECORD USED THROUGHOUT SENTARA, EPIC, CREATING A MORE SEAMLESS CONNECTION FOR MEDICAL SERVICES PARTICIPANTS MAY REQUIRE H SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) I EASE OF PATIENT ACCESS AND GROWING OUR SERVICES ARE MAJOR AREAS OF FOCUS FOR SENTARA MEDICAL GROUP ALL OF THE SENTARA URGENT CARE LOCATIONS OFFER AN ONLINE OPTION TO "RESERVE YOUR SPOT" WHEREBY CONSUMERS CAN GO ONLINE, IDENTIFY THE URGENT CARE MOST CONVENIENT TO THEM, RESERVE "THEIR SPOT AND SHOW UP AT THE APPOINTED TIME TO BE SEEN THUS, CONSUMERS CAN AVOID THE WAIT AND IT SETS EXPECTATIONS OF WHEN THEY WILL BE SEEN</p> |

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

| Return Reference | Explanation |
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| FORM 990, PART V, LINE 1A | THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, SENTARA HEALTHCARE, MAINTAINS AN AGENCY RELATIONSHIP WITH THE ORGANIZATION AND ISSUES ALL 1099S ON ITS BEHALF. THE NUMBER REPORTED IS A BEST ESTIMATE OF THE 1099S ATTRIBUTABLE TO THE ORGANIZATION. THE EXACT NUMBER CANNOT BE DETERMINED, AS SOME OF THE 1099S ISSUED BY THE AGENT ARE ATTRIBUTABLE TO MORE THAN ONE ENTITY, AND THERE IS NO REPORTING MECHANISM TO DETERMINE 1099'S ATTRIBUTABLE SOLELY TO THE ORGANIZATION. |

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

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

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 7A | A BOARD OF DIRECTORS SERVED AS THE ORGANIZATION'S GOVERNING BODY SENTARA CLASS DIRECTORS WERE APPOINTED BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A 501(C)(3) ORGANIZATION POTOMAC CLASS DIRECTORS WERE APPOINTED BY POTOMAC HOSPITAL FOUNDATION AND APPROVED BY SENTARA HEALTHCARE |

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 7B | <p>SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, HAS EXCLUSIVE AUTHORITY TO DIRECT AND MANAGE THE OPERATIONS AND AFFAIRS OF THE ORGANIZATION AND TO MAKE ALL DECISIONS REGARDING THE BUSINESS OF THE ORGANIZATION, SUBJECT TO THE OVERSIGHT OF THE ORGANIZATION'S BOARD OF DIRECTORS. THE ORGANIZATION MAY NOT TAKE OR ALLOW ANY CERTAIN ACTIONS WITHOUT THE WRITTEN CONSENT OF THE ITS SOLE MEMBER, INCLUDING ESTABLISH ANY COMMITTEE OR APPOINT ANY MEMBER TO SUCH COMMITTEE WHICH SHALL HAVE ANY OF THE AUTHORITY OF THE BOARD OF DIRECTORS TO BIND THE ORGANIZATION, ALTER, AMEND OR REPEAL OF THE GOVERNING DOCUMENTS OF THE ORGANIZATION, APPROVE, OR ADOPT OPERATING AND CAPITAL BUDGET OF THE ORGANIZATION AND FORMAL LONG-RANGE PLANS FOR OPERATIONS, APPROVE ANY SINGLE, UNBUDGETED CAPITAL EXPENDITURE IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000), OR AGGREGATE UNBUDGETED CAPITAL EXPENDITURES DURING ANY 12-MONTH PERIOD IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000), INCUR INDEBTEDNESS, WHETHER SECURED OR UNSECURED, NOT INCLUDED IN A BUDGET APPROVED BY THE MEMBER AND INCLUDING, BUT NOT LIMITED TO, LEASES, IN EXCESS OF ONE HUNDRED THOUSAND (\$100,000) IN ANY SINGLE INSTANCE OR FIVE HUNDRED THOUSAND (\$500,000) IN THE AGGREGATE IN ANY 12-MONTH PERIOD, GUARANTY THE INDEBTEDNESS OF ANY THIRD PARTY, APPROVE OR ADOPT OF 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 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, CREATE OR ACQUIRE ANY SUBSIDIARY OF THE ORGANIZATION, OR ACQUIRE INTERESTS OF ANY KIND IN OR OF ANY OTHER CORPORATION OF WHICH THE ORGANIZATION IS TO BE A MEMBER, OR ENTER INTO ANY JOINT VENTURE, PARTNERSHIP OR SIMILAR ARRANGEMENT WITH ANY OTHER PERSON OR ENTITY, OR DISSOLVE, TERMINATE OR OTHERWISE CHANGE IN ANY MAY SUCH EXISTING LEGAL RELATIONSHIP, COMMENCE OR SETTLE ANY LITIGATIONS OR ARBITRATION OR OTHER PROCEEDING, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS INVOLVING NOT MORE THAN FIFTY THOUSAND (\$50,000) IN ANY ONE INSTANCE AND TWO HUNDRED FIFTY THOUSAND (\$250,000) IN THE AGGREGATE DURING ANY 12-MONTH PERIOD, OR CONFESS A JUDGMENT AGAINST THE ORGANIZATION, APPROVE ALL DECISIONS CONCERNING THE HIRING& THE REPLACEMENT, THE RENEWAL OF THE EMPLOYMENT CONTRACT OF, AND THE SETTING OF COMPENSATION FOR THE ADMINISTRATOR OF THE HOSPITAL, CHANGE THE ORGANIZATION'S ACCOUNTING METHODS OR PRACTICES, PROCEDURES OR POLICIES, CHANGE THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS, AUDITORS, OR ORGANIZATION'S TAX YEAR, OR ENTER INTO ANY TRANSACTION, AGREEMENT OR COMMITMENT, WHETHER WRITTEN OR NOT, WITH ANY OFFICER, DIRECTOR OR MEMBER OF THE MEDICAL STAFF OF THE ORGANIZATION, ANY FAMILY MEMBER OF ANY OF THE FOREGOING, OR ANY ENTITY OF WHICH ANY OF THE EQUITY, PROFITS OR VOTING INTERESTS ARE OWNED BY ANY OF THE FOREGOING</p> |

