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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

POTOMAC HOSPITAL CORPORATION  
OF PRINCE WILLIAM

Doing business as

SENTARA NORTHERN VA MED CENTER

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

6015 POPLAR HALL DRIVE

Room/suite

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

NORFOLK, VA 23502

F Name and address of principal officer

KATHERINE A JOHNSON  
6015 POPLAR HALL DRIVE  
NORFOLK, VA 23502

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

54-0853898

E Telephone number

(757) 455-7020

G Gross receipts \$ 269,026,141

I Tax-exempt status

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

J Website: ▶ WWW.SENTARA.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2017-11-13

Date

ROBERT A BROERMANN TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 220,098,908	including grants of \$ 2,426,812 )	(Revenue \$ 265,012,051 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ▶	220,098,908	
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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	117	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,279
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 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) PEGGY AGOURIS PHD DIRECTOR	1 00 0 00	X						0	0	0
(2) PETER DOLAN ESQ DIRECTOR(EFF 1/16)	1 00 0 00	X						0	0	0
(3) TERRY GILLILAND MD DIRECTOR	1 00 45 00	X						0	1,329,070	156,497
(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	13,904
(6) MICHAEL V GENTRY CHAIRMAN(EFF 1/16)	1 00 53 00	X		X				0	1,044,814	143,725
(7) KATHERINE A JOHNSON INTER DIR(EFF 9/16) &PRES(EFF 12/16)	40 00 0 00	X		X				180,554	0	11,224
(8) MICHAEL D LUBELEY ESQ VICE CHAIR(EFF 1/16)	2 00 0 00	X		X				0	0	0
(9) STEPHEN D PORTER PRESIDENT/DIRECTOR(THRU 9/16)	40 00 0 00	X		X				523,938	200,767	88,681
(10) ROBERT A BROERMANN TREASURER	1 00 52 00			X				0	1,503,780	71,355
(11) JEFFREY P KING SECRETARY	1 00 48 00			X				0	664,448	100,828
(12) MICHAEL R KING ASST TREASURER(THRU 8/16)	40 00 0 00			X				261,832	121,608	66,515
(13) KARLA P MASON ASST SECRETARY	40 00 0 00			X				71,271	0	30,975
(14) CORI PIPPINS ASST TREASURER(EFF 12/16)	40 00 0 00			X				0	85,152	16,657
(15) VALERIE E KEANE KE(VP, NURSE EXECUTIVE)	40 00 0 00				X			270,737	0	88,008
(16) DORKA M PICARD KE(VP, DIVISION VII)	40 00 0 00				X			182,742	0	49,273
(17) THOMAS M KAYROUZ VP, MEDICAL AFFAIRS	40 00 0 00					X		257,167	0	16,003

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHY A COX RN II	40 00 0 00					X		190,007	0	34,773
(19) ADEDAYO AKINBI DIR, PHARMACY	40 00 0 00					X		181,557	0	49,654
(20) ROBIN C ADAMS DIR, MARKET DEVELOPMENT	40 00 0 00					X		176,129	0	39,536
(21) SAMUEL T ROLLEY TEAM LEADER, RAD - NUCULER MED	40 00 0 00					X		159,575	0	35,921
(22) MEGAN R PERRY FORMER DIRECTOR/OFFICER	1 00 41 00						X	0	1,131,911	175,405
(23) HOWARD P KERN FORMER DIRECTOR	0 00 51 00						X	0	2,428,937	1,918,643
(24) WENDY M ATKINSON FORMER KE	0 00 0 00						X	156,395	0	79,284
(25) MARLENE M BOLSTER FORMER KE	0 00 0 00						X	106,275	0	16,648
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								2,718,179	8,630,767	3,203,509

**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 **▶ 122**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITING TURNER CONTRACTING COMPANY PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	3,983,783
AMN HEALTHCARE INC 2735 COLLECTION CTR DR CHICAGO, IL 60693	HEALTHCARE STAFFING SOLUTIONS	1,727,805
SODEXO INC PO BOX 536922 ATLANTA, GA 30353	FOOD & FACILITY MGMT	1,702,205
ARAMARK HEALTHCARE TECH LLC 12483 COLLECTIONS CTR DR CHICAGO, IL 60693	MEDICAL TECHNOLOGIES & SERVICES	1,470,269
DELPHI HEALTHCARE PARTNERS INC 170 SOUTHPORT DRIVE MORRISVILLE, NC 27560	MEDICAL PROFESSIONAL SERVICES	1,234,023

**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 **▶ 40**



**Part VIII** Statement of RevenueCheck 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	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>	940			
	<b>c</b> Fundraising events . . .	<b>1c</b>	10,000			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	64,203			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	436,016			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		511,159			
Program Service Revenue		Business Code				
	<b>2a</b> PATIENT SERVICE REV	900099	264,674,407	264,674,407		
	<b>b</b> EQUITY IN EARN OF AFFIL	900099	198,232	198,232		
	<b>c</b> OTHER PROGRAM SVC REV	900099	139,412	139,412		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		265,012,051			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		97,441			97,441
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		3,034,916				
	<b>b</b> Less rental expenses	849,960				
	<b>c</b> Rental income or (loss)	2,184,956				
	<b>d</b> Net rental income or (loss) . . . . .		2,184,956			2,184,956
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		154,500				
	<b>b</b> Less cost or other basis and sales expenses	106,512				
	<b>c</b> Gain or (loss)	47,988				
	<b>d</b> Net gain or (loss) . . . . .		47,988			47,988
	<b>8a</b> Gross income from fundraising events (not including \$ 10,000 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	91,393			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	63,427			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		27,966			27,966
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	124,681				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	74,083				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		50,598			50,598	
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		267,932,159	265,012,051	0	2,408,949	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,328,826	2,328,826		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	97,986	97,986		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,796,025	1,400,899	395,126	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	74,207,081	57,881,523	16,325,558	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,591,343	3,581,248	1,010,095	
<b>9</b> Other employee benefits.	5,334,496	4,160,907	1,173,589	
<b>10</b> Payroll taxes.	5,623,080	4,386,002	1,237,078	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	4,477,887	3,492,752	985,135	
<b>b</b> Legal.	191,558	149,415	42,143	
<b>c</b> Accounting.	4,488	3,501	987	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,473,919	26,556,083	917,836	
<b>12</b> Advertising and promotion.	897,905	700,366	197,539	
<b>13</b> Office expenses.	10,008,746	7,806,822	2,201,924	
<b>14</b> Information technology.	910,152	709,919	200,233	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,457,461	3,476,820	980,641	
<b>17</b> Travel.	264,987	206,690	58,297	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	66,539	51,900	14,639	
<b>20</b> Interest.	1,728,464	1,728,464		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	17,725,066	13,825,551	3,899,515	
<b>23</b> Insurance.	1,308,912	1,020,951	287,961	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> BAD DEBT	46,860,932	46,860,932		
<b>b</b> MEDICAL SUPPLIES	37,681,107	37,681,107		
<b>c</b> SENTARA SERVICE EXPENSE	18,954,863		18,954,863	
<b>d</b> PURCHASED SERVICES	1,246,097	971,956	274,141	
<b>e</b> All other expenses	1,305,498	1,018,288	287,210	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	269,543,418	220,098,908	49,444,510	0
<b>26</b> 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 IX ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		5,144,801	<b>2</b>	5,408,164	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		27,845,998	<b>4</b>	31,914,521	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		30,058	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		760,060	<b>7</b>	617,246	
	<b>8</b>	Inventories for sale or use . . . . .		4,282,848	<b>8</b>	4,420,053	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		242,135	<b>9</b>	800,534	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	361,065,765			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	177,900,167	186,561,295	<b>10c</b>	183,165,598
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		5,660,709	<b>14</b>	5,578,138	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		5,330,815	<b>15</b>	5,728,255	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		235,858,719	<b>16</b>	237,632,509		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		5,877,184	<b>17</b>	7,409,348	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		53,890	<b>19</b>	0	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		15,609,080	<b>25</b>	15,568,939	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		21,540,154	<b>26</b>	22,978,287	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		212,176,011	<b>27</b>	212,699,068	
	<b>28</b>	Temporarily restricted net assets . . . . .		1,475,357	<b>28</b>	1,287,957	
	<b>29</b>	Permanently restricted net assets		667,197	<b>29</b>	667,197	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		214,318,565	<b>33</b>	214,654,222	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		235,858,719	<b>34</b>	237,632,509		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	267,932,159
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	269,543,418
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,611,259
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	214,318,565
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,946,916
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	214,654,222

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

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

# Additional Data

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

Form 990 (2016)

**Form 990, Part III, Line 4a:**

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 91,080 ADJUSTED PATIENT DAYS OF CARE DURING 2016 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.

