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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
SENTARA HEALTHCARE

Doing business as

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

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

D Employer identification number
52-1271901

E Telephone number
(757) 455-7020

G Gross receipts $ 358,297,984

F Name and address of principal officer
HOWARD P KERN
6015 POPLAR HALL DRIVE
NORFOLK, VA 23502

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SENTARA COM

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

L Year of formation 1982

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AT SENTARA, WE IMPROVE HEALTH EVERY DAY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	728
6	Total number of volunteers (estimate if necessary)	**6**	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,268,577
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-579,899

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	29,480,324	39,207,864
9	Program service revenue (Part VIII, line 2g)	88,195,579	108,478,537
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,040,311	33,184,730
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,400,027	31,923,609
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,316,187	212,794,740
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,912,154	2,480,123
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	86,732,087	90,857,441
16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,682	14,967
b	Total fundraising expenses (Part IX, column (D), line 25) ▶593,101		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	52,464,092	56,023,474
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	141,123,015	149,376,005
19	Revenue less expenses Subtract line 18 from line 12	-8,806,828	63,418,735

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,468,852,721	4,115,245,894
21	Total liabilities (Part X, line 26)	1,932,088,423	2,066,396,507
22	Net assets or fund balances Subtract line 21 from line 20	1,536,764,298	2,048,849,387

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-11-09

ROBERT A BROERMANN EXECUTIVE VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE IMPROVE HEALTH EVERY DAY THROUGH COORDINATING, PROMOTING AND PLANNING FOR THE PROVISION OF HEALTH SERVICES AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 121,114,560 including grants of $ 2,480,123) (Revenue $ 135,720,696)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 121,114,560

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	163		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	728		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

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 DR NORFOLK, VA 23502 (757) 455-7020

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								17,656,893	2,935,560	4,567,303

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 ▶ 169

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PMA COMPANIES PO BOX 824857 PHILADELPHIA, PA 19182	COMMERCIAL INSURANCE UNDERWRITER	3,531,334
EPAM SYSTEMS INC PO BOX 822469 PHILADELPHIA, PA 19182	SOFTWARE ENGINEERING	1,685,270
KPMG LLC PO BOX 71544 CHICAGO, IL 60694	PROFESSIONAL SERVICES	1,485,985
HIGHLAND ASSOC INC PO BOX 55469 BIRMINGHAM, AL 322555469	INVESTMENT MGMT FEES	1,465,995
TRUVEN HEALTH ANALYTICS INC PO BOX 95334 CHICAGO, IL 60694	HEALTHCARE CONSULTANTS	1,345,493

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 ▶ 58

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	38,441,400		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	766,464		
	g Noncash contributions included in lines 1a-1f $ 11,605				
	h Total. Add lines 1a-1f . . . . . ▶		39,207,864		

Program Service Revenue	Business Code				
2a SUPPORT SERVICES	900099	104,236,314	101,907,820	2,328,494	
b SQCN	900099	4,242,223	3,056,492	1,185,731	
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a–2f . . . . ▶		108,478,537			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		22,817,988			22,817,988
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	155,869,986				
b Less cost or other basis and sales expenses	145,503,244				
c Gain or (loss)	10,366,742				
d Net gain or (loss) . . . . . ▶		10,366,742			10,366,742
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a DIVIDENDS FROM SUBSIDIARIES	900099	21,141,393	21,141,393		
b INTERCO INTEREST CHARGES	900099	6,590,950	6,590,950		
c OTHER	900099	4,191,266	3,024,041	-245,648	1,412,873
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶		31,923,609			
12 Total revenue. See Instructions . . . . . ▶		212,794,740	135,720,696	3,268,577	34,597,603

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,333,516	2,333,516		
2 Grants and other assistance to domestic individuals See Part IV, line 22	146,607	146,607		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,726,106	10,843,624	2,882,482	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	91,828	72,544	19,284	
7 Other salaries and wages	61,061,887	47,947,656	12,745,579	368,652
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,614,217	5,192,044	1,380,163	42,010
9 Other employee benefits	5,231,341	4,106,510	1,091,604	33,227
10 Payroll taxes	4,132,062	3,245,347	862,687	24,028
11 Fees for services (non-employees)				
a Management	5,497,145	4,342,745	1,154,400	
b Legal	715,723	565,421	150,302	
c Accounting	1,197,442	945,979	251,463	
d Lobbying	40,047	31,637	8,410	
e Professional fundraising services See Part IV, line 17	14,967			14,967
f Investment management fees	5,335,648	4,215,162	1,120,486	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,712,906	7,810,632	902,274	
12 Advertising and promotion	9,183,080	7,253,706	1,928,200	1,174
13 Office expenses	1,869,287	1,424,771	378,737	65,779
14 Information technology	2,232,703	1,763,835	468,868	
15 Royalties . .				
16 Occupancy	1,754,173	1,385,797	368,376	
17 Travel	1,149,527	908,126	241,401	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	324,207	256,124	68,083	
20 Interest	10,124,423	10,112,816	11,607	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	765,710	604,911	160,799	
23 Insurance . . .	1,445,213	1,141,718	303,495	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNRELATED BUSINESS TAX	-128,134	-128,134		
b PURCHASED & CONTRACTED	3,535,837	2,764,223	734,793	36,821
c ORGANIZATIONAL DUES	1,760,254	1,390,601	369,653	
d MEDICAL SUPPLIES	645,863	645,863		
e All other expenses	-137,580	-209,221	65,198	6,443
25 **Total functional expenses.** Add lines 1 through 24e	149,376,005	121,114,560	27,668,344	593,101
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	382,558,820	2	431,546,823
	3	Pledges and grants receivable, net	900,597	3	666,161
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	133,165,067	7	135,352,205
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,127,300	9	7,225,568
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 23,357,477			
	b	Less accumulated depreciation — 10b: 17,425,417	6,304,403	10c	5,932,060
	11	Investments—publicly traded securities	2,034,859,640	11	2,486,624,454
	12	Investments—other securities See Part IV, line 11	842,168,786	12	933,164,147
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	59,768,108	15	114,734,476
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,468,852,721	16	4,115,245,894
Liabilities	17	Accounts payable and accrued expenses	220,705,021	17	316,919,319
	18	Grants payable	16,863,624	18	13,608,583
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	1,266,852,068	20	1,392,437,620
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	427,667,710	25	343,430,985
	26	**Total liabilities.** Add lines 17 through 25	1,932,088,423	26	2,066,396,507
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,533,365,104	27	2,045,206,127
	28	Temporarily restricted net assets	3,399,194	28	3,643,260
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,536,764,298	33	2,048,849,387
	34	Total liabilities and net assets/fund balances	3,468,852,721	34	4,115,245,894

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	212,794,740
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,376,005
3	Revenue less expenses Subtract line 2 from line 1	3	63,418,735
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,536,764,298
5	Net unrealized gains (losses) on investments	5	332,858,792
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	115,807,562
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,048,849,387

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 52-1271901
Name: SENTARA HEALTHCARE

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM L ACHENBACH DIRECTOR	1 00 1 00	X						0	0	0
JOHN AGOLA DIRECTOR	1 00 1 00	X						0	0	0
GILBERT BLAND DIRECTOR	1 00 1 00	X						0	0	0
FREDERICK C COBLE DIRECTOR	1 00 1 00	X						0	0	0
JACK L EZZELL JR DIRECTOR (THRU 11/17)	1 00 1 00	X						0	0	0
ROBERT C FORT DIRECTOR	1 00 1 00	X						0	0	0
J LES HALL DIRECTOR	1 00 1 00	X						0	0	0
ANN E C HOMAN DIRECTOR	1 00 3 00	X						0	0	0
CHARLES F LOVELL JR MD DIRECTOR	1 00 1 00	X						0	1,100	0
L ALLAN PARROTT JR DIRECTOR	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFERY O SMITH ED D DIRECTOR	1 00 1 00	X						0	0	0
CAROL C THOMAS DIRECTOR	1 00 6 00	X						0	0	0
MARION WALL DIRECTOR	1 00 1 00	X						0	0	0
PETER BROOKS DIRECTOR (EFFEC 11/17)	1 00 3 00	X						0	0	0
EDWARD GEORGE DR DIRECTOR (EFFEC 11/17)	1 00 1 00	X						0	0	0
WHITNEY RG SAUNDERS DIRECTOR (EFFEC 11/17)	1 00 1 00	X						0	0	0
MICHAEL S SMITH DIRECTOR (EFFEC 11/17)	1 00 1 00	X						0	0	0
DIAN T CALDERONE DIRECTOR/VICE CHAIRMAN	2 00 1 00	X		X				0	0	0
HENRY U HARRIS III DIRECTOR/CHAIRMAN	2 00 2 00	X		X				0	0	0
HOWARD P KERN PRES/CEO/EX-EFFICIO DIRECTOR	40 00 15 00	X		X				3,279,335	0	1,920,755

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT A BROERMANN CFO	40 00 13 00			X				1,605,158	0	99,572
MICHAEL V GENTRY COO	40 00 13 00			X				1,328,663	0	174,150
JEFFREY P KING SECRETARY	40 00 9 00			X				700,147	0	117,974
BECKY C SAWYER KE (SVP & CHRO) EFFEC 5/17	40 00 0 00				X			316,096	0	133,772
LESTER R ELJAIEK VP, HOSPITAL FINANCE	40 00 0 00				X			524,112	0	99,939
TERRY M GILLILAND MD KE (SVP & CMO)	40 00 4 00				X			1,399,070	0	171,429
VICKY G GRAY KE (SVP, SYSTEM DEVELOPMENT)	40 00 1 00				X			730,020	0	107,500
MICHAEL V TAYLOR KE (SVP HUMAN RESOURCES) THRU 5/17	40 00 0 00				X			927,634	0	90,780
DAVID L BERND CEO EMERITUS	20 00 1 00					X		3,421,602	0	14,282
MEGAN R PERRY CVP, MERGERS & ACQUISITIONS	40 00 1 00					X		870,649	0	253,943

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRACE R HINES CVP, SYSTEM INTERGRATION	40 00 0 00					X		615,516	0	91,591
DOUGLAS M THOMPSON VP, DECISION SUPPORT	40 00 0 00					X		587,986	0	101,264
VIKKI CHARLES VP, CORP FINANCE	40 00 0 00					X		435,179	0	172,242
MARY L BLUNT FORMER OFFICER	0 00 41 00						X	0	1,232,363	195,775
GENEMARIE W MCGEE FORMER OFFICER	0 00 40 00						X	0	692,699	181,548
GARY R YATES MD FORMER OFFICER	0 00 0 00						X	145,205	0	84,202
SAMUEL J HAWLEY FORMER OFFICER	40 00 5 00						X	167,249	0	27,282
MICHAEL M DUDLEY FORMER OFFICER	0 00 41 00						X	0	1,009,398	403,843
STEPHEN D PORTER FORMER TOP 5	0 00 0 00						X	603,272	0	125,460

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	29,774,513	29,714,011	25,243,485	29,480,354	39,207,864	153,420,227
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	29,774,513	29,714,011	25,243,485	29,480,354	39,207,864	153,420,227
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						153,420,227

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	29,774,513	29,714,011	25,243,485	29,480,354	39,207,864	153,420,227
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,863,885	57,200,957	43,487,068	17,870,375	24,230,861	183,653,146
9 Net income from unrelated business activities, whether or not the business is regularly carried on	619,603	468,849	88,078	346,544	0	1,523,074
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						338,596,447

12 Gross receipts from related activities, etc (see instructions)	12	453,881,623

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	45 310 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	39 760 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 52-1271901

Name: SENTARA HEALTHCARE

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313024178

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
SENTARA HEALTHCARE	52-1271901

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		35,767
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		256,552
j	Total Add lines 1c through 1i			292,319
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION ENGAGED IN THE DISSEMINATION OF INFORMATION CONCERNING HEALTH CARE LEGISLATION TO EMPLOYEES VIA EMAIL THE ORGANIZATION IS INVOLVED IN INDIRECT LOBBYING ACTIVITIES THROUGH PAYMENT OF MEMBERSHIP DUES TO VHHA AND AHA FURTHERMORE, THE ORGANIZATION ENGAGED VECTRE CORPORATION TO MONITOR AND PROVIDE CONSULTATION ON FEDERAL, STATE, AND LOCAL HEALTH CARE LEGISLATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	78,955,874	80,973,164	80,469,527	77,170,379	71,429,647
b Contributions	760,191	899,335	1,288,253	1,048,397	783,033
c Net investment earnings, gains, and losses	12,288,059	-1,710,443	-224,709	2,784,835	5,356,116
d Grants or scholarships	150,000	680,000	165,000	450,000	190,000
e Other expenditures for facilities and programs	450,791	526,182	394,907	84,084	208,417
f Administrative expenses					
g End of year balance	91,403,333	78,955,874	80,973,164	80,469,527	77,170,379

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

- a Board designated or quasi-endowment ▶ 96 010 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 3 990 %