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 11 | THE ORGANIZATION WAS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AND AS SUCH, USED THE SYSTEM'S IN-HOUSE TAX DEPARTMENT, HEADED BY A LICENSED CERTIFIED PUBLIC ACCOUNTANT, TO BOTH PREPARE AND REVIEW ITS FORM 990 DURING THE PREPARATION AND REVIEW PROCESS, THE TAX DEPARTMENT WORKED CLOSELY WITH OTHER SYSTEM DEPARTMENTS, SUCH AS LEGAL, COMPENSATION AND BENEFITS, COMPLIANCE, FINANCE, AND MARKETING, TO ENSURE THAT A COMPLETE AND ACCURATE RETURN WAS FILED |

| Return Reference | Explanation |
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| 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 |
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| 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, PRESIDENT, AND TREASURER, WHO ALSO SERVE AS PRESIDENT AND COO, CORPORATE VICE PRESIDENT, AND SENIOR VICE PRESIDENT AND CFO OF THE SYSTEM, RESPECTIVELY. THE PROCESS WAS LAST UNDERTAKEN DURING 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 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 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 VI, LINE 1B | BOARD MEMBER INDEPENDENCE THE ORGANIZATION'S BOARD OF DIRECTORS IS ELECTED ANNUALLY BY SENTARA HEALTHCARE, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 18 VOTING MEMBERS, 17 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS |

| 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 XI, LINE 9 | RECLASS OF INTERCOMPANY ACCOUNTS TO EQUITY 15,161,560 MISCELLANEOUS ADJUSTMENT -5,678 GRANT REFUND -75,000 CMS MEANINGFUL USE TRUEUP -638,009 |

| Return Reference | Explanation |
|--|--|
| STATEMENT FILED PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(3) | <p>THE TAXPAYER IS A MEMBER OF THE SENTARA HEALTHCARE ("SHC") CONTROLLED GROUP SHC, EIN 52-1271901, OWNS BAY PRIMEX INSURANCE COMPANY, LTD , A CONTROLLED FOREIGN CORPORATION SHC FURNISHES ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO BAY PRIMEX INSURANCE COMPANY, LTD THEREFORE, PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED WITH SHC'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IN ADDITION, ONE MEMBER OF THE SHC CONTROLLED GROUP OWNS AN INTEREST IN MEDSTREAMING LLC (FKA MEDSTREAMING HOLDINGS LLC) WHICH OWNS AN INTEREST IN A FOREIGN CORPORATION ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO MEDSTREAMING LLC IS FURNISHED BY MEDSTREAMING LLC, EIN 45-1573625 THEREFORE, PURSUANT TO TREASURY REGULATION 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED BY MEDSTREAMING LLC</p> |

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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 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.