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
POTOMAC HOSPITAL CORPORATION  
OF PRINCE WILLIAM

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**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 12, check only one box )

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s) \_\_\_\_\_

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in 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>		
<b>1</b>		

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

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

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

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

Part V

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

1

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

Section A - Adjusted Net Income

1

Net short-term capital gain

2

Recoveries of prior-year distributions

3

Other gross income (see instructions)

4

Add lines 1 through 3

5

Depreciation and depletion

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)

7

Other expenses (see instructions)

8

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

(A) Prior Year

(B) Current Year (optional)

Section B - Minimum Asset Amount

1

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a

Average monthly value of securities

b

Average monthly cash balances

c

Fair market value of other non-exempt-use assets

d

Total (add lines 1a, 1b, and 1c)

e

Discount claimed for blockage or other factors (explain in detail in Part VI)

2

Acquisition indebtedness applicable to non-exempt use assets

3

Subtract line 2 from line 1d

4

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)

5

Net value of non-exempt-use assets (subtract line 4 from line 3)

6

Multiply line 5 by .035

7

Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6)

(A) Prior Year

(B) Current Year (optional)

Section C - Distributable Amount

1

Adjusted net income for prior year (from Section A, line 8, Column A)

2

Enter 85% of line 1

3

Minimum asset amount for prior year (from Section B, line 8, Column A)

4

Enter greater of line 2 or line 3

5

Income tax imposed in prior year

6

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Current Year

7

☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

**Part VI**    **Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317009307

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
POTOMAC HOSPITAL CORPORATION  
OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part I

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

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education)  
☐ 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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

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

9

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

10

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

11

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

1b

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

► \$

► \$

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Schedule D (Form 990) 2016

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	2,142,554	2,089,193	2,093,221	2,384,131	3,679,757
b	Contributions	518,402	501,124	587,609	685,717	554,601
c	Net investment earnings, gains, and losses					
d	Grants or scholarships	87,986	120,502	48,240	500	1,000
e	Other expenditures for facilities and programs	517,816	327,261	543,397	976,127	1,849,227
f	Administrative expenses					
g	End of year balance	2,055,154	2,142,554	2,089,193	2,093,221	2,384,131

2

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

a

Board designated or quasi-endowment

32

460

%

b

Permanent endowment

67

540

%

c

Temporarily restricted endowment

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)

Yes

No

3a(ii)

Yes

No

3b

Yes

No

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land	8,881,973	5,907,086	14,789,059	
b	Buildings		185,933,079	72,136,745	113,796,334
c	Leasehold improvements		535,212	179,960	355,252
d	Equipment		140,269,783	94,691,537	45,578,246
e	Other		19,538,632	10,891,925	8,646,707
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				183,165,598

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	971,414
OTHER LIABILITIES	7,325,441
DUE TO 3RD PARTIES	1,184,824
GENERAL RESERVE	6,087,260
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	15,568,939

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

☐



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

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

**Supplemental 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 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	(b) Event #2	(c) Other events	(d)
		<b>GOLF TOURNAMENT</b> (event type)	<b>LOVELIGHT TREE</b> (event type)	<b>1</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	40,710	6,806	6,423	53,939
<b>2</b>	Less Contributions . . . . .	10,000			10,000
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	30,710	6,806	6,423	43,939
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	18,456	335	5,734	24,525
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				24,525
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				19,414	

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

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

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

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

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference

Explanation

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization  
POTOMAC HOSPITAL CORPORATION  
OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

2If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☒ Generally tailored to individual hospital facilities

3

3Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

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

3b

Yes

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

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

6b

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

7Financial 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)			14,412,079		14,412,079	6 440 %
b Medicaid (from Worksheet 3, column a)			29,380,802	22,800,457	6,580,345	2 940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			43,792,881	22,800,457	20,992,424	9 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			687,512		687,512	0 310 %
f Health professions education (from Worksheet 5)			3,716,159	1,992,268	1,723,891	0 770 %
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			4,403,671	1,992,268	2,411,403	1 080 %
k Total. Add lines 7d and 7j			48,196,552	24,792,725	23,403,827	10 460 %

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Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			2,481		2,481	0 %
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			303,191		303,191	0 140 %
<b>9</b> Other			2,897		2,897	0 %
<b>10 Total</b>			308,569		308,569	0 140 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	46,860,932	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	7,029,140	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	47,268,537
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	64,024,217
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-16,755,680
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

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

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



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

2

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
	See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
SENTARA NORTHERN VIRGINIA MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input type="checkbox"/> Hospital facility's website (list url) _____		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>SEE SECTION C BELOW</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW SENTARA COM/FINANCIALASSISTANCE		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SENTARA COM/FINANCIALASSISTANCE		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SENTARA COM/FINANCIALASSISTANCE		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SENTARA NORTHERN VIRGINIA MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C BELOW</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>SEE SECTION C BELOW</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? . . . . .</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 0 000000000000 %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input type="checkbox"/> Asset level</p> <p><b>d</b> <input type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</p> <p><b>g</b> <input type="checkbox"/> Residency</p> <p><b>h</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>13</b>	Yes
<p><b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .</p> <p><b>15</b> Explained the method for applying for financial assistance? . . . . .</p> <p>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)</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>14</b>	Yes
<p><b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>LAKERIDGESURGERYCENTER.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE-POLICY/</u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>LAKERIDGESURGERYCENTER.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE-POLICY/</u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>LAKERIDGESURGERYCENTER.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE-POLICY/</u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p><b>j</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>15</b>	Yes
	<b>16</b>	Yes

**Part V Facility Information** (continued)**Billing and Collections**

LAKE RIDGE AMBULATORY CENTER

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

LAKE RIDGE AMBULATORY CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

**Part VI Supplemental Information**

Provide the following information

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

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

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

Form and Line Reference	Explanation
PART I, 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 \$46,860,932

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	<p>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</p>

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

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

Form and Line Reference	Explanation
PART III, LINE 9B	<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 IN THE DEVELOPMENT OF ORGANIZATIONAL PLANS -OBTAINING INPUT FROM KEY STAKEHOLDERS AND THE PUBLIC HEALTH COMMUNITY IN ADDITION TO THE ANALYSIS OF SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA, ADDITIONAL INFORMATION IS OBTAINED AND ANALYZED THIS INCLUDES INPUT FROM KEY STAKEHOLDERS INCLUDING THE LOCAL PUBLIC HEALTH COMMUNITY -REVIEW OF HEALTH CARE NEEDS ASSESSMENTS AND DATA DEVELOPED BY COMMUNITY PARTNERS (SUCH AS STATE HEALTH DEPARTMENTS AND LOCAL HEALTH DISTRICTS), REGIONAL AGENCIES (SUCH AS THE PLANNING COUNCIL OR PLANNING DISTRICT COMMISSION), NATIONAL ORGANIZATIONS WHICH REPORT ON A LOCAL BASIS (SUCH AS COUNTY HEALTH RANKINGS), AND INFORMATION REPORTED IN LOCAL MEDIA THIS INFORMATION IS STUDIED, INCORPORATED INTO THE ORGANIZATION'S PLANS, AND SHARED WITH ORGANIZATIONAL DECISION MAKERS -PARTICIPATION IN COLLABORATIVE HEALTH PLANNING AND NEEDS ASSESSMENT ACTIVITIES SUCH AS THOSE SPONSORED BY THE LOCAL HEALTH DISTRICT AND OTHER ORGANIZATIONS INFORMATION GATHERED THROUGH THESE ACTIVITIES IS INCORPORATED INTO THE ORGANIZATION'S PLANNING -INFORMATION AND INPUT FROM PATIENTS AND CARE PROVIDERS PATIENT CHARACTERISTICS AND TRENDS ARE REVIEWED TO ASSIST IN IDENTIFYING NEW COMMUNITY NEEDS INPUT FROM PATIENTS AND CARE PROVIDERS IS SOUGHT AND CYCLED INTO THE ASSESSMENT PHASE OF PROJECTS</p>

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

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SENTARA NORTHERN VIRGINIA MEDICAL CENTER'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 2016 POPULATION OF THE AREA IS 408,420 AND THE POPULATION IS PROJECTED TO INCREASE BY 7.3% OVER THE NEXT FIVE YEARS COMPARED TO A PROJECTED U.S. GROWTH RATE OF 3.7% 8.3% OF THE POPULATION ARE AGE 65+ COMPARED TO THE U.S. AT 15.1% EDUCATION-WISE, 9.2% HAVE LESS THAN A HIGH SCHOOL EDUCATION, COMPARED TO 13.6% FOR THE U.S. INCOME-WISE, THE AVERAGE HOUSEHOLD INCOME IS \$120,268 COMPARED TO \$77,135 FOR THE U.S. AND 7.2% OF THE HOUSEHOLDS HAVE AN ANNUAL INCOME OF LESS THAN \$25,000, COMPARED TO 22.7% FOR THE U.S. THE RACE AND ETHNICITY COMPOSITION IS AS FOLLOWS 44.2% FOR WHITE NON-HISPANIC, 23.0% FOR BLACK NON-HISPANIC, 20.5% FOR HISPANIC, 7.8% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 4.5% FOR ALL OTHERS THIS COMPARES TO THE U.S. COMPOSITION OF 61.3% FOR WHITE NON-HISPANIC, 12.3% FOR BLACK NON-HISPANIC, 17.8% FOR HISPANIC, 5.4% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 3.1% FOR ALL OTHERS</p>

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



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

Form and Line Reference	Explanation
PART VI	<p>GENERAL NARRATIVE REGARDING 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 INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL PRIOR TO BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS THE ASC WORKS WITH 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 DISCOUNTED CARE IS NOT OFFERED UNDER THE ASCS' WRITTEN FINANCIAL ASSISTANCE POLICIES, ONLY FREE CARE IS OFFERED</p>

Form and Line Reference	Explanation
PART I, LINE 3C	THE ORGANIZATION USES A MULTI-FACETED REVIEW OF AN APPLICANT'S SITUATION TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE AN APPLICANT'S HOUSEHOLD INCOME IS EVALUATED IN LIGHT OF RELEVANT FACTS AND CIRCUMSTANCES, SUCH AS REPORTED INCOME, ASSETS, LIABILITIES, EXPENSES, AND OTHER RESOURCES AVAILABLE TO THE APPLICANT OR THE APPLICANT'S RESPONSIBLE PARTY, WHEN DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE THAT AN APPLICANT QUALIFIES FOR UNDER THE FINANCIAL ASSISTANCE POLICY

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		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>2</u>											
Name, address, primary website address, and state license number											
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	