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

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

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

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		2,493,820		2,493,820
b Buildings		4,960,102	3,935,093	1,025,009
c Leasehold improvements		228,337	228,337	0
d Equipment		15,329,339	12,903,667	2,425,672
e Other		345,879	358,320	-12,441
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				5,932,060

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		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	933,164,147	

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	6,038,325
OTHER LIABILITIES	80,900,350
RETIREMENT OBLIGATIONS	246,492,310
SELF-INSURANCE RESERVE	10,000,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	343,430,985

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1271901
Name: SENTARA HEALTHCARE

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(A) OAKTREE MEZZANINE FUND II	465,836	F
(A) UBS TRUMBULL PROPERTY INCOME FUND	175,649,224	F
(B) UBS TRUMBULL PROPERTY FUND	83,614,527	F
(C) OAKTREE REAL ESTATE OPPORTUNITIES FUND IV	1,523,742	F
(D) OAKTREE REAL ESTATE OPPORTUNITIES FUND V	1,826,639	F
(E) HEALTH ENTERPRISES PARTNERS I, LP	1,664,316	F
(F) SANTE HEALTH VENTURES I, LP	3,939,314	F
(G) SANTE HEALTH VENTURES II, LP	3,662,730	F
(H) HEALTH ENTERPRISES PARTNERS II, LP	2,366,169	F
(I) OAKTREE PRIVATE INVESTMENT FUND 2012	21,455,280	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) PIMCO BRAVO II FUND	20,195,049	F
(A) TTCP FUND I LP	6,612,575	F
(B) PELOTON EQUITY FUND I LP	3,904,779	F
(C) OAKTREE PRINCIPAL OPPORTUNITIES FD IV, L P	712,798	F
(D) OAKTREE PRINCIPAL OPPORTUNITIES FD IV, AIF	144,306	F
(E) PINEBRIDGE GLOBAL DYNAMIC ASSET ALLOCATION FUND LLC	134,161,028	F
(F) HIGHLAND PUBLIC INFLATION HEDGE	224,029,686	F
(G) HIGHLAND DIRECT HEDGED EQUITY	239,002,265	F
(H) PIMCO CORPORATE OPPORTUNITIES FUND	5,800,737	F
(I) PRIME STORAGE FUND II IDF, LP	2,433,147	F

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF ENDOWMENT FUND THE BOARD DESIGNATED ENDOWMENT FUND IS SET ASIDE FOR THE S ENTARA FOUNDATION'S USE THE FOUNDATION ASSISTS THE COMMUNITY WITH FILLING THE HEALTH CARE GAPS, DEVELOPING NEW PROGRAMS, AND BUILDING CONSENSUS AROUND CURRENT HEALTH ISSUES THE T EMPORARILY RESTRICTED ENDOWMENT FUNDS ARE USED PREDOMINANTLY FOR EDUCATION & RESEARCH, HOS PICE HOUSE, HEART FUNDS AND SENTARA'S HOPE FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			241,238,805
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			241,238,805

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN, UNRELATED TRADE OR BUSINESS THE ORGANIZATION OWNS BAY PRIMEX INSURANCE COMPANY, LTD , A CAPTIVE INSURANCE COMPANY WHOSE PRINCIPAL ACTIVITY IS THE REINSURANCE, ON A FACULTATIVE BASIS, OF A MODIFIED CLAIMS-MADE RETROSPECTIVELY RATED PROFESSIONAL AND COMMERCIAL GENERAL LIABILITY INSURANCE POLICY ISSUED BY LEXINGTON INSURANCE COMPANY COVERAGE INCLUDES THE EMPLOYEES OF THE ORGANIZATION, ITS CONTROLLED SUBSIDIARIES, ITS AFFILIATED JOINT VENTURES, CERTAIN PHYSICIANS ON THE MEDICAL STAFF OF ITS RELATED FACILITIES, AND SOME NON-EMPLOYED PHYSICIANS PROVISION OF INSURANCE TO NON-EMPLOYED PHYSICIANS IS TREATED AS AN UNRELATED TRADE OR BUSINESS TO THE EXTENT THERE IS SUBPART F INCOME, IT IS REPORTED AS SUCH ON FORM 990 PART VIII LINE 11

Additional Data

Software ID:

Software Version:

EIN: 52-1271901

Name: SENTARA HEALTHCARE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	UNRELATED TRADE OR BUSINESS		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		241,238,805

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 51

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD	75	11,325			
(2) HOUSEHOLD GOODS	1	400			
(3) MORTGAGE ASSISTANCE	13	20,419			
(4) RENTAL ASSISTANCE	51	85,249			
(5) UTILITY ASSISTANCE	47	29,214			
(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	SCHEDULE I, PART I, LINE 2 PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S THE SENTARA FOUNDATION - HAMPTON ROADS, A DIVISION OF THE ORGANIZATION, IS RESPONSIBLE FOR AWARDING AND MONITORING THE USE OF GRANT AND SPONSORSHIP FUNDS DONATED TO OTHER ORGANIZATIONS IN THE COMMUNITY WHO SHARE THE SAME MISSION AS THE ORGANIZATION IMPROVING 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 COMMUNITY RECOGNITION GRANTS ARE AWARDED ANNUALLY BY THE FOUNDATION'S GRANT COMMITTEE TO OTHER 501(C)(3) ORGANIZATIONS WITHIN THE COMMUNITY AFTER A RIGOROUS APPLICATION AND REVIEW PROCESS ONCE AWARDED, THE GRANTS ARE DISTRIBUTED THE FOLLOWING YEAR IN TWO PAYMENTS - AT THE BEGINNING OF THE YEAR, THEN AFTER AN INTERIM REPORT HAS BEEN FILED WITH THE FOUNDATION THE INTERIM REPORT MUST INCLUDE THE GRANT OBJECTIVES, ANY CHANGES IN STATUS OF THE ORGANIZATION'S 501(C)(3) STATUS, DETAILS OF THE GRANT OUTCOMES TO DATE AND COMPLIANCE WITH SUBMITTED FINANCIAL BUDGET GRANTEES ARE REQUIRED TO SUBMIT WITH THE REPORT A DETAILED LISTING OF MEASUREMENTS INCLUDING THE NUMBER OF PEOPLE SERVED AND INCOME LEVELS FURTHER, A PLAN OF PROGRAM SUSTAINABILITY MUST BE COMPLETED TO PROMOTE THE INITIATIVE'S GOALS FOR THE FUTURE COMMUNITY BENEFIT SPONSORSHIPS ARE AWARDED QUARTERLY BASED ON THE RECOMMENDATION OF THE FOUNDATION'S SPONSORSHIP REVIEW COMMITTEE APPLICANTS MUST SUBMIT A PROPOSAL IN WRITING DEMONSTRATING HOW FUNDS WILL BE USED TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY SPONSORSHIPS ARE GENERALLY AWARDED TO OTHER 501(C)(3) ORGANIZATIONS WITH ACTIVE COMMUNITY BOARDS WHO OVERSEE THE EXPENDITURE OF SUCH FUNDS THE SENTARA FOUNDATION - HAMPTON ROADS ALSO ADMINISTERS THE H O P E (HELPING OVERCOME PERSONAL EMERGENCY) FUND, A PROGRAM FOR EMPLOYEES OF THE SENTARA HEALTHCARE SYSTEM WHO ARE IN NEED OF EMERGENCY ASSISTANCE THIS PROGRAM IS FUNDED BY DONATIONS FROM EMPLOYEES AND MANAGED BY THE PLANNING COUNCIL, A HUMAN SERVICES AGENCY USED TO PROCESS ALL H O P E FUND APPLICATIONS TO MAINTAIN CONFIDENTIALITY EMPLOYEES WHO EXPERIENCE CATASTROPHIC EVENTS THROUGH NO FAULT OF THEIR OWN SUCH AS FIRE, DEATH IN THE FAMILY, FLOODING, HURRICANE, TORNADO, CURRENT PERSONAL ILLNESS OR SERIOUS PERSONAL FAMILY ILLNESS THAT RESULT IN HARDSHIP MAY APPLY FOR ASSISTANCE APPLICANTS MUST COMPLETE A 3-PAGE APPLICATION FORM APPLICANTS SUBMIT THESE FORMS ALONG WITH THEIR LATEST PAY STUBS, COPIES OF THE BILLS BEING SUBMITTED FOR PAYMENT, AND OFFICIAL DOCUMENTATION OF THE CATASTROPHIC EVENT THE PLANNING COUNCIL THEN INTERVIEWS THE APPLICANT AND DETERMINES IF THE GUIDELINES ARE MET FOR ASSISTANCE IN THE EVENT OF A NATURAL DISASTER, APPLICANTS MUST FIRST APPLY TO OTHER EMERGENCY ASSISTANCE PROGRAMS, SUCH AS THE AMERICAN RED CROSS, SALVATION ARMY, OR F E M A , BEFORE BECOMING ELIGIBLE FOR ASSISTANCE FROM THE H O P E FUND A REVIEW COMMITTEE EVALUATES EACH APPLICATION AND DETERMINES ASSISTANCE LEVELS BASED ON DOCUMENTED, APPROPRIATE NEED FUNDS MAY ONLY BE USED TO PAY EXISTING BILLS OR EXTRAORDINARY EXPENSES RELATED TO A CATASTROPHIC EVENT BILLS THAT ARE NOT NECESSARY FOR THE PRESERVATION OF DAILY LIVING, INCLUDING NON-ESSENTIAL UTILITIES (I E , CABLE TV, ETC), ARE NOT COVERED PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS RATHER THAN TO INDIVIDUAL RECIPIENTS FUNDS ARE ONLY DISTRIBUTED PROVIDED ADEQUATE EMPLOYEE DONATIONS HAVE BEEN MADE BY EMPLOYEES FOR EMPLOYEES ASSISTANCE IS PROVIDED AS THE AVAILABILITY OF FUNDS PERMIT, DECISIONS ARE MADE IN THE ORDER IN WHICH COMPLETED APPLICATIONS REQUESTS ARE RECEIVED ASSISTANCE FOR AN INDIVIDUAL EMPLOYEE IS LIMITED TO ONCE PER 12-MONTH PERIOD AND TYPICALLY DOES NOT EXCEED $2,000 DURING 2017, 85 INDIVIDUAL EMPLOYEES WERE ASSISTED BY THE HOPE FUND

Additional Data

Software ID:
Software Version:
EIN: 52-1271901
Name: SENTARA HEALTHCARE

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
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE SUITE 404 CHESAPEAKE, VA 23320	13-1623888	501(C)(3)	6,250				PREVENT AND CURE DIABETES
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000				BUILD HEALTHIER LIVES FREE OF CARDIOVASUCLAR DISEASES AND STROKE

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
ANGELS OF MERCY INC 7151 RICHMOND ROAD SUITE 401 WILLIAMSBURG, VA 23188	54-1901759	501(C)(3)	15,000				REDESIGN PRIMARY CARE TO MEET NEEDS OF UNINSURED AND UNDERINSURED
BEACH HEALTH CLINIC 3396 HOLLAND RD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	25,000				DIAGNOSTIC AND PHARMACY SERVICES FOR INDIGENT

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

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BOYS AND GIRLS CLUBS 11825 ROCK LANDING DRIVE CHESAPEAKE BUILDING STE B NEWPORT NEWS, VA 23606	54-0538202	501(C)(3)	15,000				INSPIRE AND ENABLE YOUNG PEOPLE
CATHOLIC CHARITIES OF EASTERN VA 5361A VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462	54-0505879	501(C)(3)	22,000				MENTAL HEALTH SERVICES

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
CHESAPEAKE CARE INC 2145 S MILITARY HWY CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	25,000				HEALTHCARE FOR UNINSURED
CHILDREN'S HEALTH INVESTMENT PROGRAM 1302 JEFFERSON ST CHESAPEAKE, VA 23324	54-1893166	501(C)(3)	17,000				ORAL HEALTH PROGRAM FOR CHILDREN

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

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COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)	25,000				NEW CLINIC CONTRIBUTION
EASTERN SHORE RURAL HEALTH SYSTEM INC 20280 MARKET STREET ONANCOCK, VA 23417	51-0196935	501(C)(3)	250,000				OPERATION OF FEDERALLY SUPPORTED COMMUNITY HEALTH CENTERS

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

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ELEVATE EARLY EDUCATION INC 112 GRANBY STREET SUITE 500 NORFOLK, VA 23510	30-0759825	501(C)(3)	150,000				EARLY NUTRTION PROGRAM
FRIENDS OF THE ELIZABETH RIVER TRAIL FOUNDATION PO BOX 3042 NORFOLK, VA 23514	81-4431199	501(C)(3)	500,000				DEVELOPMENT OF THE ELIZABETH RIVER TRAIL

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

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EVMS RESEARCH FOUNDATION PO BOX 5 NORFOLK, VA 23501	23-7053028	501(C)(3)	50,000				DRUG TAKE BACK CAMPAIGN
FLORIDA HOSPITAL ASSOCIATION 306 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301	59-6151162	501(C)(3)	75,000				ASSIST HOSPITAL EMPLOYEES AFFECTED BY HURRICANE HARVEY