Name of the organization
POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

Employer identification number
54-0853898

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

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

Yes

2

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| See Additional Data Table | | | |
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Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 54-0853898

Name: POTOMAC HOSPITAL CORPORATION
OF PRINCE WILLIAM

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|---|---|-------------------------------|--|-------------------------------------|--|----|
| | | | | | | Yes | No |
| SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901 | HEALTH CARE | VA | 501(C)(3) | LN7_NORMALGO | N/A | | 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 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 | |
| SENTARA RMH MEDICAL CENTER 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-0506331 | 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 | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638 | HOLDING COMPANY | VA | N/A | C | | | | Yes | |
| (1) SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125 | TPA | VA | N/A | C | | | | Yes | |
| (2) OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382 | HMO | VA | N/A | C | | | | Yes | |
| OPTIMA HEALTH INSURANCE (3) COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752 | HEALTH INSURANCE | VA | N/A | C | | | | Yes | |
| OPTIMA BEHAVIORAL HEALTH (4) SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666 | MENTAL HEALTH SVCS | VA | N/A | C | | | | Yes | |
| (5) SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615 | HOLDING COMPANY | VA | N/A | C | | | | Yes | |
| SENTARA OBICI PROFESSIONAL (6) CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865 | RE RENTAL | VA | N/A | C | | | | Yes | |
| (7) SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941 | HEALTH CARE | VA | N/A | C | | | | Yes | |
| (8) SENTARA HEALTH PLANS OF OHIO INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1509408 | TPA | OH | N/A | C | | | | Yes | |
| (9) SENTARA HEALTH INSURANCE CO OF NC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1888140 | HEALTH INSURANCE | NC | N/A | C | | | | Yes | |
| (10) SENTARA HEALTH PLANS OF NC INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 46-5510421 | TPA | NC | N/A | C | | | | Yes | |
| SENTARA SOUTHSIDE HEALTH (11) SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772 | HEALTH SERVICES | VA | N/A | C | | | | Yes | |
| DOMINION HEALTH MEDICAL (12) ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357 | PHYS PRACTICE | VA | N/A | C | | | | Yes | |
| (13) SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331 | HEALTH CARE | VA | N/A | C | | | | Yes | |
| (14) POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBIDGE, VA 22191 54-1441420 | PHARMACY | VA | POTOMAC HOSPITAL CORP | C | 664,627 | 2,264,171 | 100 000 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (16) ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE ROCKINGHAM, VA 22801 54-1721387 | CONTRACTING SVCS | VA | N/A | C | | | | Yes | |
| MARTHA JEFFERSON MEDICAL (1) ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528 | MEDICAL BILLING SVCS | VA | N/A | C | | | | Yes | |
| (2) BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114 | INSURANCE | CJ | N/A | C | | | | Yes | |
| ALBEMARLE PHYSICIAN SERVICES- (3) SENTARA INC 1144 NORTH ROAD STREET ELIZABETH CITY, NC 27909 26-4592192 | PHYS PRACTICE | NC | N/A | C | | | | Yes | |

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

| (a) Name of related organization | | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------------------------------|--------------------------------|---------------------------------|------------------------|---|
| (1) | SENTARA HOSPITALS | B | 17,385,571 | CORP BOOKS/REC |
| (1) | SENTARA HOSPITALS | M | 12,911,608 | CORP BOOKS/REC |
| (2) | SENTARA HOSPITALS | N | 13,654,222 | CORP BOOKS/REC |
| (3) | SENTARA HOSPITALS | O | 144,509 | CORP BOOKS/REC |
| (4) | SENTARA HOSPITALS | P | 93,960 | CORP BOOKS/REC |
| (5) | SENTARA MEDICAL GROUP | C | 29,020,285 | CORP BOOKS/REC |
| (6) | SENTARA MEDICAL GROUP | L | 158,665 | CORP BOOKS/REC |
| (7) | SENTARA MEDICAL GROUP | M | 9,085,734 | CORP BOOKS/REC |
| (8) | SENTARA ENTERPRISES | C | 686,635 | CORP BOOKS/REC |
| (9) | SENTARA ENTERPRISES | M | 672,119 | CORP BOOKS/REC |
| (10) | POTOMAC VENTURES CORP | A | 43,242 | CORP BOOKS/REC |
| (11) | POTOMAC VENTURES CORP | O | 290,621 | CORP BOOKS/REC |
| (12) | OPTIMA HEALTH PLAN | L | 520,779 | CORP BOOKS/REC |
| (13) | SENTARA HEALTH PLANS | L | 403,504 | CORP BOOKS/REC |
| (14) | SENTARA PRINCESS ANNE HOSPITAL | Q | 338,383 | CORP BOOKS/REC |
| (15) | MARTHA JEFFERSON HOSPITAL | S | 312,851 | CORP BOOKS/REC |