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

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

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 5 IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING REPRESENTATIVES OF THE LOCAL PUBLIC HEALTH DEPARTMENT AND ORGANIZATIONS SERVING THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS THROUGH 1) SURVEYING KEY COMMUNITY STAKEHOLDERS BY USE OF AN ONLINE SURVEY TO IDENTIFY SIGNIFICANT HEALTH PROBLEMS AND SERVICE GAPS, 2) REVIEW OF ASSESSMENTS AND OTHER PLANNING DOCUMENTS PREPARED BY COMMUNITY ORGANIZATIONS SUCH AS THE LOCAL HEALTH DEPARTMENT, AND 3) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS 1) SNVMC WORKED WITH A COALITION WHICH INCLUDED REPRESENTATIVES OF THE PRINCE WILLIAM HEALTH DISTRICT, THE PRINCE WILLIAM AREA FREE CLINIC, THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER, NOVANT PRINCE WILLIAM HOSPITAL, AND SEVERAL OTHER HEALTH-RELATED ORGANIZATIONS THE COMMITTEE WAS RESPONSIBLE FOR IDENTIFYING KEY STAKEHOLDERS TO RECEIVE THE SURVEY THE SURVEY LIST WAS REVIEWED TO ENSURE BROAD REPRESENTATION, INCLUDING REPRESENTATIVES OF THE LOCAL HEALTH DEPARTMENTS, FREE CLINICS, FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS, COMMUNITY SERVICES BOARDS (MENTAL HEALTH AND SUBSTANCE ABUSE), SOCIAL SERVICES DEPARTMENTS, EDUCATIONAL INSTITUTIONS, PROVIDERS (MEDICAL, DENTAL, ETC ), BUSINESSES, VOLUNTARY HEALTH AGENCIES, AREA AGENCIES ON AGING, CIVIC LEAGUES, THE FAITH COMMUNITY AND OTHER HEALTH AND HUMAN SERVICES ORGANIZATIONS AND GROUPS DURING THE SURVEY PROCESS, THE RESPONSE RATE WAS MONITORED AND FOLLOW UP WAS MADE TO ENSURE GOOD AND BROADLY REPRESENTATIVE PARTICIPATION 2) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS WAS ALSO AN IMPORTANT PART OF THE PROCESS THE COMMUNITY INPUT INCLUDED SURVEYS AND TOWN HALL MEETINGS INVOLVING THE COMMUNITY MEMBERS AND KEY STAKEHOLDERS INCLUDING PUBLIC HEALTH, SOCIAL SERVICES, SERVICE PROVIDERS, AND THOSE WHO REPRESENT UNDERSERVED POPULATIONS

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 5 THE FACILITY RELIED ON THE ASSESSMENT CONDUCTED BY SNVMC WHEN CONDUCTING ITS OWN ASSESSMENT SEE THE RESPONSE UNDER SNVMC FOR ADDITIONAL INFORMATION

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

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

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 6A THE CHNA OF SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) WAS CONDUCTED WITH LAKE RIDGE AMBULATORY SURGERY CENTER

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 6A THE CHNA OF LAKE RIDGE AMBULATORY SURGERY CENTER WAS CONDUCTED WITH SENTARA NORTHERN VIRGINIA MEDICAL CENTER



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

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

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 6B THE CHNA OF SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) WAS CONDUCTED WITH PRINCE WILLIAM HEALTH DISTRICT, THE PRINCE WILLIAM AREA FREE CLINIC, THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER, AND SEVERAL OTHER HEALTH-RELATED ORGANIZATIONS

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 6B THE CHNA OF LAKE RIDGE AMBULATORY SURGERY CENTER WAS CONDUCTED WITH PRINCE WILLIAM HEALTH DISTRICT, THE PRINCE WILLIAM AREA FREE CLINIC, THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER, AND SEVERAL OTHER HEALTH-RELATED ORGANIZATIONS

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

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

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENT HAVE BEEN MADE AVAILABLE TO OTHER ORGANIZATIONS, INCLUDING THE COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS <a href="https://www.sentara.com/assets/pdf/about-us/community-health-needs-assessments/snvmc-2016-community-health-needs-assessment-report.pdf">HTTPS //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SNVMC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT PDF</a>

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENT HAVE BEEN MADE AVAILABLE TO OTHER ORGANIZATIONS, INCLUDING THE COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS <a href="https://www.sentara.com/assets/pdf/about-us/community-health-needs-assessments/lake-ridge-asc-2016-community-health-needs-assessment.pdf">HTTPS //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/LAKE-RIDGE-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT PDF</a>

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

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

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

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 11 THE FACILITY WORKED TOGETHER WITH SNVMC TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN ITS CHNA AND WENT THROUGH THE SAME PRIORITIZATION PROCESS TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS FOR WHICH IMPLEMENTATION STRATEGIES SHOULD BE DEVELOPED SEE THE RESPONSE FOR SNVMC FOR FURTHER INFORMATION

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

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

Form and Line Reference	Explanation
SENTARA NORTHERN VIRGINIA MEDICAL CENTER	PART V, SECTION B, LINE 20E THE HOSPITAL USES AN OUTSIDE VENDOR THAT SCREENS ALL PATIENTS WITHOUT INSURANCE FOR ELIGIBILITY FOR GOVERNMENT PROGRAMS, AND A FINANCIAL COUNSELOR WHO SCREENS THOSE THAT ARE NOT ELIGIBLE FOR GOVERNMENT PROGRAMS TO DETERMINE WHETHER THEY MEET CRITERIA FOR CHARITY CARE

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 20E AS ONLY PRE-ARRANGED PROCEDURES ARE PERFORMED AT THE FACILITY, UNINSURED INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL BEFORE BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS FAP-ELIGIBILITY WAS DISCUSSED AT THIS TIME



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

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

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

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

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

Form and Line Reference	Explanation
LAKE RIDGE AMBULATORY CENTER	PART V, SECTION B, LINE 7A <a href="https://lakeridgesurgerycenter.com/assets/uploads/2017/01/LAKE-RIDGE-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-FINAL-REDUCED-SIZE-PDF">HTTPS //LAKERIDGESURGERYCENTER COM/ASSETS/UPLOADS/2017/01/LAKE-RIDGE-ASC-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-FINAL-REDUCED-SIZE PDF</a>

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317009307		
Schedule I (Form 990)	<div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule I (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>				OMB No 1545-0047	
					2016	
					Open to Public Inspection	
Department of the Treasury Internal Revenue Service	Name of the organization POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM				Employer identification number 54-0853898	

Part I	General Information on Grants and Assistance
--------	--

- 1

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

☒ Yes ☐ No
- 2

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

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
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(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
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .							3
3 Enter total number of other organizations listed in the line 1 table . . . . .							0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	7	10,000			
(2) MAMMOGRAM FOLLOW-UP VISITS FOR UNINSURED	19	87,986			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 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 2016, THE AUXILIARY AWARDED \$10,000 IN SCHOLARSHIPS IN 2016, \$87,986 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)	2,259,940				OVERHEAD ALLOCATION

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
MARINE CORPS MARATHON 3399 RUSSELL ROAD QUANTICO, VA 22134		GOV'T ORG	6,350				DONATION/SPONSORSHIP

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

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

Name of the organization  
POTOMAC HOSPITAL CORPORATION  
OF PRINCE WILLIAM

Employer identification number  
54-0853898

Part I

Questions Regarding Compensation

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

**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
See Additional Data	

**Additional Data**

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

**Part III, Supplemental Information**

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION COVERED TAXABLE RELOCATION EXPENSES OF AN EXECUTIVE RECRUIT, INCLUDING TEMPORARY HOUSING AND THE ADDITIONAL TAXES ASSOCIATED WITH SUCH BENEFITS, ALL OF WHICH WERE TREATED AS TAXABLE COMPENSATION

**Part III, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF AN INDEPENDENT COMPENSATION CONSULTANT AND A COMPENSATION STUDY

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINES 4A-B	MICHAEL KING, OFFICER, RECEIVED \$96,959 IN COMPENSATION RELATED TO HIS SEPARATION FROM SERVICE THIS AMOUNT HAS BEEN INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE HOWARD KERN, ROBERT BROERMANN, MICHAEL GENTRY, 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 YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE) DURING 2016 THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN ROBERT BROERMANN (\$138,886), MICHAEL GENTRY (\$58,192), HOWARD KERN (\$202,907), JEFFREY KING (\$40,639), MEGAN PERRY (\$58,078), AND STEPHEN PORTER (\$63,180) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II

Part III, Supplemental Information

Return Reference	Explanation
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

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				
1TERRY GILLILAND MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	754,660	508,349	66,061	141,827	-	-	0
						14,670	1,485,567	
1MICHAEL V GENTRY CHAIRMAN(EFF 1/16)	(i)	0	0	0	0	0	0	0
	(ii)	642,866	328,762	73,186	126,898	-	-	55,185
						16,827	1,188,539	
2KATHERINE A JOHNSON INTER DIR(EFF 9/16) &PRES (EFF 12/16)	(i)	154,893	0	25,661	0	11,224	191,778	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3STEPHEN D PORTER PRESIDENT/DIRECTOR(THRU 9/16)	(i)	273,509	213,286	37,143	52,381	11,490	587,809	37,559
	(ii)	3,981	0	196,786	20,497	-	-	0
						4,313	225,577	
4ROBERT A BROERMANN TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	761,691	577,570	164,519	52,625	-	-	0
						18,730	1,575,135	
5JEFFREY P KINGSECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	451,951	150,361	62,136	77,120	-	-	26,371
						23,708	765,276	
6MICHAEL R KING ASST TREASURER(THRU 8/16)	(i)	166,071	83,346	12,415	44,433	17,166	323,431	0
	(ii)	1,089	0	120,519	0	-	-	0
						4,916	126,524	
7VALERIE E KEANE KE(VP, NURSE EXECUTIVE)	(i)	199,608	61,105	10,024	73,930	14,078	358,745	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8DORKA M PICARD KE(VP, DIVISION VII)	(i)	165,905	11,868	4,969	45,401	3,872	232,015	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9THOMAS M KAYROUZ VP, MEDICAL AFFAIRS	(i)	194,302	41,638	21,227	900	15,103	273,170	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10KATHY A COXRN II	(i)	182,839	5,000	2,168	24,882	9,891	224,780	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11ADEDAYO AKINBI DIR, PHARMACY	(i)	158,477	12,335	10,745	23,473	26,181	231,211	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12ROBIN C ADAMS DIR, MARKET DEVELOPMENT	(i)	122,174	43,011	10,944	25,601	13,935	215,665	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13SAMUEL T ROLLEY TEAM LEADER, RAD - NUCULER MED	(i)	157,170	188	2,217	12,574	23,347	195,496	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14MEGAN R PERRY FORMER DIRECTOR/OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	454,475	254,845	422,591	160,344	-	-	401,024
						15,061	1,307,316	
15HOWARD P KERN FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,292,371	892,734	243,832	1,897,938	-	-	0
						20,705	4,347,580	
16WENDY M ATKINSON FORMER KE	(i)	131,431	11,744	13,220	53,682	25,602	235,679	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17MARLENE M BOLSTER FORMER KE	(i)	90,940	12,454	2,881	3,304	13,344	122,923	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM