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

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FOODBANK OF THE VA PENINSULA 2401 ALUMINUM AVENUE NORFOLK, VA 23661	54-1422298	501(C)(3)	50,000				DISTRIBUTE FOOD TO MINIMIZE HUNGER AND PROMOTE NUTRITION EDUCATION
FORKIDS INC P O BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	10,000				HEALTHCARE FOR HOMELESS SHELTER

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
GLOUCESTER-MATHEWS FREE CLINIC 2276 GEORGE WASHINGTON MEM HWY HAYES, VA 23072	54-1875619	501(C)(3)	25,000				HEALTHCARE FOR INDIGENTS
HAMPTON ROADS COMMUNITY ACTION PROGRAM INC PO BOX 37 NEWPORT NEWS, VA 23607	23-7014485	501(C)(3)	11,000				EARLY CHILDHOOD DEVELOPMENT FOR DISADVANTAGED CHILDREN

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
HEALTH RESEARCH & EDUCATIONAL TRUST (HRET) 155 NORTH WACKER DRIVE 400 CHICAGO, IL 60606	36-2203931	501(C)(3)	50,000				ASSIST HOSPITAL EMPLOYEES AFFECTED BY HURRICANE HARVEY
HELP INC PO BOX 190 HAMPTON, VA 23669	54-1209213	501(C)(3)	10,000				PROVIDE DENTAL CARE TO UNISURED, LOW INCOME ADULTS

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

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HOSPICE HOUSE & SUPPORT CARE OF WILLIAMSBURG 4445 POWHATAN PARKWAY WILLIAMSBURG, VA 23188	52-1289657	501(C)(3)	8,000				SUPPORT FOR INVIDUALS IN THE LAST PHASES OF LIFE
LACKEY FREE CLINIC 1620 OLD WILLIAMSBURG RD YORKTOWN, VA 23690	54-1850915	501(C)(3)	25,000				HEALTHCARE FOR INDIGENTS

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

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LEES FRIENDS 7400 HAMPTON BLVD NORFOLK, VA 23505	54-1533488	501(C)(3)	10,000				HELP AND SUPPORT CANCER PATIENTS AND THEIR FAMILIES
LIFENET HEALTH FOUNDATION 1864 CONCERT DRIVE VIRGINIA BEACH, VA 23453	54-2015370	501(C)(3)	10,000				SUPPORT ORGAN AND TISSUE DONATION

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

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MARCH OF DIMES PO BOX 932852 ATLANTA, GA 31193	13-1846366	501(C)(3)	8,750				IMPROVE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY
MOTHER SETON HOUSE 3333 VIRGINIA BEACH BLVD STE 28 VIRGINIA BEACH, VA 23452	54-1250483	501(C)(3)	15,000				HIGH-RISK TEEN MENTAL HEALTHCARE

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

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NEPTUNE FESTIVAL 265 KINGS GRANT ROAD STE 102 VIRGINIA BEACH, VA 23452	52-1372330	501(C)(3)	26,100				COMMUNITY ENJOYMENT AND ENRICHMENT
OLDE TOWN MEDICAL CTR 5249 OLDE TOWNE RD STE D WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	25,000				PEDIATRIC DENTAL SERVICES

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

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PARK PLACE HEALTH AND DENTAL CLINIC 606 W 29TH ST NORFOLK, VA 23508	45-3086608	501(C)(3)	25,000				DENTAL HEALTH NEEDS OF LOW INCOME AND UNINSURED
PENINSULA AGENCY ON AGING INC 739 THIMBLE SHOALS BLVD SUITE 1006 NEWPORT NEWS, VA 23606	51-0151069	501(C)(3)	18,750				SUPPORT THE INDEPENDENCE AND QUALITY OF LIFE OF PENINSULA SENIORS

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
PIN MINISTRY 557 S BIRDNECK ROAD SUITE 109 VIRGINIA BEACH, VA 23451	41-2126841	501(C)(3)	16,000				RESOURCES FOR THE POOR
PORTSMOUTH COMMUNITY HEALTH CENTER 664 LINCOLN STREET PORTSMOUTH, VA 23704	54-1626757	501(C)(3)	50,000				PROVIDE QUALITY AND AFFORDABLE HEALTH SERVICES IN A SAFE ENVIRONMENT

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

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PRIMEPLUS NORFOLK SENIOR CENTER 7300 NEWPORT AVE SUITE 100 NORFOLK, VA 23505	54-1118218	501(C)(3)	6,000				SUPPORT THE NEEDS OF ADULTS AGE 50 AND OVER EVERY DAY
RX PARTNERSHIP 2924 EMERYWOOD PKWY STE 300 RICHMOND, VA 23294	57-1186937	501(C)(3)	13,000				ACCESS TO FREE MEDICATION

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

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SAMARITAN HOUSE INC 2620 SOUTHERN BLVD VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	10,000				SERVING THE HOMELESS
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR BUILDING 5 NO 101 NORFOLK, VA 23502	54-6069786	501(C)(3)	23,000				ASSISTS OLDER PERSONS LOCATE AND ACCESS NEEDED SERVICES

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
SOUTHEAST VIRGINIA COMMUNITY FOUNDATION 1435 CROSSWAYS BLVD SUITE 300 CHESAPEAKE, VA 23320	27-2529017	501(C)(3)	10,000				HELPS DONORS MEET LOCAL CHARITABLE NEEDS
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH STREET NEWPORT NEWS, VA 23607	54-1083954	501(C)(3)	42,500				LAB AND MEDICAL SERVICES FOR INDIGENTS

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

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ST COLUMBA ECUMENICAL MINISTRIES 2414 LAFAYETTE BLVD NORFOLK, VA 23509	54-1394797	501(C)(3)	18,000				PRESCRIPTIONS
TEXAS HOSPITAL ASSOCIATION PO BOX 95353 GRAPEVINE, TX 76099	74-1362741	501(C)(6)	75,000				ASSIST HOSPITAL EMPLOYEES AFFECTED BY HURRICANE HARVEY

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

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UNITED NEGRO COLLEGE FUND 707 EAST MAIN STREET SUITE 350 RICHMOND, VA 23219	13-1624241	501(C)(3)	6,000				ADVOCATE THE IMPORTANCE OF MINORITY HIGHER EDUCATION
UNION MISSION MINISTRIES P O BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	45,000				HEALTHCARE FOR HOMELESS

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

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UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER ROAD PO BOX 41069 NORFOLK, VA 23513	54-0506322	501(C)(3)	17,000				SPONSORSHIP
UNITED WAY OF THE VA PENINSULA 739 THIMBLE SHOALS BLVD SUITE 400 NEWPORT NEWS, VA 23606	54-0535602	501(C)(3)	19,200				SPONSORSHIP

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

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UP CENTER 222 W 19TH ST NORFOLK, VA 23517	54-0674774	501(C)(3)	23,000				MENTORING PROGRAM FOR AT RISK YOUTH
VA BASKETBALL ACADEMY PO BOX 2438 CHARLOTTESVILLE, VA 22902	20-8861885	501(C)(3)	7,500				BUILD CHARACTER AND SHAPE LIVES THROUGH BASKETBALL

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

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VA BUSINESS HIGHER EDUCATION COUNCIL 1108 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219	54-1827038	501(C)(3)	125,000				INCREASE STATE SUPPORT OF HIGHER EDUCATION IN VIRGINIA
VA FOUNDATION FOR COMMUNITY COLLEGES 300 ARBORETUM PARKWAY NO 200 RICHMOND, VA 23236	23-7004354	501(C)(3)	75,000				PROVIDE ACCESS TO EDUCATION FOR ALL VIRGINIANS

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

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VA HEALTH CARE FOUNDATION 707 EAST MAIN STREET SUITE 1350 RICHMOND, VA 23219	54-1639924	501(C)(3)	70,000				INCREASE ACCESS TO MENTAL HEALTH SERVICES
VA SUPPORTIVE HOUSING P O BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	35,000				CASE MANAGEMENT FOR HOMELESS

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

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WESTERN TIDEWATER FREE CLINIC 2019 MEADE PKWY SUFFOLK, VA 23434	26-3302837	501(C)(3)	25,000				PROVIDE DENTAL PROGRAM ACCESS
SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	54-1917649	501(C)(3)	10,000				CAMP LIGHTHOUSE

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

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SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	54-1547408	501(C)(3)	5,650				JOHN J KRUEGER FUND

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313024178

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	HOWARD KERN AND MICHAEL DUDLEY PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATIONS' BOARD OF DIRECTOR'S COMPENSATION COMMITTEE THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE DAVID BERND, HOWARD KERN, MICHAEL DUDLEY, MARY BLUNT, ROBERT BROERMANN, MICHAEL GENTRY, VICKY GRAY, MICHAEL TAYLOR, DOUGLAS THOMPSON, GARY YATES, M D , GRACE HINES, MEGAN PERRY, JEFFREY KING, TERRY GILLILAND, M D , GENEMARIE MCGEE, LESTER ELJIAEK AND BECKY SAWYER PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE) DURING 2017, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN DAVID BERND ($2,778,304) MARY BLUNT ($90,794), ROBERT BROERMANN ($143,052), MICHAEL DUDLEY ($28,861), MICHAEL GENTRY ($61,616), VICKY GRAY ($71,592), GRACE HINES ($49,210), HOWARD KERN ($229,936), JEFFREY KING ($42,350), GENEMARIE MCGEE ($55,094), MEGAN PERRY ($63,771), MICHAEL TAYLOR ($54,396), DOUGLAS THOMPSON ($46,138), AND GARY YATES M D ($145,205) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II
PART I, LINE 7	NON-FIXED PAYMENTS NOT LISTED DURING THE CURRENT TAX YEAR, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL TOP HAT- WITHIN THE ANNUAL INCENTIVE PROGRAM, EXECUTIVES AND SENIOR LEADERS MAY RECEIVE ADDITIONAL INCENTIVE PAY TO REWARD EXCEPTIONAL INDIVIDUAL PERFORMANCE MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD, BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE, AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION

Additional Data

Software ID:
Software Version:
EIN: 52-1271901
Name: SENTARA HEALTHCARE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HOWARD P KERN PRES/CEO/EX-EFFICIO DIRECTOR	(I)	1,438,006	1,564,957	276,372	1,898,522	22,233	5,200,090	0
	(II)	0	0	0	0	0	0	0
1ROBERT A BROERMANN CFO	(I)	784,366	601,050	219,742	84,075	15,497	1,704,730	0
	(II)	0	0	0	0	0	0	0
2MICHAEL V GENTRY COO	(I)	715,260	532,145	81,258	155,802	18,348	1,502,813	56,565
	(II)	0	0	0	0	0	0	0
3JEFFREY P KING SECRETARY	(I)	464,504	153,652	81,991	92,570	25,404	818,121	27,162
	(II)	0	0	0	0	0	0	0
4BECKY C SAWYER KE (SVP & CHRO) EFFEC 5/17	(I)	230,220	63,242	22,634	125,276	8,496	449,868	0
	(II)	0	0	0	0	0	0	0
5LESTER R ELJAIEK VP, HOSPITAL FINANCE	(I)	357,758	121,739	44,615	66,619	33,320	624,051	0
	(II)	0	0	0	0	0	0	0
6TERRY M GILLILAND MD KE (SVP & CMO)	(I)	789,302	592,526	17,242	156,356	15,073	1,570,499	0
	(II)	0	0	0	0	0	0	0
7VICKY G GRAY KE (SVP, SYSTEM DEVELOPMENT)	(I)	348,657	272,933	108,430	93,421	14,079	837,520	11,544
	(II)	0	0	0	0	0	0	0
8MICHAEL V TAYLOR KE (SVP HUMAN RESOURCES) THRU 5/17	(I)	409,196	395,035	123,403	72,839	17,941	1,018,414	0
	(II)	0	0	0	0	0	0	0
9DAVID L BERND CEO EMERITUS	(I)	83,816	511,370	2,826,416	8,100	6,182	3,435,884	1,127,170
	(II)	0	0	0	0	0	0	0
10MEGAN R PERRY CVP, MERGERS & ACQUISITIONS	(I)	468,121	297,582	104,946	238,423	15,520	1,124,592	63,771
	(II)	0	0	0	0	0	0	0
11GRACE R HINES CVP, SYSTEM INTERGRATION	(I)	321,270	214,227	80,019	69,911	21,680	707,107	0
	(II)	0	0	0	0	0	0	0
12DOUGLAS M THOMPSON VP, DECISION SUPPORT	(I)	307,443	182,706	97,837	87,187	14,077	689,250	0
	(II)	0	0	0	0	0	0	0
13VIKKI CHARLES VP, CORP FINANCE	(I)	295,583	101,514	38,082	152,207	20,035	607,421	0
	(II)	0	0	0	0	0	0	0
14MARY L BLUNT FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	610,509	482,270	139,584	179,433	16,342	1,428,138	0
15GENEMARIE W MCGEE FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	366,259	241,494	84,946	169,356	12,192	874,247	0
16GARY R YATES MD FORMER OFFICER	(I)	0	0	145,205	84,202	0	229,407	8,705
	(II)	0	0	0	0	0	0	0
17SAMUEL J HAWLEY FORMER OFFICER	(I)	146,001	21,133	115	17,300	9,982	194,531	0
	(II)	0	0	0	0	0	0	0
18MICHAEL M DUDLEY FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	556,644	384,067	68,687	390,331	13,512	1,413,241	0
19STEPHEN D PORTER FORMER TOP 5	(I)	2,222	217,421	383,629	110,854	14,606	728,732	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA OF ALBEMARLE COUNTY VA	52-1297503		06-05-2013	160,515,000	REFUND MARTHA JEFFERSON SERIES 2008A, 2008B, 2008C, AND 2008D		X		X		X
B	EDA THE CITY OF NORFOLK VA	52-1375010		07-16-2003	53,100,000	FINANCING FOR CAPITAL AND FIXED ASSETS		X		X		X
C	EDA THE CITY OF SUFFOLK VA	54-1131047	86481QAA7	06-25-2008	156,615,000	REFUNDED BONDS ISSUED OCTOBER 2006		X		X		X
D	VA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	928105AV7	01-28-2010	296,243,684	REFUND PRIOR BONDS AND FUND NEW PROJECT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,965,000	20,300,000	6,980,000	67,880,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	160,515,000	53,100,000	156,615,000	296,443,256
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				2,715,612
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				230,220,167
11	Other spent proceeds	160,515,000	53,100,000	156,615,000	63,507,476
12	Other unspent proceeds				
13	Year of substantial completion	2013	2003	2008	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X			X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME EDA THE CITY OF NORFOLK, VA DATE THE REBATE COMPUTATION WAS PERFORMED 12/16/2007