Employer identification number

54-0853898

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,983,783	CONSTRUCTION SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493317009307
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2016</b>
Department of the Treasury <del>Internal Revenue Service</del>			<b>Open to Public Inspection</b>
Name of the organization POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM	Employer identification number  54-0853898		

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SENTARA HEALTHCARE I SENTARA HEALTHCARE - YOUR NOT FOR PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE BASED IN NORFOLK, VA, CELEBRATES MORE THAN 128 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 OF OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS II COMMITMENT TO THE COMMUNITY A SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS IN 2016, SENTARA COMMUNITY BENEFIT REACHED \$341,145,000 SENTARA PROVIDED \$310,123,000 IN NET UNCOMPENSATED PATIENT CARE, \$18,923,000 IN MEDICAL EDUCATION, AND \$12,099,000 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 31 COMMUNITY GRANTS IN 2016 TOTALING \$580,000 THE RMH FOUNDATION FUNDED 7 COMMUNITY HEALTH GRANTS, AWARDING \$87,000 ADDITIONALLY, THEY PROVIDED FUNDING FOR THE NEW HYBRID OPERATING ROOM AND CREATED A NEW FUND TO PROVIDE PREVENTIVE SCREENINGS FOR CANCER PATIENTS IN THE COMMUNITY THE MARTHA JEFFERSON HOSPITAL FOUNDATION RAISED FUNDS TO SUPPORT WOMEN'S HEALTH IN THE COMMUNITY ALL THREE FOUNDATIONS RALLIED AROUND SUPPORT FOR NURSING EXCELLENCE AND INNOVATION, FUNDING 168 SCHOLARSHIPS FOR REGISTERED NURSES WHO ARE PURSUING THEIR BACHELORS OF SCIENCE IN NURSING SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATA</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>STROPHIC 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 2016, THE HOPE FUND AWARDED \$183,743 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM 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 2016 -HEALTH IMPROVEMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE AND HAMPTON ROADS SANITATION DISTRICT, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS INCLUDING THE POCKET EKG PROGRAM AND THE SENTARA LIVING PROGRAM -CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAICHI AND YOGA -THE FLU PATROL ADMINISTERED A TOTAL OF 5,802 IMMUNIZATIONS 5,124 WERE GIVEN TO OPTIMA HEALTH INSURED GROUPS THROUGHOUT VIRGINIA THE REMAINDER WAS DELIVERED TO CHURCHES AND OTHER COMMUNITY GROUPS -BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS WERE DELIVERED TO ADULT MEMBERS OF OPTIMA HEALTH, OHIOHEALTH PLAN MEMBERS AND CHILDREN SELF-CARE HANDBOOKS ON PLANNING A HEALTHY PREGNANCY WERE DISTRIBUTED TO OPTIMA HEALTH - HEALTH PLAN MEMBERS -THE TOBACCO CESSATION PROGRAM CREATED SEVERAL NEW LITERATURE PIECES FOR 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, 18,720 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM -FINALLY, WEBMD, WHICH SERVES AS OUR HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER, HAS NOW 21,549 REGISTERED MEMBERS OF WHICH 15,076 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, 2016 IN SUPPORT OF HEART HEALTH AWARENESS ONLINE PROMOTIONS, RADIO ADS, FACEBOOK LIVE EDUCATION SESSIONS, 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 PARTN</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ERSHIPS WITH SUCCESSFUL HOSPITALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY AND CUSTOMER FOCUS OUR GROWTH IN 2016 INCLUDED THE FOLLOWING A SENTARA QUALITY CARE NETWORK (SQCN) SQCN IS A CLINICALLY INTEGRATED NETWORK (CIN) SERVING THE COMMUNITIES OF HAMPTON ROADS, CHARLOTTESVILLE AND HARRISONBURG REGIONS IN VIRGINIA SQCN IS A COLLABORATION AMONG INDEPENDENT/PRIVATE PRACTICE AND EMPLOYED PHYSICIANS AND A HOSPITAL OR HEALTH SYSTEM, TO DEVELOP A CLINICAL INTEGRATION PROGRAM, A CLINICAL INTEGRATION PROGRAM IS AN ACTIVE AND ONGOING PROGRAM OF CLINICAL INITIATIVES TO IMPROVE THE QUALITY AND DELIVERY OF HEALTH CARE SERVICES, LEADING TO GREATER EFFICIENCY IN CARE DELIVERY AND COST SAVINGS THE SENTARA QUALITY CARE NETWORK INCREASED TO 2,981 PROVIDERS (2,754 IN 2015) AND 67,573 PATIENTS (30,647 IN 2015) ACROSS VIRGINIA B SENTARA DEVELOPED THE FIRST EVER SYSTEM-WIDE BEHAVIORAL HEALTH STRATEGIC PLAN THE PLAN PROVIDES THE STRATEGIC DIRECTION FOR THE COMPANY AS TO HOW TO PROVIDE APPROPRIATE, COMPASSIONATE, AND TIMELY CARE TO A VULNERABLE POPULATION OF PATIENTS AND MEMBERS SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, AND SENTARA OBICI HOSPITAL, LOCATED IN SUFFOLK, VIRGINIA, INCREASED THEIR BEHAVIORAL HEALTH ADMISSIONS BY 10+% IV NEW INITIATIVES A SENTARA JOINED SIXTEEN OTHER HEALTHCARE INSTITUTIONS TO COLLABORATE WITH IBM'S WATSON HEALTH IN A LARGE - SCALE MEDICAL IMAGING EFFORT TO IMPROVE PATIENT DIAGNOSIS AND CARE IBM WATSON HEALTH IS A TECHNOLOGY PLATFORM THAT USES NATURAL LANGUAGE PROCESSING MACHINE LEARNING TO REVEAL INSIGHTS FROM LARGE AMOUNTS OF UNSTRUCTURED DATA B SENTARA KICKED OFF THE IMPLEMENTATION OF TWO EPIC PRODUCTS, "PRELUDE AND "RESOLUTE " PRELUDE IS THE EPIC SYSTEM RELATED TO REGISTRATION AND RESOLUTE IS THE BILLING SYSTEM THIS IMPLEMENTATION WILL TAKE PLACE SYSTEM-WIDE OVER THE NEXT SEVERAL YEARS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>C SENTARA EXPANDED OUR TELEHEALTH SERVICES THROUGHOUT THE SYSTEM SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, INSTALLED A "VIRTUAL VISITATION" SERVICE IN ITS NEONATAL INTENSIVE CARE UNIT TO CONNECT REMOTE FAMILY MEMBERS WITH PATIENTS SENTARA EXPANDED ITS EICU REMOTE MONITORING SYSTEM FOR ICU BEDS AT SENTARA OBICI HOSPITAL, LOCATED IN SUFFOLK, VIRGINIA A TOTAL OF 119 ICU BEDS IN SEVERAL HOSPITALS HAVE ACCESS TO THE REMOTE MONITORING SYSTEM TELESTROKE WAS INTRODUCED AT SENTARA ALBEMARLE MEDICAL CENTER, LOCATED IN ELIZABETH CITY, NORTH CAROLINA SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, LOCATED IN WILLIAMSBURG, VIRGINIA, EXPANDED INPATIENT TELENEUROLOGY SERVICES SENTARA EXPANDED ITS TELEPSYCH SERVICES TO SIX EMERGENCY DEPARTMENTS TO REMOTELY ASSESS PSYCHIATRIC PATIENTS MORE THAN HALF OF THE PSYCHIATRIC EVALUATIONS IN SENTARA EMERGENCY ROOMS ARE PERFORMED BY VIRTUAL TECHNOLOGIES TELEMAGISTRATE SERVICES WERE EXPANDED TO SENTARA NORFOLK GENERAL HOSPITAL, LOCATED IN NORFOLK, VIRGINIA AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, LOCATED IN WILLIAMSBURG, VIRGINIA ALLOWING MAGISTRATES TO REMOTELY CONNECT WITH PSYCHIATRIC EVALUATORS TO DETERMINE IF EMERGENCY OR TEMPORARY DETENTION ORDERS SHOULD BE ISSUED FOR PATIENTS D SENTARA VOLUNTARILY BECAME A PARTICIPANT IN THE CMS BUNDLED PAYMENT FOR CLINICAL IMPROVEMENT PROGRAM (BPCI) AND PARTNERED WITH SQCN TO DEVELOP CRITICALLY IMPORTANT MULTI-DISCIPLINARY AND MULTI-DIVISION 90 DAY PLANS FOR CARE FOR THE EFFECTIVE MANAGEMENT OF PATIENTS FOLLOWING TRANSITION FROM A HOSPITAL WITH SPECIFIC ATTENTION TO CARE IN THE POST-ACUTE AND AMBULATORY VENUES E IN ITS SECOND YEAR, CLINICAL PERFORMANCE IMPROVEMENT (CLINICAL PI), AN INITIATIVE TO DRIVE CHANGE AND CREATE RAPID PROCESS IMPROVEMENT IN TARGETED CLINICAL AREAS, RESULTED IN ALL 8 FOCUS AREAS EXCEEDING THEIR GOALS, BUT MORE IMPORTANTLY, MADE AN INCREDIBLE POSITIVE IMPACT ON QUALITY AND OUTCOMES COLLECTIVELY IMPACTING MORE THAN 750,000 PATIENTS AND MEMBERS V OFFERING NEW PROCEDURES AND TECHNOLOGIES CLINICAL BREAKTHROUGHS SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING CARDIAC AND VASCULAR A CARDIAC SENTARA CARDIAC SPECIALISTS PLACED HAMPTON ROADS' (SOUTHEASTERN VIRGINIA) FIRST DISSOLVABLE STENT AT SENTARA HEART HOSPITAL "ABSORB" IS THE FIRST FULLY DISSOLVING DEVICE OF ITS KIND - A DRUG ELUTING CORONARY STENT THAT DISSOLVES, COMPLETELY AND NATURALLY, IN THE BODY OVER TIME THE DEVICE DISAPPEARS IN APPROXIMATELY THREE YEARS, ONCE IT HAS DONE THE JOB OF KEEPING A CLOGGED ARTERY OPEN AND PROMOTING HEALING OF THE ARTERY II SENTARA HEART HOSPITAL IS THE FIRST HOSPITAL IN HAMPTON ROADS (SOUTHEASTERN VIRGINIA) AND THE SECOND IN VIRGINIA TO IMPLANT THE WORLD'S SMALLEST PACEMAKER, MICRA TRANSCATHETER PACING SYSTEM (TPS) THE MICRA DEVICE IS MUCH SMALLER THAN A TRADITIONAL PACEMAKER, COMPARABLE IN SIZE TO A LARGE VITAMIN THE SMALL SIZE ALLOWS THE DEVICE TO BE DELIVERED</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>VERED THROUGH A CATHETER AND IMPLANTED DIRECTLY INTO THE HEART, WITHOUT THE NEED FOR CARDI AC WIRE LEADS B VASCULAR THE VEIN CENTER OF VIRGINIA, OPERATED BY SENTARA MEDICAL GROUP , BECAME THE FIRST CIVILIAN MEDICAL CENTER IN SOUTHEAST VIRGINIA TO USE THE VENASEAL CLOSURE SYSTEM TO TREAT VARICOSE VEINS - VENOUS REFLUX DISEASE -A CONDITION AFFECTING MORE THAN 30 MILLION AMERICANS THE VENASEAL SYSTEM IS A NEW, MINIMALLY INVASIVE PROCEDURE PROVEN T O TREAT VENOUS REFLUX DISEASE THE DISEASE OCCURS WHEN VALVES IN THE VEINS OF THE LOWER LE G NO LONGER FUNCTION PROPERLY BLOOD REFLUXES (FLOWS BACKWARD), RESULTING IN VARICOSE VEIN S AND OTHER SYMPTOMS VI EXPANDING EDUCATIONAL OPPORTUNITIES SENTARA IS COMMITTED TO ALWA YS IMPROVING-INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONA L OPPORTUNITIES CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR P ATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS IN 2016, SENTARA MARKED FURTHER PROGRE SS TOWARD ACHIEVING OUR GOAL OF 80% OF SENTARA NURSES HAVING A BSN BY 2020 IN 2016 SENTARA HAD 56 4% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 19 6% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN SENTARA IS MOVING THE NEEDLE ON THIS MEASURE A ND THE SENTARA FOUNDATIONS ARE AN ENORMOUS SUPPORT ALL SENTARA FOUNDATIONS RALLIED AROUND ADVANCING NURSING EDUCATION BY FUNDING 168 SCHOLARSHIPS IN 2016 FOR RNS WHO ARE PURSUING THEIR BSN VII RESEARCH RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM A COPPER SENTARA CONDUCTED THE WORLD 'S LARGEST STUDY ON THE USE OF COPPER INFUSED MATERIALS (SHEETS, BLANKETS, PILLOW CASES, G OWNS, TOWELS, WASHCLOTHS, BEDSIDE TABLES, HANDRAILS AND OTHER SURFACES) IN REDUCING HOSPIT AL ACQUIRED INFECTIONS A 10-MONTH CLINICAL TRIAL AT SENTARA LEIGH HOSPITAL DETERMINED THA T HARD SURFACES AND LINENS INFUSED WITH COPPER OXIDE COMPOUNDS CONTRIBUTED TO A STATISTICA LLY SIGNIFICANT REDUCTION IN C-DIFFICILE, MULTI-DRUG RESISTANT ORGANISMS AND HOSPITAL ACQU IRED INFECTIONS THESE RESULTS OCCURRED IN A HOSPITAL WITH A ROBUST PROTOCOL FOR MANAGING INFECTION RISK CERTIFIED BY THE HEALTH CARE ACCREDITING BODY DNV-GL HEALTHCARE RESULTS OF THE TRIAL WERE PUBLISHED IN THE PEER-REVIEWED AMERICAN JOURNAL OF INFECTION CONTROL ON SE PTEMBER 28, 2016 THE RESULTS WERE ASTOUNDING AND SENTARA IS NOW PLACING THESE MATERIALS I N ALL 12 HOSPITALS B CARDIAC THROUGH THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE, CAR DIOLOGISTS AND UNIQUELY TRAINED REGISTERED NURSE RESEARCH COORDINATORS MAKE SIGNIFICANT ST RIDES IN ADVANCING THE UNDERSTANDING AND TREATMENT OF THE NO 1 KILLER IN AMERICA CARDIOV ASCULAR DISEASE AS THE PREEMINENT CARDIAC RESEARCH INSTITUTE IN THE MID-ATLANTIC REGION, SENTARA HEART WORKS COLLABORATIVELY WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOME DICAL COMPANIES ON NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL RESEARCH TRIALS WE FOCUS OUR EFFORTS ON DISCOVERI</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NG MORE EFFECTIVE CARDIOVASCULAR TREATMENTS AND PROTOCOLS WHILE ELIMINATING THOSE THAT ARE POTENTIALLY HARMFUL OR NOT AS BENEFICIAL OUR ULTIMATE GOAL IS TO PROVIDE ENHANCED CLINIC AL CARE THAT ADVANCES PATIENT OUTCOMES AND IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY O UR RESEARCH TOUCHES ON EVERY ASPECT OF HEART CARE, INCLUDING MEDICAL DEVICES, HEART FAILUR E, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CARDIAC INTERVENTIONAL PROCEDURES, STRUCTURAL HEART DISEASE, AND THE MEDICAL MANAGEMENT OF CORONARY ARTERY DISEASE RISK FACTORS SUCH AS DIABETE S AND HIGH CHOLESTEROL COLLECTIVELY, OUR RESEARCH NURSES COORDINATE MORE THAN 80 CLINIC AL TRIALS AT ANY GIVEN TIME, SHEPHERDING PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS, PR OVIDING CARE DURING PERIODS OF NEED, AND TIRELESSLY ADVOCATING FOR THEIR PATIENTS' WELL-BE ING C CANCER WITHIN THE SENTARA CANCER NETWORK, CLINICIANS AND ACADEMIC RESEARCHERS WOR K TOGETHER TO ELEVATE CARE FOR CURRENT AND FUTURE PATIENTS THIS COLLABORATIVE PHILOSOPHY FOSTERS INNOVATION IN THE NETWORK AND DRIVES ACCESS TO CLINICAL TRIAL OPTIONS FOR OUR PATI ENTS OUR PARTICIPATION IN CLINICAL TRIALS AND RESEARCH ALSO CONTRIBUTES TO CANCER STUDIES VIA TISSUE DONATION, RETROSPECTIVE CHART STUDIES AND CONTROL GROUP PARTICIPATION THROUGH COLLABORATION WITH THE NCI NATIONAL CLINICAL TRIALS NETWORK (NCTN), THE ALLIANCE FOR CLIN ICAL TRIALS IN ONCOLOGY AND NRG ONCOLOGY, OUR PHYSICIANS HAVE ACCESS TO THE SCIENCE TO DEV ELOP OPTIMAL TREATMENT AND PREVENTION STRATEGIES FOR CANCER, AS WELL AS RESEARCH METHODS T O ALLEVIATE SIDE EFFECTS OF CANCER AND CANCER TREATMENTS THERE ARE PROMISING CLINICAL TRI ALS BEING CONDUCTED ALL OVER THE COUNTRY FOR PATIENTS WITH CANCER, AND BY MAKING THEM ACCE SSIBLE LOCALLY, WE DEMONSTRATE THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER PRINC IPLE TO DELIVER QUALITY CARE CLOSE TO HOME OUR CLINICAL TRIALS INCLUDE EFFICACY AND SAFET Y TRIALS FOR INVESTIGATIONAL BIOLOGICS, COMBINATION TRIALS FOR ONCOLOGY DRUGS, SURGICAL AN D RADIATION THERAPY RESEARCH TRIALS, ADJUVANT AND MAINTENANCE DRUG TRIALS, POSTOPERATIVE O NCOLOGY OPTIONS, AND RETROSPECTIVE CHART REVIEWS THE SENTARA CANCER NETWORK CURRENTLY MAI NTAINS ACADEMIC RESEARCH PARTNERSHIPS WITH EASTERN VIRGINIA MEDICAL SCHOOL AND GEORGE MASO N UNIVERSITY VIII BUILDING FOR THE FUTURE A SENTARA NORTHERN VIRGINIA MEDICAL CENTER, L OCATED IN WOODBRIDGE, VIRGINIA, OPENED A DEDICATED ELECTROPHYSIOLOGY LAB IN THE SENTARA HE ART AND VASCULAR CENTER SENTARA MEDICAL GROUP INTRODUCED A NEW PRIMARY CARE LOCATION, SEN TARA FAMILY MEDICINE PHYSICIANS, IN DUMFRIES, VIRGINIA AND ACQUIRED AN INDEPENDENT PRIMARY CARE PRACTICE IN LAKE RIDGE RESULTING IN THE OPENING OF SENTARA FAMILY AND INTERNAL MEDIC INE PHYSICIANS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>B SENTARA RMH MEDICAL CENTER (SRMH), LOCATED IN HARRISONBURG, VIRGINIA, IMPLEMENTED SENTA RA ECARE AND MYCHART, THE EPIC ELECTRONIC MEDICAL RECORD USED THROUGHOUT SENTARA SENTARA RMH MEDICAL CENTER OPENED THE SENTARA ROCKINGHAM ORTHOPEDICS CENTER, A NEW BUILDING ON THE HOSPITAL CAMPUS SRMH COMPLETED