Return Reference	Explanation
SCHEDULE K, PART VI	ENTITY 1, ISSUER A SERIES 2013A & 2013B (MARTHA JEFFERSON HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DAT E OF CLOSING FOR REFUNDING PURPOSES PART II 7, - THE COST OF ISSUANCES EXPENSES OF THE IS SUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE CUR RENT REFUNDED THE MARTHA JEFFERSON HOSPITAL SERIES 2008A, SERIES 2008B, SERIES 2008C, AND SERIES 2008D PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA THE FIRST INSTALLMENT EVALUATION D ATE FOR THE SERIES 2013A&B BONDS ENDED ON OCTOBER 1, 2017 AND NO ARBITRAGE REBATE PAYMENT WAS DUE TO THE IRS FOR THIS ISSUE AS OF THE FIFTH BOND YEAR THE SERIES 2013A&B BONDS WERE CURRENT REFUNDED BY A SERIES 2018A&B ISSUE ON MAY 15, 2018 THIS WAS THE FINAL EVALUATION DATE FOR ARBITRAGE COMPLIANCE PURPOSES ENTITY 1, ISSUE B SERIES 2003 COMMERCIAL PAPER P ROGRAM (SENTARA HEALTHCARE) PART II, 1 - SENTARA ISSUED TAXABLE COMMERCIAL PAPER NOTES IN 2012 TO PARTIALLY REFUND THIS 2003 COMMERCIAL PAPER PROGRAM PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT WITHIN 18 MONTHS OF RECEIPT OF PROCEEDS PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART IV, 2C - SENTARA HAD A RBITRAGE COMPLIANCE REPORT COMPLETED FOR THIS ISSUE AS OF 12/16/2007, WHICH REFLECTED NO R EBATE DUE TO THE IRS FOR THIS 2003 ISSUANCE DEBT WAS ISSUED AS REIMBURSEMENT FOR PRIOR EX PENDITURES INCURRED THEREFORE, THIS ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION ENTITY 1, ISSUE C SERIES 2008 (SENTARA HEALTHCARE SYSTEM) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDED ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR A ROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES O F THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - I SSUE REFUNDED A PRIOR SERIES 2006 ISSUE THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES ALL PROCEEDS WERE SPENT ON THE DAY OF ISSUE PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN SEPTEMBER OF 2008 FIRST INSTALLMENT EVALUATION DATE WOULD BE N O LATER THAN 6/25/2013 ON MAY 1, 2015, SENTARA HEALTHCARE MODIFIED AN EXISTING TOTAL RETU RN SWAP ("TRS") FOR THE $156,615,000 SERIES 2008 REVENUE BONDS THE TRS WAS NOT ORIGINALLY TREATED OR IDENTIFIED AS A QUALIFIED HEDGE FOR TAX PURPOSES AND THEREFORE ANY MODIFICATIO NS SHOULD NOT HAVE RESULTED IN A REISSUANCE FOR FEDERAL TAX PURPOSES HOWEVER, BOND COUNSE L AND THE SWAP PROVIDERS COUNSEL REVIEWED PRIVATE LETTER RULING PLR-147816-13, WHICH OUTLI NED A VERY SIMILAR SITUATION

Return Reference	Explanation
SCHEDULE K, PART VI	THE PLR CONCLUDED THAT AN AMENDMENT TO THE TRS WOULD NOT RESULT IN AN ABUSIVE ARBITRAGE DE VICE AS DEFINED WITHIN THE U S TREASURY REGULATIONS THE PLR DID NOT CONCLUDE WHETHER OR NOT A REISSUANCE SHOULD APPLY IN SUCH A SITUATION AS A CONSERVATIVE APPROACH, BOND COUNSE L AND THE SWAP PROVIDERS COUNSEL DECIDED TO FOLLOW THE DIRECTION TAKEN BY THE ISSUER IN TH E PLR AND ALSO TREAT THE MODIFICATION OF THE TRS AS A REISSUANCE AND FILED A NEW FEDERAL F ORM 8038 WITH THE INTERNAL REVENUE SERVICE, DATED MAY 1, 2015 AGAIN, THE TREATMENT OF THE TRS MODIFICATION AS A REISSUANCE WAS PURELY DONE AS A CONSERVATIVE APPROACH AS STATED AB OVE, THE SERIES 2008 BONDS QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION THEREFORE, THIS ISSUE WAS EXEMPT FROM THE ARBITRAGE REBATE CALCULATION UNDER THE REISSUANCE TREATMENT, N O REBATE AMOUNTS WOULD HAVE BEEN DUE TO THE IRS AS OF THE MAY 1, 2015 REISSUANCE DATE FUR THERMORE, THE 2008 REISSUED BONDS WOULD ALSO QUALIFY FOR THE SIX-MONTH SPENDING EXCEPTION AND WOULD NOT OWE AN ARBITRAGE REBATE PAYMENT TO THE IRS AS OF MAY 1, 2020 (FIFTH ANNIVERS ARY DATE OF THE REISSUANCE) ENTITY 1, ISSUER D SERIES 2010 (SENTARA HEALTHCARE SYSTEM - VSBFA) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS (MAINLY FROM PROJECT FUND AND ESCROW FUND) PART II, 11 - OTHER SPENT PROCEEDS IN CLUDES REFUNDING PROCEEDS AND INTEREST EARNINGS FROM REFUNDING ESCROW FUND PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 1997A AND 1998 ISSUE THE REFUNDINGS WERE TREATED AS CURRENT REFUNDINGS FOR FEDERAL TAX PURPOSES REFUNDING PROCEEDS WERE DEPOSITED INTO AN ESCROW FUN D AND INVESTED THOSE AMOUNTS WERE FULLY EXPENDED ON OR AROUND 3/1/2010 TO REDEEM THE PRIO R BONDS PART IV, 2B - FIRST INSTALLMENT PERIOD FOR THIS ISSUE ENDED ON1/28/2015 ARBITRAG E COMPLIANCE REPORT COMPLETED THROUGH DECEMBER 31, 2011, WHICH REFLECTED ALL PROCEEDS SPEN T AND NO ACCRUING ARBITRAGE LIABILITY FOR SENTARA ENTITY 2, ISSUER A SERIES 2012B (SENTA RA HEALTHCARE SYSTEM) PART II, 3 - TOTAL PROCEEDS OF THE ISSUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS ASSOCIATED WITH PROJECT FUND AND ESCROW FUNDS PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEE DS PART II, 11 - OTHER SPENT PROCEEDS INCLUDES REFUNDING PROCEEDS AND INTEREST EARNINGS F ROM REFUNDING ESCROW FUNDS PART II, 12 - UNSPENT PROCEEDS CONSIST OF THE REMAINING PROJEC T FUND PROCEEDS PART II, 15 - SERIES 2012B ADVANCE REFUNDED THE MARTHA JEFFERSON SERIES 2 002 BONDS MATURING 10/1/2012 - 10/1/2035 WITH A CALL FOR REDEMPTION DATE OF 10/1/2012 THE SERIES 2012B ALSO ADVANCE REFUNDED THE POTOMAC HOSPITAL SERIES 2003 BONDS MATURING 10/1/2 012 - 10/1/2036 WITH A CALL FOR REDEMPTION DATE OF 10/1/2013 PART IV, 2A, SENTARA RECEIVE S ANNUAL ARBITRAGE COMPLIANCE REPORTS COMPLETED FOR THIS ISSUE ALL PROCEEDS OF THE SERIES 2012B BONDS WERE FULLY EXPENDED AS OF 3/19/2014 ARBITRAGE COMPLIANCE CERTIFICATE WAS PRO VIDED THROUGH THE 5/1/2017 FIF

Return Reference	Explanation
SCHEDULE K, PART VI	TH BOND YEAR, WHICH REFLECTED THAT NO ARBITRAGE REBATE LIABILITY WAS DUE TO THE IRS ENTIT Y 2, ISSUER B SERIES 2016A&B (SENTARA HEALTHCARE) PART II, 3 - COMBINED ISSUE PRICE OF TH E SERIES 2016A AND 2016B BONDS THE SERIES 2016A&B BONDS WERE TREATED AS A SINGLE ISSUE FO R FEDERAL TAX PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - SERIES 2016A&B CURRENT REFUNDED THE SERIES 2012A, 2010B, AND 2010C ON THE DATE OF CLOSING PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA RECEIVED AN ARBITRAGE RE BATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE NO REBATE PAYMEN T IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE MAY 5, 2021 FIRST INSTALLMENT EVALUATION DATE ENTITY 2, ISSUER C SERIES 2016C&D (SENTARA RMH MEDICAL CENTER) PART II, 3 - PART II, 3 - COMBINED ISSUE PRICE OF THE SERIES 2016C AND 2016D BONDS THE SERIES 2016 C&D BONDS WERE TREATED AS A SINGLE ISSUE FOR FEDERAL TAX PURPOSES PART II, 7 - THE COST O F ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROC EEDS PART II, 14 - SERIES 2016C&D CURRENT REFUNDED THE SERIES 2006 RMH BONDS ON THE DATE OF CLOSING PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTAN T FOR THIS ISSUE NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE AUGUST 15, 2021 FIRST INSTALLMENT EVALUATION DATE ENTITY 2, ISSUER D SERIES 2016E (S ENTARA RMH MEDICAL CENTER) PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PA ID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - SERIES 2016E CURRENT REFUNDED THE SERIES 2011AB&C RMH ON THE DATE OF CLOSING PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA RECEIVED AN ARBITRAGE REBATE COMPL IANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE NO REBATE PAYMENT IS EXPEC TED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE OCTOBER 4, 2021 FIRST INSTALLMENT EVALUA TION DATE

Return Reference	Explanation
SCHEDULE K, PART VI	ENTITY 3, ISSUER A SERIES 2016F (SENTARA RMH MEDICAL CENTER) PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - SERIES 2016F CURRENT REFUNDED THE SERIES 2010A, 2010B, AND 2010C RMH BONDS ON THE DATE OF CLOSING SERIES 2010AB&C BONDS WERE MODIFIED/REISSUED ON 11/28/2011 PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE NOVEMBER 1, 2021 FIRST INSTALLMENT EVALUATION DATE ENTITY 3, ISSUER B SERIES 2017 (SENTARA HEALTHCARE) PART II, 3 - TOTAL PROCEEDS OF THE ISSUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS ASSOCIATED WITH PROJECT FUND THROUGH FISCAL YEAR-END DECEMBER 31, 2017 PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 10 - A PORTION OF THE SERIES 2017 PROCEEDS WERE USED ON THE DATE OF CLOSING TO REIMBURSE SENTARA FOR PRIOR CAPITAL EXPENDITURES PART IV, 2B - SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE THROUGH MAY 15, 2018, THE FINAL REDEMPTION DATE FOR THE SERIES 2017 BONDS THE SERIES 2017 BONDS WERE CURRENT REFUNDED BY A SERIES 2018A&B BOND ISSUE ON MAY 15, 2018 THE ARBITRAGE COMPLIANCE REPORT REFLECTED THAT AN ARBITRAGE REBATE PAYMENT WAS NOT DUE TO THE INTERNAL REVENUE SERVICE AS OF THE FINAL COMPUTATION PERIOD

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA THE CITY OF NORFOLK VA	52-1375010	65588NBB7	05-16-2012	163,163,080	REF POTOMAC 2003 & MARTHA JEFFERSON 2002 AND FINANCE NEW PROJECTS		X		X		X
B	EDA THE CITY OF NORFOLK VA	52-1375010	65588TAP4	05-05-2016	197,670,000	REF SERIES 2012A, 2010B, AND 2010C		X		X		X
C	IDA OF THE CITY OF HARRISONBURG VA	54-2000436		08-15-2016	183,535,000	CURRENTLY REFUND SERIES 2006 RMH		X		X		X
D	EDA OF THE CITY OF HARRISONBURG VA	54-2000436		10-04-2016	27,600,000	CURRENTLY REFUND SERIES 2011ABC RMH		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	13,150,000	4,060,000	1,265,000	1,200,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	163,873,559	197,670,000	183,535,000	27,600,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	75,585,411			
11	Other spent proceeds	88,288,148	197,670,000	183,535,000	27,600,000
12	Other unspent proceeds				
13	Year of substantial completion	2014	2016	2016	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?		X	X		X		X	
c	No rebate due?	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA OF THE CITY OF HARRISONBURG VA	54-2000436		11-01-2016	65,379,312	CURRENTLY REFUND SERIES 2010ABC RMH		X		X		X
B	EDA OF THE CITY OF NORFOLK VA	52-1375010	65588TAR0	12-21-2017	150,000,000	FINANCING FOR HOSPITAL RENOVATIONS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,724,138			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	65,379,312	150,009,059		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		115,770,000		
11	Other spent proceeds	65,379,312			
12	Other unspent proceeds		34,239,059		
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?	X			X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number

52-1271901

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SENTARA HEALTHCARE I SENTARA HEALTHCARE - YOUR NOT FOR PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE BASED IN NORFOLK, VA, CELEBRATES MORE THAN 129 YEARS IN RELENTLESS PURSUIT OF I TS MISSION TO IMPROVE HEALTH EVERY DAY THROUGH INNOVATION, COMPASSION AND COMMUNITY BENEFI T SENTARA IS A FULLY INTEGRATED NOT-FOR-PROFIT SYSTEM WITH NEARLY 300 SITES OF CARE OF WH ICH THERE ARE 12 HOSPITALS IN VIRGINIA AND NORTH CAROLINA, INCLUDING A LEVEL I TRAUMA CENT ER WITH NIGHTINGALE REGIONAL AIR AMBULANCE AND THE NATIONALLY-RANKED SENTARA HEART HOSPITA L THE SENTARA FAMILY INCLUDES FOUR MEDICAL GROUPS, AMBULATORY CAMPUSES, POST-ACUTE CARE S ERVICES, THE PHYSICIAN-LED SENTARA QUALITY CARE NETWORK, THE ACCREDITED SENTARA CANCER NET WORK, THE SENTARA COLLEGE OF HEALTH SCIENCES, OPTIMA HEALTH PLAN MEMBERS IN VIRGINIA AND O HIO, AND A TEAM OF PROFESSIONALS NEARLY 28,000 STRONG SENTARA PROUDLY INCLUDES ADVANCED I MAGING CENTERS, NURSING AND ASSISTED LIVING CENTERS, PHYSICAL THERAPY AND REHABILITATION S ERVICES, HOME HEALTH AND HOSPICE, AND GROUND MEDICAL TRANSPORTATION SENTARA IS STRATEGICA LLY FOCUSED ON CONTINUOUS IMPROVEMENT IN QUALITY, SAFETY, CLINICAL OUTCOMES AND THE PATIEN T EXPERIENCE AND PURSUES KEY CLINICAL GOALS THROUGH HIGH PERFORMANCE TEAMS ACROSS THE ENTE RPRISE 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 COMMUNIT IES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PR OFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS II COMMITMENT TO THE COMMUNITY A SENTAR A HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS I N 2017, SENTARA COMMUNITY BENEFIT REACHED $364,956,000 SENTARA PROVIDED $325,197,000 IN N ET UNCOMPENSATED PATIENT CARE, $18,341,000 IN MEDICAL EDUCATION, AND $21,418,000 IN COMMUN ITY PROGRAMS B SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATI ONS THESE FOUNDATIONS RAISED MONEY TO SUPPORT THE CLINICAL NEEDS OF THE SYSTEM AND PROVID ED FUNDING THROUGH GRANTS AND DIRECT CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT HAVE SI MILAR INTERESTS IN COMMUNITY HEALTH NEEDS SENTARA FOUNDATION-HAMPTON ROADS SUPPORTS A WID E RANGE OF PROGRAMS ACROSS HAMPTON ROADS IN 2017, THE FOUNDATION RAISED $1 9M AND AWARDED 28 COMMUNITY GRANTS TOTALING $622,000 TO SUPPORT ITS KEY PRIORITY AREAS THE MARTHA JEFFE RSON HOSPITAL FOUNDATION IN CHARLOTTESVILLE, VIRGINIA RAISED OVER $3 5M IN NEW GIFTS AND C OMMITMENTS AND FOCUSED THEIR EFFORTS ON A HIGH-RISK BREAST PROGRAM, A FAMILY CAREGIVER SUP PORT PROGRAM AND THE CENTER FOR CLINICAL EDUCATION THE RMH FOUNDATION RAISED $3 59M IN NE W GIFTS AND COMMITMENTS AND FOCUSED THEIR EFFORTS ON A NEW LINEAR ACCELERATOR FOR THE SENT ARA RMH HAHN CANCER CENTER AND THE INSTITUTE FOR NURSING EXCELLENCE AND INNOVATION SEVERA L YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHIC H IS AN EMERGENCY FINANCIAL RE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH N O FAULT OF THEIR OWN SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED DEVA STATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNE SS IN 2017, THE HOPE FUND AWARDED $147,000 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYST EM 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 SENT ARA BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2017 - HEALTH IMP ROVEMENT 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 - SENTARA CONTINUED TO O FFER PROGRAMS SUCH AS EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAI CHI AND YOGA - THE FLU PATROL ADMINISTERED A TOTAL OF 5,211 IMMUNIZ ATIONS 4,182 WERE GIVEN TO OPTIMA HEALTH INSURED GROUPS THROUGHOUT VIRGINIA THE REMAINDE R WAS DELIVERED TO CHURCHES AND OTHER COMMUNITY GROUPS - BIRTHDAY CARD REMINDERS FOR PREV ENTIVE HEALTH SCREENINGS WERE DELIVERED TO ADULT MEMBERS OF OPTIMA HEALTH, OHIOHEALTH PLAN MEMBERS AND CHILDREN SELF-CARE HANDBOOKS ON PLANNING A HEALTHY PREGNANCY WERE DISTRIBUTE D TO OPTIMA HEALTH PLAN MEMBERS - THE TOBACCO CESSATION PROGRAM AIDED OUR HOSPITALS IN UP DATING A VIDEO AVAILABLE TO PATIENTS PATIENTS DISCHARGED FROM SENTARA VIRGINIA BEACH GENE RAL HOSPITAL AND SENTARA HEART HOSPITAL WERE CONTACTED FOUR WEEKS AFTER THEIR HOSPITAL DIS CHARGE FOR TOBACCO CESSATION FOLLOW-UP - AS PART OF THE SENTARA BENEFIT ENROLLMENT PROCES S, 18,849 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HE ALTH PROGRAM - FINALLY, WEBMD, WHICH SERVES AS OUR HEALTH COACHING AND HEALTH EDUCATION P ORTAL PARTNER, HAS NOW 22,649 REGISTERED MEMBERS OF WHICH 16,848 MEMBERS ARE ACTIVELY ENGA GED SENTARA HOSTS A NUMBER OF COMMUNITY EVENTS RAISING AWARENESS AROUND KEY HEALTH AWAREN ESS MONTHS ONE GOOD EXAMPLE IS THE FOCUS ON COLON CANCER PREVENTION DON'T SIT ON COLON C ANCER THROUGH THE SENTARA CANCER NETWORK, SENTARA HOSTED A 5K AT SENTARA PRINCESS ANNE HO SPITAL IN VIRGINIA BEACH THROUGH SENTARA HEART, WE PROMOTED THE "28 DAYS OF HEART" IN FEB RUARY, 2017 IN SUPPORT OF HEART HEALTH AWARENESS ONLINE PROMOTIONS, RADIO ADS, FACEBOOK L IVE EDUCATION SESSIONS, SCREENINGS AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DIS EASE THROUGHOUT THE COMMUNITIES WE SERVE IN VIRGINIA AND NORTH CAROLINA III GROWTH IN SE NTARA HEALTHCARE SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO OTHER INDUSTRY LEADERS AN D JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVICES TO MORE PEOPLE IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND

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FORM 990, PART III, LINE 4A	IN OTHER STATES - NORTH CAROLINA AND OHIO - BY SEEKING PARTNERSHIPS WITH SUCCESSFUL HOSPI TALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY AND CUSTOM ER FOCUS OUR GROWTH IN 2017 INCLUDED THE FOLLOWING A SENTARA NORFOLK GENERAL HOSPITAL E XPERIENCED REMARKABLE GROWTH IN OUR TRANSPLANT PROGRAMS SENTARA HEART HOSPITAL PERFORMED 28 HEART TRANSPLANTS REPRESENTING A 133% INCREASE OVER 2016(12) SENTARA NORFOLK GENERAL H OSPITAL PERFORMED 101 KIDNEY TRANSPLANTS REPRESENTING A 71% INCREASE OVER 2016(59) SENTAR A NORFOLK GENERAL HOSPITAL PERFORMED 7 PANCREAS TRANSPLANTS REPRESENTING A 250% INCREASE O VER 2016(2) B SENTARA, THROUGH OPTIMA HEALTH, LAUNCHED THE MANAGED LONG TERM SERVICES AN D SUPPORTS PROGRAM, ALSO KNOWN AS OPTIMA HEALTH COMMUNITY CARE, THAT SERVES VIRGINIANS WIT H COMPLEX HEALTH ISSUES, MANY OF WHOM REQUIRE LONG-TERM SUPPORT AS A RESULT OF AGING, CHRO NIC ILLNESS OR DISABILITY 17,893 MEMBERS WERE ASSIGNED TO OPTIMA HEALTH COMMUNITY CARE BE TWEEN AUGUST 1 AND DECEMBER 31 FROM SIX REGIONS ACROSS VIRGINIA THIS MODEL OF CARE FACILI TATES PERSON-CENTERED CARE FEATURING BENEFITS SUCH AS COORDINATION AND MANAGEMENT OF ALL A SPECTS OF PHYSICAL HEALTH, BEHAVIORAL HEALTH, LONG-TERM CARE AND COMMUNITY-BASED SERVICES, SUPPORT OF AN INTERDISCIPLINARY CARE TEAM, ACCESS TO A CARE COORDINATOR AND REGULAR CARE ASSESSMENTS AN INDIVIDUALIZED CARE PLANS C WHILE CONTINUING TO IMPLEMENT THE 2017 SENTAR A STRATEGIC PLAN, SENTARA CONTINUED ITS STRATEGIC PLANNING WORK THROUGH THE DEVELOPMENT AN D APPROVAL OF TWO SERVICE LINES PLANS - HEART/VASCULAR AND NEUROSCIENCES