THE CONSTRUCTION OF THE NEW HYBRID CARDIAC OPERATING ROOM IN SUPPORT OF THE STRUCTURAL HEART PROGRAM LAUNCH IN 2017 SRMH ALONG WITH CARILION CLINI C BROKE GROUND ON THE FUTURE BRIDGEWATER HEALTH CENTER THE FACILITY WILL HOUSE SENTARA LA B SERVICES, SENTARA THERAPY SERVICES, AND SENTARA IMAGING SERVICES CARILION WILL MOVE ITS BRIDGEWATER FAMILY MEDICINE CLINIC TO THIS NEW FACILITY ONCE COMPLETE ADDITIONALLY, SRMH MEDICAL GROUP OPENED A PRIMARY CARE PRACTICE AT THE SENTARA EAST MARKET STREET HEALTH CEN TER SENTARA RMH MEDICAL GROUP OPENED SENTARA RMH TIMBER WAY HEALTH CENTER AND COMBINED TH E OPERATIONS OF PRIMARY CARE CLINICS IN BROADWAY AND TIMBERVILLE IN A NEW STATE OF THE ART FACILITY C SENTARA MARTHA JEFFERSON HOSPITAL (SMJH), LOCATED IN CHARLOTTESVILLE, VIRGIN IA, IMPLEMENTED SENTARA ECARE AND MYCHART, THE EPIC ELECTRONIC MEDICAL RECORD USED THROUGH OUT SENTARA SMJH INTRODUCED A NEW HELIPAD IN JULY 2016 THE MEDEVAC SERVICE WILL ALLOW FA STER TRANSPORT TO SMJH FOR CRITICALLY ILL PATIENTS, INCLUDING PATIENTS EXPERIENCING A STRO KE OR HEART ATTACK WITH THE NEW HELIPAD, TRAINED PERSONNEL WILL BE ABLE TO BRING PATIENTS VIA HELICOPTER DIRECTLY TO THE EMERGENCY DEPARTMENT FROM OUTLYING COUNTIES WHERE SERVICES ARE NOT READILY AVAILABLE ADDITIONALLY, SMJH INTRODUCED NEURO-INTERVENTIONAL RADIOLOGY, WHICH CAN BE USED TO TREAT SEVERE STROKES AND OTHER ACUTE ENDOVASCULAR ISSUES SMJH LAUNCH ED AN ADVANCED ENDOSCOPY PROGRAM THROUGH THE ADDITION OF A HIGHLY SKILLED GASTROENTEROLOGI ST, GREATLY EXPANDING THE SERVICES AVAILABLE TO PATIENTS THE SMJH BARIATRIC CARE CENTER W AS AWARDED FULL ACCREDITATION AS A COMPREHENSIVE BARIATRIC CARE CENTER FROM THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM THROUGH THE SENTARA C ANCER NETWORK, SMJH INTRODUCED LOW-DOSE CT LUNG SCREENINGS FOR THE EARLY DETECTION OF LUNG CANCER FINALLY, SMJH INTRODUCED A NEW WALK-IN SPORTS INJURY CLINIC SPECIALIZING IN SPORT S MEDICINE WITH THE ABILITY TO CARE FOR ATHLETES OF ALL AGES AND ABILITIES D HAMPTON ROA DS (SOUTHEASTERN VIRGINIA) I SENTARA HEART AT SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, LAUNCHED THE DR DEAN ORNISH HEART REVERSAL PROGRAM FOR CARDIAC DISEASE PATIENTS THIS PROGRAM HAS BEEN CLINICALLY SHOWN TO REVERSE THE EFFECTS OF HEART DISEASE SENTARA PRINCESS ANNE HOSPITAL IS THE FIRST TO OFFER THIS PROGRAM IN VIRGINIA SE NTARA PRINCESS ANNE HOSPITAL RECEIVED CERTIFICATE OF PUBLIC NEED (COPN) APPROVAL FOR 14 AD DITIONAL INPATIENT BEDS BRINGING THE INPATIENT BED COUNT TO 174 FROM THE ORIGINAL 160 BEDS WHEN IT OPENED IN 2011 TEN OBSERVATIONAL BEDS ALSO WILL BE PUT INTO PLACE SENTARA PRINC ESS ANNE HOSPITAL INTRODUCED A</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NEW SENTARA BACK &amp; NECK CENTER SENTARA PRINCESS ANNE HOSPITAL WAS AWARDED MAGNET STATUS IN NURSING - THE SIXTH HOSPITAL IN SENTARA TO ACHIEVE THIS DISTINCTION II SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, OPENED THE SENTARA WOMEN'S HEALTH CENTER, WHICH IS A MULTI-DISCIPLINARY SERVICE FOCUSED ON THE UNIQUE HEALTH NEEDS OF WOMEN OF ALL AGES THE CENTER IS DEDICATED TO PROVIDING WOMEN WITH SEAMLESS AND CONVENIENT ACCESS TO QUALITY MEDICAL CARE AND A VARIETY OF SPECIALIZED WOMEN'S HEALTHCARE SERVICES III SENTARA NORFOLK GENERAL HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, KICKED OFF THE \$199 M, 5 YEAR EXPANSION AND MODERNIZATION PROJECT TO BRING FACILITIES UP TO MODERN STANDARDS AND ENHANCE THE OFFERINGS OF THIS MID-ATLANTIC MEDICAL DESTINATION CENTER THE PROJECT WILL ADD THREE FLOORS, EXPAND THE EMERGENCY DEPARTMENT, EXPAND AND MODERNIZE 18 OPERATING ROOMS, REPLACE A 48 BED WARD STYLE SPECIAL CARE NURSERY WITH A STATE OF THE ART UNIT AND CONSOLIDATE THE HOSPITAL'S 54 ICU BEDS ON TWO FLOORS SENTARA NORFOLK GENERAL HOSPITAL INTRODUCED A NEW SENTARA BACK &amp; NECK CENTER IV SENTARA LEIGH HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, COMPLETED ITS MULTI - YEAR CONSTRUCTION PROJECT RESULTING IN THE RENOVATION OF THE SURGERY RELATED DEPARTMENTS, EXPANDING THE EMERGENCY DEPARTMENT TO 34 BEDS FROM 21, AND TWO NEW FIVE-STORY PATIENT TOWERS V SENTARA OBICI HOSPITAL, LOCATED IN SUFFOLK, VIRGINIA, RECEIVED CERTIFICATE OF PUBLIC NEED (COPN) APPROVAL FOR STEREOTACTIC RADIOSURGERY, WHICH IS A MINIMALLY INVASIVE FORM OF RADIATION ONCOLOGY THAT USES A THREE-DIMENSIONAL COORDINATES SYSTEM TO LOCATE SMALL TARGETS INSIDE THE BODY IMPLEMENTATION WILL TAKE PLACE IN QUARTER 2, 2017 VI SENTARA CAREPLEX HOSPITAL, LOCATED IN HAMPTON, VIRGINIA, RECEIVED CERTIFICATE OF PUBLIC NEED (COPN) APPROVAL TO INTRODUCE OBSTETRIC SERVICES ORTHOPEDIC HOSPITAL AT SENTARA CAREPLEX, LOCATED IN HAMPTON, VIRGINIA, INTRODUCED THE SENTARA BACK &amp; NECK CENTER THIS SPECIALIZED PROGRAM BRINGS TOGETHER A TEAM INCLUDING EXPERT SURGEONS WITH CARING AND SPECIALLY TRAINED NURSES, THERAPISTS AND OTHER HEALTH PROFESSIONALS VII SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER (SWRMC), LOCATED IN WILLIAMSBURG, VIRGINIA, EXPANDED INPATIENT TELENEUROLOGY SERVICES ADDITIONALLY, TELEMAGISTRATE SERVICES ARE NOW AVAILABLE AT SWRMC ALLOWING MAGISTRATES TO REMOTELY CONNECT WITH PSYCHIATRIC EVALUATORS TO DETERMINE IF EMERGENCY OR TEMPORARY DETENTION ORDERS SHOULD BE ISSUED FOR PATIENTS VIII SENTARA ALBEMARLE MEDICAL CENTER (SAMC), LOCATED IN ELIZABETH CITY, NC, NOW PROVIDES LOW-DOSE CT LUNG SCREENING FOR THE EARLY DETECTION OF LUNG CANCER IN DEFINED POPULATIONS SAMC BEGAN CONSTRUCTION ON THE \$1M ORTHOPEDIC CENTER THAT WILL INCLUDE THE FUTURE SENTARA ORTHOJOINT CENTER, SENTARA SPORTS MEDICINE AND ORTHOPEDIC PHYSICIAN OFFICES SAMC KICKED OFF ITS EPIC ELECTRONIC MEDICAL RECORD IMPLEMENTATION AND EXPECTS TO LAUNCH SENTARA ECARE AND MYCHART IN OCTOBER, 2017 SAMC LAUNCHED THE "MEDS</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TO BEDS" PROGRAM, WHICH FULFILLS MEDICATION PRESCRIPTIONS TO PATIENTS BEFORE THEY LEAVE TH E HOSPITAL THIS WILL ENHANCE MEDICATION COMPLIANCE WITH THE AIM OF ASSURING A STRONG RECO VERY AND REDUCING THE OPPORTUNITY FOR READMISSION IX SENTARA LAUNCHED THE SENTARA REGION AL TRANSFER CENTER, WHICH IS A CENTRALIZED RESOURCE DEVELOPED TO FACILITATE TRANSFERS OF A PPROPRIATE PATIENTS FOLLOWING THE PRINCIPLE OF RIGHT PLACE, RIGHT TIME, RIGHT LEVEL OF CAR E TO PARTICIPATING SENTARA HOSPITALS WITHIN HAMPTON ROADS (SOUTHEASTERN VIRGINIA ) THE CEN TER SERVICES 8 SENTARA HOSPITALS AND 3 SENTARA OUTPATIENT EMERGENCY DEPARTMENTS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>E SOUTH BOSTON/HALIFAX SENTARA HALIFAX REGIONAL HOSPITAL, LOCATED IN SOUTH BOSTON, VIRGINIA, OPENED THE 10TH SENTARA ORTHOJOINT CENTER IN THE SENTARA SYSTEM SENTARA CLARKSVILLE FAMILY MEDICINE EXPANDED THEIR PRACTICE TO BETTER SERVE THE RESIDENTS OF MECKLENBURG COUNTY THIS EXPANSION ALLOWS FOR GROWTH OF THE EXISTING PRIMARY CARE PRACTICE AS WELL AS FOR SPECIALISTS TO COME TO THE PRACTICE AND PROVIDE APPOINTMENTS TO MECKLENBURG COUNTY RESIDENTS IN A MORE CONVENIENT LOCATION SENTARA HALIFAX PEDIATRICS IS THE FIRST PRACTICE IN SENTARA TO INTRODUCE "BABY BOX", A STARTER KIT FOR NEW BABIES WITH THE AIM OF REDUCING INFANT MORTALITY THROUGH THE PROVISION OF INFANT CARE ITEMS AND WITH EDUCATION OF PROPER SLEEP