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FORM 990, PART III, LINE 4A	IV NEW INITIATIVES A SENTARA CONTINUED ITS FOCUS ON KEEPING THE COMPANY SAFE AND FORWARD THINKING IN THE CYBER WORLD FOR OUR SECURITY OPERATIONS CENTER, WE PARTNERED WITH IBM TO PROVIDE US WITH 24/7 MONITORING OF CYBER SECURITY THREATS UTILIZING WATSON, THIS SERVICE PROVIDES ARTIFICIAL INTELLIGENCE CAPABILITIES TO BOTH DETECT AND PRIORITIZE POTENTIAL CYB ER SECURITY THREATS B ALSO IN THE REALM OF CYBER SECURITY, SENTARA IMPLEMENTED TWO FACTO R AUTHENTICATION FOR INDIVIDUALS LOGGING INTO THE SENTARA SYSTEMS EXTERNALLY THUS, SENTAR A HAS SECURE REMOTE ACCESS FOR ALL WORKFORCE MEMBERS C SENTARA ESTABLISHED AN INFORMATIO N SECURITY STUDENT STAFFING PROGRAM IN PARTNERSHIP WITH OLD DOMINION UNIVERSITY, REGENT UN IVERSITY, THOMAS NELSON COMMUNITY COLLEGE, TIDEWATER COMMUNITY COLLEGE AND THE UNIVERSITY OF VIRGINIA THIS ALLOWS US ACCESS TO A SKILLED WORKFORCE WITH CYBER SECURITY TALENT D I N ITS THIRD YEAR, CLINICAL PERFORMANCE IMPROVEMENT (CLINICAL PI), AN INITIATIVE TO DRIVE C HANGE AND CREATE RAPID PROCESS IMPROVEMENT IN TARGETED CLINICAL AREAS, RESULTED IN SEEING POSITIVE TRENDS TOWARDS MEETING THE COMPANY'S ULTIMATE GOALS E THE VOICE OF THE CUSTOMER MODEL WAS DEVELOPED TO UNDERSTAND MORE FROM SENTARA CUSTOMERS THE MODEL IS AN OPERATIONA L DESIGN THAT ENABLES SENTARA TO INTEGRATE THE VOICE OF THE CUSTOMER INTO ALL FACETS OF BU SINESS DECISION-MAKING AND PRODUCT DEVELOPMENT F ADDRESSING THE OPIOID CRISIS IS A MAJOR FOCUS FOR SENTARA SENTARA MEDICAL GROUP LAUNCHED ONE CLICK FOR PROVIDERS TO ACCESS THE V IRGINIA PRESCRIPTION MONITORING PROGRAM (PMP) IN THE SENTARA ECARE HEALTH NETWORK VIA A GA TEWAY PROGRAM SAVING TIME FOR BOTH THE PROVIDER AND PATIENT AND IMPROVING COMPLIANCE PROV IDERS ARE REQUIRED TO CONSULT THE VIRGINIA PMP BEFORE PRESCRIBING CONTROLLED DRUGS, BUT LE AVING THE ELECTRONIC MEDICAL RECORD (EMR) TO LOG INTO THE PMP ADDS EXTRA STEPS AND TIME TO THE PROCESS SENTARA CAREPLEX HOSPITAL CONTINUED A PARTNERSHIP WITH THE NEWPORT NEWS AND HAMPTON POLICE DEPARTMENTS TO TRAIN POLICE OFFICERS ON HOW TO ADMINISTER TO THE LIFE-SAVIN G, OVERDOSE-REVERSING NARCAN SENTARA RMH MEDICAL CENTER WAS AWARDED A FEDERAL GRANT FROM THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE ON WOMEN'S HEALTH TO HELP PREVENT OPIOID MISUSE IN THEIR REGION V OFFERING NEW PROCEDURES AND TECHNOLOGIES CLINICAL BREAKT HROUGHS AND ADVANCEMENTS SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS AND ADVANCEME NTS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING CARDIAC AND REDUCING INFEC TIONS A COPPER I SENTARA DEPLOYED COPPER MATERIALS AT SENTARA HALIFAX REGIONAL HOSPITA L MAKING IT THE FINAL HOSPITAL IN THE SENTARA SYSTEM TO IMPLEMENT ALL OF OUR HOSPITALS NO W HAVE THIS INFECTION-FIGHTING AND LIFE-SAVING INNOVATION B CARDIAC I SENTARA NORFOLK GENERAL HOSPITAL WAS THE FIRST IN HAMPTON ROADS TO PERFORM "CLOT-VAC", WHICH INVOLVES THE REMOVAL OF BLOOD CLOTS IN THE HEART WITHOUT OPEN HEART SURGERY II THE ORNISH LIFESTYLE M EDICINE PROGRAM EXPANDED TO AL

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FORM 990, PART III, LINE 4A	LOW FOR A SECOND COHORT WITH ENLARGED SPACE AT SENTARA PRINCESS ANNE HOSPITAL CLINICAL OU TCOMES HAVE BEEN POSITIVE FOR PARTICIPANTS RELATED TO BODY WEIGHT, BMI, TOTAL CHOLESTEROL, LDL CHOLESTEROL, SYSTOLIC BLOOD PRESSURE, HGA1C AND DEPRESSION SCORES VI EXPANDING EDUC ATIONAL OPPORTUNITIES SENTARA IS COMMITTED TO ALWAYS IMPROVING-INCLUDING ENCOURAGING REGIS TERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONAL OPPORTUNITIES CONTINUOUS LEARNING WIL L ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THE IR CAREERS IN 2017, SENTARA MARKED FURTHER PROGRESS TOWARD ACHIEVING OUR GOAL OF 80% OF S ENTARA NURSES HAVING A BSN BY 2020 IN 2017 SENTARA HAD 60 4% OF ITS NURSING WORKFORCE HOL DING A BSN OR HIGHER DEGREE WITH 16 6% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR B SN RESEARCH RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM A CARDIAC THROUGH THE SENTARA CARDIOVASCULAR RES EARCH INSTITUTE, CARDIOLOGISTS AND UNIQUELY TRAINED REGISTERED NURSE RESEARCH COORDINATORS MAKE SIGNIFICANT STRIDES IN ADVANCING THE UNDERSTANDING AND TREATMENT OF THE NUMBER ONE K ILLER IN AMERICA CARDIOVASCULAR DISEASE AS THE PREEMINENT CARDIAC RESEARCH INSTITUTE IN THE MID-ATLANTIC REGION, SENTARA HEART WORKS COLLABORATIVELY WITH LOCAL INSTITUTIONS, GOVE RNMENT AGENCIES AND BIOMEDICAL COMPANIES ON NATIONALLY AND INTERNATIONALLY RECOGNIZED CLIN ICAL RESEARCH TRIALS WE FOCUS OUR EFFORTS ON DISCOVERING MORE EFFECTIVE CARDIOVASCULAR TR EATMENTS AND PROTOCOLS WHILE ELIMINATING THOSE THAT ARE POTENTIALLY HARMFUL OR NOT AS BENE FICIAL OUR ULTIMATE GOAL IS TO PROVIDE ENHANCED CLINICAL CARE THAT ADVANCES PATIENT OUTCO MES AND IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY OUR RESEARCH TOUCHES ON EVERY ASPECT OF HEART CARE, INCLUDING MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGE RY, CARDIAC INTERVENTIONAL PROCEDURES, STRUCTURAL HEART DISEASE, AND THE MEDICAL MANAGEMEN T OF CORONARY ARTERY DISEASE RISK FACTORS SUCH AS DIABETES AND HIGH CHOLESTEROL COLLECTIV ELY, OUR RESEARCH NURSES COORDINATE MORE THAN 80 CLINICAL TRIALS AT ANY GIVEN TIME, SHEPHE RDING PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS, PROVIDING CARE DURING PERIODS OF NEED , AND TIRELESSLY ADVOCATING FOR THEIR PATIENTS' WELL-BEING B CANCER WITHIN THE SENTARA CANCER NETWORK, CLINICIANS AND ACADEMIC RESEARCHERS WORK TOGETHER TO ELEVATE CARE FOR PATI ENTS THIS COLLABORATIVE PHILOSOPHY FOSTERS INNOVATION IN OUR NETWORK AND DRIVES ACCESS TO CLINICAL TRIAL OPTIONS FOR OUR PATIENTS COLLABORATIONS BETWEEN SURGICAL, RADIATION AND M EDICAL ONCOLOGISTS IN OUR SENTARA CANCER NETWORK ARE ESPECIALLY INSTRUMENTAL IN CONNECTING PATIENTS WITH CLINICAL TRIALS THROUGH COLLABORATION WITH THE NCI NATIONAL CLINICAL TRIAL S NETWORK (NCTN), THE ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY AND NATIONAL RESEARCH GROUP ONCOLOGY, WE DEVELOP AND CONDUCT CLINICAL TRIALS WITH PROMISING NEW CANCER THERAPIES THE SE COLLABORATIVE EFFORTS ALLOW

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FORM 990, PART III, LINE 4A	US TO UTILIZE THE BEST SCIENCE TO DEVELOP OPTIMAL TREATMENT AND PREVENTION STRATEGIES FOR CANCER, AS WELL AS RESEARCH METHODS TO ALLEVIATE SIDE EFFECTS OF CANCER AND CANCER TREATM ENTS

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FORM 990, PART III, LINE 4A	C ORTHOPEDICS THROUGHOUT SENTARA, WE CONTINUALLY EMBRACE THE VALUE OF GOOD CLINICAL RESE ARCH AND THE DIFFERENCE IT CAN MAKE IN PATIENT CARE ORTHOPEDIC SURGEONS WHO PRACTICE AT S ENTARA FACILITIES CONTINUE TO PURSUE CLINICAL IMPROVEMENTS THROUGH CLINICAL TRIALS AND RES EARCH, BOTH AT THE LOCAL AND NATIONAL LEVELS ACROSS THE SENTARA REGIONS, THESE SURGEONS A RE PRESENTING THEIR FINDING AT NATIONAL ASSOCIATION MEETINGS AND BEING PUBLISHED IN SPECIA LTY TRADE JOURNALS VII BUILDING FOR THE FUTURE A SENTARA NORTHERN VIRGINIA MEDICAL CENT ER (SNVMC), LOCATED IN WOODBRIDGE, VIRGINIA, IMPLEMENTED A SECOND CATHETERIZATION LAB FOLL OWING THE OPENING OF THE DEDICATED ELECTROPHYSIOLOGY LAB IN THE SENTARA HEART AND VASCULAR CENTER IN 2016 SNVMC EXPERIENCED AN INCREASE IN PACEMAKER VOLUME AND DIAGNOSTIC CATHETER IZATION VOLUME IN 2017 COMPARED TO 2016 ELECTROPHYSIOLOGISTS PERFORMED THE FIRST MICRA PA CEMAKER IMPLANT AT SNVMC SNVMC ADOPTED THE TECHNOLOGY FOLLOWING SENTARA HEART HOSPITAL'S ADOPTION IN 2016 AFTER FDA APPROVAL THE MICRA PACEMAKER IS THE WORLD'S SMALLEST PACEMAKER IT IS IMPLANTED INTO THE HEART THROUGH A VEIN IN THE LEG, THUS THERE IS NO CHEST INCISIO N SCAR OR BUMP SNVMC INCREASED INPATIENT ORTHOPEDIC SURGICAL VOLUME IN 2017 COMPARED TO 2 016 ORTHOPEDIC ACHIEVEMENTS ALSO INCLUDED THE INTRODUCTION OF THE FOOT & ANKLE PROGRAM AN D THE LAUNCH OF THE BACK & NECK CENTER B SENTARA RMH MEDICAL CENTER (SRMH), LOCATED IN H ARRISONBURG, VIRGINIA, BEGAN PERFORMING THE TAVR (TRANSCATHETER AORTIC VALVE REPLACEMENT) PROCEDURE AND CONDUCTED 24 CASES IN 2017 IN THEIR NEWLY OPENED HYBRID OR THE CARDIAC PROG RAM CONTINUES TO SEE SIGNIFICANT GROWTH IN OPEN HEART SURGERY CASES, CARDIAC INTERVENTIONS AND DIAGNOSTIC CATHETERIZATIONS SENTARA RMH MEDICAL GROUP OPENED A TRANSITION OF CARE CL INIC, WHICH IS A COLLABORATIVE EFFORT BETWEEN THE HOSPITALIST DEPARTMENT, THE MEDICAL GROU P AND HOSPITAL CASE MANAGEMENT DEPARTMENT C SENTARA MARTHA JEFFERSON HOSPITAL (SMJH), LO CATED IN CHARLOTTESVILLE, VIRGINIA, OPENED THE SENTARA ORTHOJOINT CENTER, WHICH HAS A SING ULAR FOCUS ON THE NEEDS OF ORTHOPEDIC SURGICAL PATIENTS UNDERGOING HIP OR KNEE REPLACEMENT THE CENTER CONCENTRATES THEIR EFFORT ON A DEDICATED TEAM APPROACH INVOLVING NURSES, ANES THESIOLOGISTS, SURGEONS, PHYSICAL THERAPISTS AND HOME CARE SENTARA MARTHA JEFFERSON MEDIC AL GROUP EXPANDED ITS FOOT PRINT AT SENTARA SPRING CREEK FAMILY MEDICINE AND ACQUIRED THE WAYNESBORO PRIMARY CARE PRACTICE ADDITIONALLY, THE MEDICAL GROUP IMPLEMENTED INQUICKER FO R ED PATIENTS NEEDING PRIMARY CARE FOLLOW UP, ENABLING PATIENTS TO BE SEEN SOONER AT THE N EW 5TH STREET PRACTICE D HAMPTON ROADS (SOUTHEASTERN VIRGINIA) I SENTARA PRINCESS ANNE HOSPITAL (SPAH), LOCATED IN VIRGINIA BEACH, VIRGINIA, KICKED OFF A $35 MILLION MASTER FACI LITY PLAN EXPANSION AND MODERNIZATION PROJECT THIS PROJECT WILL ENABLE OUR CARE TEAMS TO TREAT MORE PATIENTS AND PROVIDE AN ENHANCED, PATIENT-CENTRIC EXPERIENCE COMPLETION IS SCH EDULED FOR SEPTEMBER 2018 II