PRACTICES F SENTARA ENTERPRISES SENTARA HOME CARE SERVICES OF ALLEGHANY, VIRGINIA AND ELIZABETH CITY, NC, WERE EACH NAMED AS A TOP AGENCY OF THE 2016 HOME CARE ELITE THIS AWARD RECOGNIZES THE TOP-PERFORMING HOME HEALTH AGENCIES IN THE UNITED STATES SENTARA HOME CARE SERVICES INTRODUCED PITCH (PROMOTING INDEPENDENCE THROUGH CARE AT HOME) TO REDUCE READMISSIONS IN THE HOME HEALTH POPULATION SENTARA ENTERPRISES SUCCESSFULLY DESIGNED, BUILT AND HIRED STAFF TO OPEN "PROPRIMUM PHARMACY", THE SENTARA SPECIALTY PHARMACY THIS SPECIALTY PHARMACY WILL ENHANCE CARE COORDINATION AND REDUCE COSTS FOR THESE HIGH COST, COMPLEX DRUGS THAT MAY REQUIRE UNIQUE ADMINISTRATION 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 2016, SENTARA LIFE CARE CELEBRATED THE 20TH ANNIVERSARY OF PACE PACE IS A COMPREHENSIVE HEALTH CARE AND SUPPORTIVE SERVICES PROGRAM FOR FRAIL SENIORS WHO WISH TO REMAIN IN THEIR HOMES AND COMMUNITY THE PROGRAM IS ONE THAT PROVIDES TOTAL CARE FOR PARTICIPANTS, INCLUDING COMPREHENSIVE MEDICAL AND REHABILITATIVE SERVICES, IN-HOME SERVICES AND TRANSPORTATION SENTARA PACE IS OFFERED IN NORFOLK, VIRGINIA BEACH, CHESAPEAKE, SUFFOLK AND PORTSMOUTH SENTARA LIFE CARE ACHIEVED NICHE (NURSING IMPROVING CARE FOR HEALTHSYSTEM ELDERS) CERTIFICATION H SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) EASE OF PATIENT ACCESS AND GROWING OUR SERVICES ARE MAJOR AREAS OF FOCUS FOR SENTARA MEDICAL GROUP (SMG) SMG LAUNCHED AN IMPROVED PRIMARY CARE ONLINE SCHEDULING TOOL FOR NEW PATIENTS VIA WWW.SENTARA.COM THIS ENHANCED ACCESS POINT GIVES CONSUMERS DIRECT LINE OF SITE TO AVAILABLE APPOINTMENT TIMES AND LOCATIONS IN THE SPIRIT OF TRANSPARENCY AND GIVING THE CUSTOMER WHAT THEY ARE ASKING FOR, SMG NOW POSTS PROVIDER REVIEWS ONLINE VIA WWW.SENTARA.COM THESE STAR RATINGS ARE THE RESULT OF SURVEYS TAKEN BY PATIENTS SEEN IN THE OFFICE BY A PROVIDER IX 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION - DRIVEN WORK HERE ARE A FEW OF THE 2016 AWARDS AND RECOGNITIONS I FOR THE 16TH CONSECUTIVE YEAR, THE CARDIOLOGY AND HEART SURGERY PROGRAM AT SENTARA NORFOLK GENERAL HOSPITAL (SENTARA HEART HOSPITAL) WAS LISTED AMONG THE TOP 50 HEART PROGRAMS IN THE U.S. NEWS &amp; WORLD REPORT 'BEST HOSPITALS' EDITION AND IMPROVED ITS RANKING FROM 41ST IN 2014 TO 31ST IN 2015 TO #24 IN 2016. DIABETES AND ENDOCRINOLOGY AT SENTARA NORFOLK GENERAL HOSPITAL, A SPECIALTY AT EASTERN VIRGINIA MEDICAL SCHOOL, IS RANKED #24. II SENTARA LEIGH HOSPITAL WAS NAMED BY BECKER'S HOSPITAL REVIEW AS ONE OF ITS "100 HOSPITALS WITH GREAT ORTHOPEDIC PROGRAMS" FOR 2016. THE LIST HIGHLIGHTS NATIONALLY LEADING PROGRAMS IN ORTHOPEDIC CARE AND THE ORGANIZATIONS INCLUDED HAVE RECEIVED RECOGNITION FOR EXCELLENCE FROM VARIOUS PUBLICATIONS, INDUSTRY-LEADING ORGANIZATIONS AND ACCREDITING ORGANIZATIONS. III SENTARA HALIFAX REGIONAL HOSPITAL (SHRH) IS ONE OF SEVEN HOSPITALS IN VIRGINIA AND MARYLAND TO RECEIVE THE VHQC'S 2015 QUALITY INNOVATION AWARD. V HQC IS A NONPROFIT HEALTH QUALITY CONSULTING COMPANY THAT STUDIES HOSPITAL PERFORMANCE. THE AWARD RECOGNIZES HOSPITALS THAT ARE ACHIEVING REDUCTIONS IN HOSPITAL-ACQUIRED INFECTIONS (HAIs) AND CREATING A CULTURE OF PATIENT SAFETY. ALL HOSPITALS CONSIDERED FOR THIS AWARD WERE ENROLLED IN THE VHQC MARYLAND-VIRGINIA HAI IMPROVEMENT NETWORK AND WERE ELIGIBLE BASED ON THEIR PERFORMANCE IN 2015. IV SENTARA HEALTHCARE WAS THE FIRST HEALTH CARE SYSTEM IN THE U.S. TO RECEIVE MULTI-SITE CERTIFICATION IN THE ISO 9001 QUALITY MANAGEMENT SYSTEM FROM OUR ACCREDITING BODY, DNV-GL. THE CERTIFICATION VALIDATES SENTARA PROCESSES AND PROMOTE S ACCOUNTABILITY. IT REFLECTS OUR FOCUS ON THE PATIENTS AND OUR COMMITMENT TO REDUCE VARIABILITY AND INCREASE CONSISTENCY THROUGH RAPID DEPLOYMENT OF BEST PRACTICES ACROSS THE SYSTEM. V SENTARA ALBEMARLE MEDICAL CENTER (SAMC) WAS SELECTED AS ONE OF THE 2016 TOP 100 RURAL &amp; COMMUNITY HOSPITALS. THE SELECTION OF HOSPITALS IS BASED ON IVANTAGE'S HOSPITAL STRENGTH INDEX(R) - AN ANALYSIS OF MORE THAN 70 DIFFERENT PERFORMANCE MEASURES INCLUDING QUALITY, OUTCOMES, PATIENT PERSPECTIVE, AFFORDABILITY, POPULATION RISK AND EFFICIENCY. DATA USED IN THE ANALYSIS IS GATHERED FROM PUBLICALLY AVAILABLE SOURCES, WHICH IS USED TO COMPARE THE PERFORMANCE OF HOSPITALS NATIONWIDE. THE RESULTS DEMONSTRATE THE HARD WORK OF THE SAMC PROVIDERS AND STAFF TO DELIVER A CRITICAL SERVICE OF QUALITY HEALTHCARE TO THE COMMUNITIES THEY SERVE. VI THE RESPECTED PEER-REVIEWED JOURNAL MEDICAL LABORATORY OBSERVER NAMED SENTARA LAB SERVICES 'LAB OF THE YEAR' FOR 2016. THE SENTARA LAB SERVICES (SLS) TEAM OFFERED A COMPELLING NOMINATION COVERING SIX REQUIRED CATEGORIES: CUSTOMER SERVICE, PRODUCTIVITY, TEAMWORK, EDUCATION AND TRAINING, STRATEGIC OUTLOOK AND INSPECTION RESULTS. WHILE MANY LAB TESTS ARE PERFORMED FOR HOSPITAL INPATIENTS, THERE IS ALSO SIGNIFICANT USE OF LABS BY OUTPATIENTS. VII EIGHT SENTARA H</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>OSPITALS EARNED THE HIGHEST GRADE OF "A" FOR DELIVERING SAFE CARE FOR PATIENTS ACCORDING TO THE LEAPFROG HOSPITAL SAFETY SCORE (2016) INCLUDING SENTARA CAREPLEX HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA MARTHA JEFFERSON HOSPITAL, SENTARA NORFOLK GENERAL HOSPITAL, SENTARA OBICI HOSPITAL, SENTARA PRINCESS ANNE HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER VIII THE PRESTIGIOUS TRUVEN HEALTH 100 TOP HOSPITALS ANNUAL AWARDS PROGRAM HAS NAMED SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS ONE OF THE HIGHEST-PERFORMING HOSPITALS IN THE NATION USING INDEPENDENT PUBLIC DATA AND PROPRIETARY ANALYTICS, THE 100 TOP HOSPITALS STUDY RECOGNIZES HOSPITALS THAT HAVE CLEARLY DEMONSTRATED THE VISION TO DEVELOP LONG-TERM EXCELLENCE IN CARE, EFFICIENCY, AND COMMUNITY VALUE AS A 2016 AWARD WINNER, OUR LEADERSHIP TEAM, MEDICAL STAFF, AND EMPLOYEES - TOGETHER AS A TEAM - HAVE MET NATIONAL BENCHMARKS FOR THE HIGHEST-BALANCED PERFORMANCE IN THE U.S. IX OPTIMA HEALTH WAS VERY PLEASED TO HAVE RECEIVED AN OVERALL STAR RATING OF 4.5 OUT OF 5 FROM THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES (CMS) FOR ITS 2017 MEDICARE ADVANTAGE PLAN AND PRESCRIPTION DRUG PLAN KNOWN AS OPTIMA MEDICARE. ADDITIONALLY, OPTIMA MEDICARE WAS ALSO LISTED IN THE U.S. NEWS BEST MEDICARE ADVANTAGE PLANS 2017. B SENTARA PRINCESS ANNE 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. X OPTIMA HEALTH PROGRAM AND PRODUCT DEVELOPMENT THROUGH AN EXTENSIVE COMMONWEALTH OF VIRGINIA RFP PROCESS OPTIMA HEALTH WAS AWARDED PARTICIPATION IN VIRGINIA'S NEW MLTSS (MANAGED LONG TERM SERVICES AND SUPPORT) INITIATIVE, ONE OF SEVEN HEALTH PLANS SELECTED TO SERVE SIX REGIONS THROUGHOUT THE STATE OF VIRGINIA. LAUNCH IS SCHEDULED FOR AUGUST 1, 2017 IN THE TIDEWATER REGION WITH THE REMAINING 5 REGIONS TO FOLLOW. SENTARA ADVANTEDGE, A PROGRAM THAT ESTABLISHED STRATEGIC HEALTH PLAN PARTNERSHIPS OUTSIDE OF VIRGINIA, CONTINUED TO SERVE AS THE THIRD PARTY ADMINISTRATOR (TPA) FOR OHIO HEALTH EMPLOYEES, WITH TOTAL MEMBERSHIP GROWING BY ABOUT 2,000 FROM 2015 TO 2016. OPTIMA MEDICARE INTRODUCED A \$0 PREMIUM OPTION AND ADDED BENEFIT ENHANCEMENTS COMPETITIVE WITH OTHERS IN THE MARKET. XI 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 2017.</p>

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PETER DOLAN, ESQ AND MICHAEL LUBELEY, ESQ 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

# 990 Schedule O, Supplemental Information

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



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 MANAGED 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 FORMULATE 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, GUARANTEE 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 MANNER 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 AND 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 OR</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	F WHICH ANY OF THE EQUITY, PROFITS OR VOTING INTERESTS ARE OWNED BY ANY OF THE FOREGOING

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESS ES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIG ATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPE NSATION SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTIO N OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS THE COMPENSA TION 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, TA KING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE E XECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES THE S YSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS O F INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPEN SATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGAR DING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMAT IC CHANGES THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPE NSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTI ONAL 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 POSIT IONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED THE CONSULTANT ALSO C ONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT H EALTH 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, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMA NCE THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MA DE ITS COMPENSATION DECISIONS BASED ON A)ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOT H THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANAL YSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEM PT 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 DECISIO NS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBE RS WITHOUT CONFLICT OF INTERESTS THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CHAIRMAN AND TR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EASURER, WHO ALSO SERVE AS SENIOR VICE PRESIDENT AND COO, AND SENIOR VICE PRESIDENT AND CF O OF THE SYSTEM, RESPECTIVELY THE PROCESS WAS LAST UNDERTAKEN DURING THE CURRENT TAX YEAR FOR ALL POSITIONS LISTED THE OUTSIDE MARKET STUDY DESCRIBED ABOVE WAS ALSO USED TO ESTAB LISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, WHO IS CONSIDERED THE TOP MANAGEMENT O FFICIAL OF THE ORGANIZATION RESULTS WERE PRESENTED TO THE PRESIDENT AND CEO OF THE SYSTEM FOR REVIEW AND APPROVAL RATHER THAN THE SYSTEM'S COMPENSATION COMMITTEE

## 990 Schedule O, Supplemental Information

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



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART 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 16 VOTING MEMBERS, 15 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	NON-EMPLOYEE HEALTHCARE PROFESSIONALS PROGRAM SERVICE EXPENSES 23,301,938 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 23,301,938 OTHER PROGRAM SERVICE EXPENSES 3,254,145 MANAGEMENT AND GENERAL EXPENSES 917,836 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,171,981

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECLASS OF INTERCOMPANY ACCOUNTS TO EQUITY 3,698,180 CAPITAL CONTRIBUTION TO SUBSIDIARY -1,751,264

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
STATEMENT FILED PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J) (3)	THE TAXPAYER IS A MEMBER OF THE SENTARA HEALTHCARE ("SHC") CONTROLLED GROUP SHC, EIN 52-1271901, OWNS BAY PRIMEX INSURANCE COMPANY, LTD , A CONTROLLED FOREIGN CORPORATION SHC FURNISHES ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO BAY PRIMEX INSURANCE COMPANY, LTD THEREFORE, PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED WITH SHC'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IN ADDITION, ONE OTHER MEMBER OF THE SHC CONTROLLED GROUP OWNS AN INTEREST IN A CONTROLLED FOREIGN CORPORATION ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO THIS INTEREST IS FURNISHED BY MEDSTREAMING LLC (FKA MEDSTREAMING HOLDINGS LLC) EIN 45-1573625 THEREFORE, PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED WITH THE ORGANIZATION'S FORM 1065

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317009307	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM			Employer identification number  54-0853898
Open to Public Inspection					

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

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

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

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

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

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**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

No

1q

No

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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
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**Additional Data****Software ID:****Software Version:****EIN:** 54-0853898**Name:** POTOMAC HOSPITAL CORPORATION  
OF PRINCE WILLIAM**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501(C)(3)	LINE 7	N/A		No
(1)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
(2)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801459	HLTH/WELFARE	VA	501(C)(3)	LINE 7	HALIFAX REGIONAL HOSPITAL	Yes	
(3)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
(4)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
(5)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
(6)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
(7)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
(8)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
(9)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
(10)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
(11)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
(12)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
(13)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0506331	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
(14)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
(15)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
(16)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 30-0041113	FUNDRAISING	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
(17)  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0261840	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
(1) MANAGEMENT SERVICES LLC  814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	N/A									
(1) OBICI REAL ESTATE HOLDINGS LLC  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	N/A									
(2) PRINCESS ANNE AMB SURG MGT LLC  1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	N/A									
(3) VA BEACH AMBULATORY SURGERY CENTER  1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	N/A									
(4) CANCER CENTERS OF VA LLC  5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	N/A									
(5) HAMPTON ROADS LITHOTRIPSY LLC  225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	N/A									
(6) RADIOLOGY SERVICES OF HAMPTON ROADS LC  814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	N/A									
(7) SENTARA OBICI AMBULATORY SURGERY LLC  2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	N/A									
(8) ST LUKES PROPERTIES LLC  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	N/A									
(9) POTOMAC INOVA HEALTHCARE ALLIANCE LLC  8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTHCARE	VA	PHC	RELATED	-74,288	1,384,151		No		Yes		50 000 %
(10) ORTHOPAEDIC HOSPITAL MANAGEMENT LLC  3000 COLISEUM DRIVE HAMPTON, VA 23666 27-4185117	MGT SVCS	VA	N/A									
(11) CAREPLEX ORTHOPAEDIC ASC LLC  3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	N/A									
(12) PHYSICAL THERAPY ACACLLC  501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	N/A									
(13) MNS SUPPLY CHAIN NETWORK LLC  11525 N COMMUNITY HOUSE RD STE 450 CHARLOTTE, NC 28277 45-4235238	GPO	DE	N/A									
(14) LAKE RIDGE AMBULATORY SURGERY CENTER LLC  12825 MINNIEVILLE RD STE 204 WOODBIDGE, VA 22192 45-5347932	HEALTH CARE	VA	PHC	RELATED	556,830	1,550,210		No		Yes		43 810 %



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
(1) SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
(2) OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
(3) OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
(4) OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
(5) SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
(6) SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
(7) SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
(8) SENTARA HEALTH PLANS OF OHIO INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1509408	TPA	OH	N/A	C				Yes	
(9) SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
(10) SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C				Yes	
(11) SENTARA SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
(12) DOMINION HEALTH MEDICAL 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 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C	505,763	3,281,935	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 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
(1) MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, 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	
(3) ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 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	8,179,336	CORP BOOKS/REC
(1)	SENTARA HOSPITALS	M	14,488,689	CORP BOOKS/REC
(2)	SENTARA HOSPITALS	N	14,205,832	CORP BOOKS/REC
(3)	SENTARA MEDICAL GROUP	C	14,928,844	CORP BOOKS/REC
(4)	SENTARA MEDICAL GROUP	M	13,355,418	CORP BOOKS/REC
(5)	SENTARA MEDICAL GROUP	A	161,777	CORP BOOKS/REC
(6)	SENTARA ENTERPRISES	C	812,758	CORP BOOKS/REC
(7)	SENTARA ENTERPRISES	M	637,890	CORP BOOKS/REC
(8)	POTOMAC VENTURES CORP	A	43,949	CORP BOOKS/REC
(9)	POTOMAC VENTURES CORP	O	325,051	CORP BOOKS/REC
(10)	POTOMAC VENTURES CORP	L	71,414	CORP BOOKS/REC
(11)	POTOMAC VENTURES CORP	B	1,751,264	CORP BOOKS/REC
(12)	OPTIMA HEALTH PLAN	L	133,569	CORP BOOKS/REC
(13)	SENTARA HEALTH PLANS	L	374,385	CORP BOOKS/REC
(14)	HALIFAX REGIONAL HOSPITAL	C	72,091	CORP BOOKS/REC
(15)	SENTARA LIFE CARE CORP	C	77,700	CORP BOOKS/REC
(16)	SENTARA LIFE CARE CORP	M	77,700	CORP BOOKS/REC