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FORM 990, PART III, LINE 4A	SENTARA VIRGINIA BEACH GENERAL HOSPITAL (SVBGH), LOCATED IN VIRGINIA BEACH, VIRGINIA, STA RTED OFFERING ROBOTIC-ARM ASSISTED TOTAL KNEE REPLACEMENT SURGERY USING A VIRTUAL 3D MODE L, THE ROBOTIC SYSTEM ALLOWS SURGEONS TO CREATE A PERSONALIZED SURGICAL PLAN BASED ON EACH PATIENT'S UNIQUE ANATOMY ADDITIONALLY, SVBGH BEGAN A $53 MILLION MODERNIZATION OF PATIEN T CARE AREAS AND INFRASTRUCTURE THREE ICUS WILL BE CONSOLIDATED INTO ONE 24 BED UNIT SIX OPERATIONS ROOMS WILL BE REPLACED IN A NEWLY CONSTRUCTED SURGERY WING AND FOUR OTHER OPER ATING ROOMS WILL BE RENOVATED OTHER GENERAL INFRASTRUCTURE WILL BE MODERNIZED AND EMERGEN CY GENERATORS WILL BE REPLACED III SENTARA NORFOLK GENERAL HOSPITAL (SNGH), LOCATED IN N ORFOLK, VIRGINIA, CELEBRATED THE 35TH ANNIVERSARY OF THE NIGHTINGALE AIR AMBULANCE ADDITI ONALLY, SNGH WAS THE FIRST IN HAMPTON ROADS TO PERFORM CLOT-VAC, WHICH INVOLVES THE REMOVA L OF BLOOD CLOTS WITHOUT OPEN HEART SURGERY WOMEN'S SERVICES LEADERS AT SNGH HAD AN IDEA TO TAKE WIC-WOMEN, INFANTS AND CHILDREN, A SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN AND TH EIR YOUNG CHILDREN, TO THE MOTHER DURING THEIR STAY FOR DELIVERING THEIR BABY THIS APPROA CH ALLOWED WOMEN TO IMMEDIATELY ACCESS THE BENEFITS OF WIC AS OPPOSED TO HAVING MOMS VISIT THE WIC OFFICE (REQUIRING DISTANT/INCONVENIENT TRAVEL TO THE WIC OFFICE WHILE HAVING THE DEMANDS OF BEING A NEW MOM) AFTER THEY GET HOME FROM THE HOSPITAL IN ORDER TO ACCESS THESE SAME BENEFITS OFFERED THROUGH WIC IV SENTARA LEIGH HOSPITAL (SLH), LOCATED IN NORFOLK, VIRGINIA, DESIGNATED ITS 48-BED ORTHOPEDIC CENTER OF SENTARA LEIGH HOSPITAL AS THE ORTHOPE DIC HOSPITAL AT SENTARA LEIGH THIS IS THE FIRST DESIGNATED ORTHOPEDIC HOSPITAL IN SOUTH H AMPTON ROADS AND WILL JOIN THE ORTHOPAEDIC HOSPITAL AT SENTARA CAREPLEX ON THE PENINSULA A S THE ONLY TWO IN THE HAMPTON ROADS REGION V SENTARA OBICI HOSPITAL (SOH), LOCATED IN SU FFOLK, VIRGINIA, BEGAN OFFERING STEREOTACTIC RADIOSURGERY AND RADIOTHERAPY, ALLOWING RESID ENTS IN WESTERN TIDEWATER TO RECEIVE TREATMENT CLOSER TO HOME ADDITIONALLY, SENTARA BELLE HARBOUR, AN OUTPATIENT CAMPUS ASSOCIATED WITH SENTARA OBICI HOSPITAL, BROKE GROUND ON AN 8 5,000 SQ FT $33 5 MILLION BUILDING THAT WILL FEATURE AN AMBULATORY SURGERY CENTER, EXPAND ED EMERGENCY DEPARTMENT, 14 OBSERVATION BEDS FOR THE EMERGENCY DEPARTMENT PATIENTS, NEW ME DICAL OFFICE SPACE AND A HELIPAD VI SENTARA CAREPLEX HOSPITAL (SCH), LOCATED IN HAMPTON, VIRGINIA, INTRODUCED MATERNITY SERVICES AND HAPPILY DELIVERED ITS FIRST HAMPTON NEWBORN O N DECEMBER 31, 2017 THIS SERVICE WAS DESIGNED WITH CONSIDERABLE CONSUMER INPUT SO AS TO P ROVIDE THE OPTIMAL EXPERIENCE FOR MOM AND FAMILY WHEN EXPERIENCING THIS UNIQUE AND HAPPY L IFE MILESTONE VII SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER (SWRMC), LOCATED IN WILLI AMSBURG, VIRGINIA, OPENED THE SENTARA OUTPATIENT REHAB CENTER MOBILITY PARK HELPING REHAB PATIENTS OF ALL AGES WITH GAIT RELATED PROBLEMS TO HAVE MORE OPPORTUNITY TO PRACTICE THEIR WALKING SKILLS SAFELY THE MO

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FORM 990, PART III, LINE 4A	BILITY PARK, LOCATED OUTDOORS NEAR THE R F WILKINSON YMCA, WHICH HOUSES THE HOSPITAL'S LA RGEST OUTPATIENT THERAPY CENTER, IS A PROJECT FUNDED THROUGH THE AUXILIARY OF SENTARA WILL IAMSBURG VIII SENTARA ALBEMARLE MEDICAL CENTER (SAMC), LOCATED IN ELIZABETH CITY, NC, CO MPLETED ITS IMPLEMENTATION OF SENTARA ECARE (ELECTRONIC MEDICAL RECORD) SO IT IS NOW AVAIL ABLE TO PATIENTS RECEIVING HOSPITAL CARE AS WELL AS FOR PATIENTS IN OUR PHYSICIAN OFFICES THE BREAST CENTER AT SAMC RECEIVED STEREOTACTIC ACCREDITATION FROM THE AMERICAN COLLEGE O F RADIATION ONCOLOGY SAMC INTRODUCED THE SENTARA ORTHOJOINT CENTER AND THE SPORTS MEDICIN E CENTER THE SENTARA ORTHOJOINT CENTER HAS A SINGULAR FOCUS TO MEET THE NEEDS OF ORTHOPED IC SURGICAL PATIENTS UNDERGOING HIP OR KNEE REPLACEMENT

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FORM 990, PART III, LINE 4A	E SOUTH BOSTON/HALIFAX SENTARA HALIFAX REGIONAL HOSPITAL (SHRH), LOCATED IN SOUTH BOSTON, VIRGINIA, BEGAN OFFERING CT LUNG CANCER SCREENINGS TO INDIVIDUALS WHO ARE AT A HIGHER RIS K OF DEVELOPING LUNG CANCER ENABLING THE EARLIER DETECTION OF CANCER SENTARA OBSTETRICS A ND GYNECOLOGY OPENED IN HALIFAX OFFERING COMPREHENSIVE, HIGH-QUALITY WOMEN'S HEALTHCARE OP TIONS ON THE HOSPITAL CAMPUS WITH TWO OB/GYN PROVIDERS ON BOARD, THERE IS MORE ACCESS AND OPTIONS FOR WOMEN WHO NEED THESE SERVICES CLOSE TO HOME SHRH OPENED AN OUTPATIENT THERAP Y PROGRAM AT SENTARA MEADOWVIEW TERRACE NURSING FACILITY IN CLARKSVILLE, VIRGINIA F SENT ARA ENTERPRISES SENTARA HOME HEALTH, HOSPICE AND INFUSION HAD A STRONG YEAR IN TERMS OF AC CREDITATION BY THE ACCREDITATION COMMISSION FOR HEALTH CARE (ACHC) ACHC HAS CMS DEEMING A UTHORITY FOR HOME HEALTH, HOSPICE, AND DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS A ND SUPPLIES AND A QUALITY MANAGEMENT SYSTEM THAT IS ISO 9001 2015 CERTIFIED SENTARA ENTE RPRISES ACHIEVED ACHC ACCREDITATION FOR 7 HOME HEALTH LEGACY LOCATIONS, 3 NEW HOME HEALTH PROVIDERS, ALL 3 HOSPICE PROVIDERS, AND IV INFUSION SERVICES G SENTARA LIFE CARE SENTARA LIFE CARE IS COMPRISED OF ASSISTED LIVING CENTERS, NURSING HOMES, MOBILE MEALS AND THE PR OGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) IN 2017, SENTARA LIFE CARE OPENED A NEW CARE AND REHABILITATION RESIDENCE IN CHESAPEAKE, VIRGINIA THE 120 BED FACILITY FEA TURES AN INNOVATIVE "HOUSEHOLD" DESIGN WITH 20-40 RESIDENTS EACH, AND A RESIDENT-CENTERED APPROACH TO CARE SHORT-TERM REHABILITATION ADMISSIONS INCREASED COMPARED TO 2016 SENTARA LIFE CARE IMPLEMENTED A MEDICAL DIRECTOR/PCP MODEL IN THE TWO PACE (PROGRAM FOR THE ALL-I NCLUSIVE CARE FOR THE ELDERLY) CENTERS PACE IS A COMPREHENSIVE HEALTH CARE AND SUPPORTIVE SERVICES PROGRAM FOR FRAIL SENIORS WHO WISH TO REMAIN IN THEIR HOMES AND COMMUNITY THE P ROGRAM IS ONE THAT PROVIDES TOTAL CARE FOR PARTICIPANTS, INCLUDING COMPREHENSIVE MEDICAL A ND REHABILITATIVE SERVICES, IN-HOME SERVICES AND TRANSPORTATION H SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) I SENTARA MEDICAL GROUP (SMG) COMPLETED THE 2017 SMG STRATEGIC PLAN WITH A FOCUS ON CARE DELIVERY, CUSTOMER EXPERIENCE , PROVIDER AND EMPLOYEE ENGAGEMENT AND GROWTH AND INNOVATION SMG ESTABLISHED A CENTRALIZE D NURSE ADVICE LINE PILOTED AT SELECT PRACTICES TO CONNECT PATIENTS TO A TRIAGE CALL CENTE R FOR HEALTHCARE ADVICE THIS PROGRAM STREAMLINES WORKFLOWS AND HELPS PATIENTS ARRANGE SAM E-DAY CARE SMG RENOVATED 14 PRACTICES AND OPENED 10 NEW PRACTICE LOCATIONS ADDITIONALLY, SMG CONTINUED ITS IMPRESSIVE GROWTH IN MYCHART ENROLLEES (ELECTRONIC MEDICAL RECORD) BY E XCEEDING ITS GOAL OF 270,000 WITH A TOTAL OF 281,431 ENROLLEES VIII QUALITY AND PATIENT SAFETY DISTINCTIONS A AWARD-WINNING CARE-AS ALWAYS, SENTARA IS PROUD AND HUMBLED BY THE V ARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVED OVER THE COURSE OF THE YEAR OUR MISSIO N IS TO IMPROVE HEALTH EVERY D

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	AY TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION - DRIVEN WORK H ERE ARE A FEW OF THE 2017 AWARDS AND RECOGNITIONS I FOR THE 17TH CONSECUTIVE YEAR, THE C ARDIOLOGY AND HEART SURGERY PROGRAM AT SENTARA NORFOLK GENERAL HOSPITAL (SENTARA HEART HOS PITAL) WAS LISTED AMONG THE TOP 50 HEART PROGRAMS IN THE U S NEWS & WORLD REPORT 'BEST HO SPITALS' RANKING #24 IN 2017 DIABETES AND ENDOCRINOLOGY AT SENTARA NORFOLK GENERAL HOSPIT AL, A SPECIALTY AT EASTERN VIRGINIA MEDICAL SCHOOL, RANKED #43 II NINE SENTARA HOSPITALS EARNED HIGHEST GRADE OF "A" FOR DELIVERING SAFE CARE FOR PATIENTS ACCORDING TO THE LEAPFR OG HOSPITAL SAFETY SCORE III SENTARA HEALTHCARE WAS NAMED 1 OF 52 GREAT HEALTH SYSTEMS T O KNOW ACCORDING TO BECKER'S HOSPITAL REVIEW AND, SENTARA HALIFAX REGIONAL HOSPITAL WAS R ANKED IN THE TOP 100 RURAL AND COMMUNITY HOSPITALS IN 2017 IV SENTARA LEIGH HOSPITAL WAS NAMED TO TRUVEN TOP 100 HOSPITALS FROM TRUVEN HEALTH ANALYTICS AND MODERN HEALTHCARE B SENTARA CAREPLEX HOSPITAL BECAME THE LATEST HOSPITAL WITHIN THE SENTARA FAMILY TO EARN THE NURSING MAGNET DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER MAGNET SPEAKS T O A SUPPORTIVE WORKING ENVIRONMENT FOR NURSES AND SUPERIOR CLINICAL CARE BASED ON STRICT C RITERIA THAT MAGNET HOSPITALS MUST MEET IX OPTIMA HEALTH A PROGRAM AND PRODUCT DEVELOPM ENT OPTIMA HEALTH LAUNCHED OPTIMA HEALTH COMMUNITY CARE (OHCC), A NEW MEDICAID PRODUCT THA T SERVES VIRGINIANS WITH COMPLEX HEALTH ISSUES, MANY OF WHOM REQUIRE LONG-TERM SUPPORT AS A RESULT OF AGING, CHRONIC ILLNESS OR DISABILITY 17,893 MEMBERS WERE ASSIGNED TO OPTIMA H EALTH COMMUNITY CARE FROM AUGUST 1 - DECEMBER 31, 2017 FROM SIX REGIONS ACROSS THE COMMONW EALTH OHCC MODEL OF CARE FACILITATES PERSON-CENTERED CARE, FEATURING BENEFITS SUCH AS COO RDINATION AND MANAGEMENT OF ALL ASPECTS OF PHYSICAL HEALTH, BEHAVIORAL HEALTH, LONG-TERM C ARE AND COMMUNITY-BASED SERVICES X CONCLUSION SENTARA HEALTHCARE IS COMMITTED TO IMPROV ING HEALTH EVERY DAY WE DO SO BY PROVIDING QUALITY CARE THROUGH EXPERT PROVIDERS, USING C UTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE - ALL WITH A CONSTANT FOCUS ON INNOVATION WE LOOK FORWARD TO ANOTHER YEAR OF GROW TH AND INNOVATION IN 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A FORM 1096	AS THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, THE ORGANIZATION MAINTAINS AGENCY RELATIONSHIPS AND ISSUES 1099S ON BEHALF OF OTHER ENTITIES IN THE SYSTEM THE NUMBER REPORTED IS A BEST ESTIMATE OF THE 1099S ATTRIBUTABLE TO THE ORGANIZATION THE EXACT NUMBER CANNOT BE DETERMINED, AS SOME OF THE 1099S ISSUED BY THE ORGANIZATION ARE ATTRIBUTABLE TO MORE THAN ONE ENTITY, AND THERE IS NO REPORTING MECHANISM TO DETERMINE 1099'S ATTRIBUTABLE SOLELY TO THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS 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 B, LINE 11B	FORM 990 REVIEW PROCESS THE ORGANIZATION USED ITS OWN 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 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	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS 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	THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQ UALIFIED PERSONS REASONABLE COMPENSATION SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ES TABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTI ON 4958 REGULATIONS THE COMPENSATION PHILOSOPHY OF THE ORGANIZATION IS TO BASE OVERALL CO MPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS A PPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TEN URE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGA NIZATION IN LINE WITH THIS PHILOSOPHY, THE ORGANIZATION PERFORMED SUBSTANTIAL DUE DILIGEN CE AS TO MARKET COMPARABLES THE COMPENSATION COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS W ITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSAT ION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INC LUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKI NG DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONS IDERING PROGRAMMATIC CHANGES THE STUDY COMPARED THE COMPENSATION OF THE ORGANIZATION'S SE NIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE S ENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY IN CONDUCTING THE STUDY, THE CONSULTANT TARGE TED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXIT Y FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETE D THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A G ROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEA R THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 32 NOT-FOR-PROFIT HEALTHCARE SY STEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WI TH ITS RELATIVE PERFORMANCE THE COMPENSATION STUDY WAS PRESENTED TO THE ORGANIZATION'S CO MPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A) ITS REVIEW AND ANAL YSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASO NABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD THE COMMITTEE'S BASES FOR ITS DECISION S WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR RE VIEW AND APPROVAL ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS THIS PROCESS WAS USED TO ESTABLIS H COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND CEO, SENIOR VICE PRESIDENT AND COO, SE NIOR VICE PRESIDENT AND CFO, A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ND OTHER SENIOR AND CORPORATE VICE PRESIDENTS THE PROCESS WAS LAST UNDERTAKEN DURING THE CURRENT TAX YEAR FOR ALL POSITIONS LISTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PROVISION OF GOVERNING DOCS, COI POLICY AND FINANCIALS TO PUBLIC 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 XI, LINE 9	CHANGE IN FUNDED STATUS OF PENSION LIABILITY -39,541,446 PARTNERSHIP INCOME BOOK > TAX 245,648 SUBPART F INCOME NOT ON BOOKS -1,412,873 DISTRIBUTION FROM SUBSIDIARY - RETURN OF CAPITAL 4,597,775 SECTION 351 TRANSFER TO SHI -10,049,832 SECTION 351 TRANSFERS TO SE -1,504,268 SECTION 351 TRANSFER TO SH -13,354,198 RECLASS OF INTERCOMPANY ACCTS TO EQUITY 128,031,404 CAPITAL CONTRIBUTIONS TO SUBS -10,000,000 NET ASSET TRANSFER FROM SUBSIDIARY 58,795,352

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SENTARA QUALITY CARE NETWORK LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-1265616	HEALTH CARE	VA	3,242,223	0	SENTARA HEALTHCARE

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R	THE ORGANIZATION AND ITS SUBSIDIARIES PARTICIPATE IN CASH MANAGEMENT ARRANGEMENTS WHEREBY ALL CASH OPERATING ACCOUNTS ARE SWEPT INTO OR FUNDED BY A MASTER OVERNIGHT INVESTMENT ACCOUNT ON A DAILY BASIS, IN ORDER TO MAINTAIN A $0 BALANCE IN ALL OPERATING ACCOUNTS AND MAXIMIZE INVESTMENT EARNINGS THE DAILY TRANSFERS OF CASH, WHICH RESULT FROM THIS CONSOLIDATED CASH ARRANGEMENT, HAVE NOT BEEN REPORTED ON SCHEDULE R PART V

Additional Data

Software ID:
Software Version:
EIN: 52-1271901
Name: SENTARA HEALTHCARE

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	(g) Section 512 (b)(13) controlled entity? No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801459	HLTH/WELFARE	VA	501(C)(3)	LINE 7	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0506331	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
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	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 30-0041113	FUNDRAISING	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0261840	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3623430	SUPPORTING ORG	NC	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SVI	UNRELATED	180,163	506,123		No			No	40 000 %
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SH	UNRELATED	90,082	253,066		No			No	20 000 %
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	SH	RELATED	255,894	3,180,937		No			No	61 540 %
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	SH	RELATED	1,984,088	3,446,313		No			No	51 520 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	SH	RELATED	707,383	3,203,491		No			No	50 000 %
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	SH	RELATED	1,352,339	7,265,057		No			No	50 000 %
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	SVI	UNRELATED	405,659	141,379		No			No	33 330 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SE	RELATED	-203,369	1,140,522		No			No	25 000 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SH	RELATED	-203,369	1,140,522		No			No	25 000 %
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	SH	RELATED	769,555	1,739,705		No			No	54 550 %
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	SE	RELATED	-6,574	4,909,205		No			No	70 000 %
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTHCARE	VA	PHC	RELATED	-283,070	1,142,903		No			No	50 000 %
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-4185117	MGT SVCS	VA	SH	RELATED	156,366	13,867		No			No	40 000 %
CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	SH	RELATED	2,179,817	2,752,951		No			No	50 000 %
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	MJME	UNRELATED	223,197	678,383		No			No	50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MNS SUPPLY CHAIN NETWORK LLC 11525 N COMMUNITY HOUSE RD STE 450 CHARLOTTE, NC 28277 45-4235238	GPO	DE	SHC	UNRELATED	-90,452	75,173		No		Yes		33 330 %
LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBRIDGE, VA 22192 45-5347932	HEALTH CARE	VA	PHC	RELATED	95,485	2,076,598		No			No	60 680 %
ALETA HEALTH LLC 2300 OPITZ BLVD WOODBRIDGE, VA 22191 46-5661314	MSO	DE	PVC	UNRELATED	-23,976	955,864		No			No	51 000 %
OPACC I LLC 18000 W SARAH LANE SUITE 250 BROOKFIELD, WI 53045 39-2021431	RE RENTAL	WI	SVI	UNRELATED	595,346	1,729,138	Yes				No	100 000 %
MEDSTREAMING LLC 9840 WILLOWS ROAD NE SUITE 200 REDMOND, WA 98052 45-1573625	SOFTWARE DEV	WA	SVI	UNRELATED	-2,743,998	26,140,520		No			No	62 400 %
HIGHLAND CORE FIXED INCOME FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4618533	POOLED INV FD	DE	SHC	EXCLUDED	16,940,719	734,092,718		No			No	69 120 %
HIGHLAND EQUITY FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4606269	POOLED INV FD	DE	SHC	EXCLUDED	167,141,216	1,550,242,670		No			No	69 850 %
HIGHLAND PUBLIC INFLATION HEDGES FD C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4601867	POOLED INV FD	DE	SHC	EXCLUDED	8,176,105	275,170,026		No			No	52 540 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	SENTARA HEALTHCARE	C		2,744,753	100 000 %	Yes	
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	SENTARA HOLDINGS INC	C	24,603,866	61,196,678	100 000 %	Yes	
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	SENTARA HEALTH PLANS INC	C	15,854	2,558,067	100 000 %	Yes	
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	SENTARA HEALTH PLANS INC	C	47,694,706	27,921,338	100 000 %	Yes	
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	SENTARA HEALTH PLANS INC	C	5,907,762	1,861,772	100 000 %	Yes	
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	SENTARA HOLDINGS INC	C	24,803,650	36,176,435	100 000 %	Yes	
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	SENTARA HOLDINGS INC	C		248,929	100 000 %	Yes	
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	SEN OBICI PROF CTR	C	46,338	38,184	100 000 %	Yes	
SENTARA HEALTH PLANS OF OHIO INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1509408	TPA	OH	SENTARA HOLDINGS INC	C	6,406,936	2,265,810	100 000 %	Yes	
SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	SENTARA HOLDINGS INC	C	19,959	2,522,436	100 000 %	Yes	
SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	SENTARA HOLDINGS INC	C		5,000	100 000 %	Yes	
MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	SENTARA HEALTH PLANS INC	C	7,499,784	7,031,754	100 000 %	Yes	
SENTARA SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	HALIFAX REGIONAL HOSPITAL INC	C	1,671,802	3,482,210	100 000 %	Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	HALIFAX REGIONAL PROFESSIONAL SERVICES LLC	C	28,444,161	12,309,275	100 000 %	Yes	
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	SENTARA MEDICAL GROUP	C	6,366,753	1,814,653	100 000 %	Yes	

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								Yes	No
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C	436,505	4,219,013	100 000 %	Yes	
ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	SENTARA RMH MEDICAL CENTER	C			100 000 %	Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	MARTHA JEFFERSON HOSPITAL	C	223,197	7,904,542	100 000 %	Yes	
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	SENTARA HEALTHCARE	C	16,968,990	90,843,660	100 000 %	Yes	
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	SENTARA ALBEMARLE REGIONAL MEDICAL CENTER LLC	C	12,288,473	20,408,936	100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SENTARA PRINCESS ANNE HOSPITAL	A	6,590,950	CORP BOOKS/REC
SENTARA MEDICAL GROUP	B	248,968	CORP BOOKS/REC
MPB INC	B	26,053,529	CORP BOOKS/REC
SENTARA ENTERPRISES	B	3,153,018	CORP BOOKS/REC
SENTARA LIFE CARE CORP	B	3,889,111	CORP BOOKS/REC
SENTARA HOLDINGS INC	B	10,365,082	CORP BOOKS/REC
HALIFAX REGIONAL LONG TERM CARE	B	13,479,359	CORP BOOKS/REC
CLARKSVILLE SENIOR CARE	B	10,692,823	CORP BOOKS/REC
HALIFAX REGIONAL DEVELOPMENT CENTER	B	66,764	CORP BOOKS/REC
HALIFAX REGIONAL PROPERTIES	B	999,342	CORP BOOKS/REC
VALLEY WELLNESS CENTER	B	486,390	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	B	162,674,597	CORP BOOKS/REC
SENTARA HOSPITALS	C	294,986,834	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	C	17,656,154	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	2,811,960	CORP BOOKS/REC
SENTARA ENTERPRISES	C	845,323	CORP BOOKS/REC
SENTARA LIFE CARE CORP	C	656,169	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	C	3,248,404	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	C	111,840,327	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	C	16,020,630	CORP BOOKS/REC
MJH FOUNDATION	C	1,016,064	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	D	127,987,794	CORP BOOKS/REC
SENTARA MEDICAL GROUP	K	58,227	CORP BOOKS/REC
MPB INC	K	882,002	CORP BOOKS/REC
SENTARA HOSPITALS	L	63,271,248	CORP BOOKS/REC

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
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	6,566,047	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	L	6,360,298	CORP BOOKS/REC
SENTARA MEDICAL GROUP	L	5,138,115	CORP BOOKS/REC
SENTARA ENTERPRISES	L	2,262,252	CORP BOOKS/REC
MPB INC	L	1,249,511	CORP BOOKS/REC
SENTARA LIFE CARE CORP	L	1,684,542	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	L	12,145,403	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	L	1,872,485	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	L	2,400,704	CORP BOOKS/REC
HALIFAX REGIONAL LONG TERM CARE	L	272,427	CORP BOOKS/REC
CLARKSVILLE SENIOR CARE	L	220,436	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	L	2,587,326	CORP BOOKS/REC
SENTARA ALBEMARLE PHYSICIANS SERVICES	L	425,000	CORP BOOKS/REC
DOMINION HEALTH MEDICAL ASSOCIATES	L	426,744	CORP BOOKS/REC
VALLEY WELLNESS CENTER	L	99,554	CORP BOOKS/REC
SENTARA HOSPITALS	M	232,418	CORP BOOKS/REC
SENTARA HOSPITALS	N	634,150	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	O	1,222,961	CORP BOOKS/REC
SENTARA HOSPITALS	P	68,645	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	Q	147,220,286	CORP BOOKS/REC
SMG INNOVATIONS INC	Q	132,733	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	Q	17,728,020	CORP BOOKS/REC
OBICI ASC	Q	233,050	CORP BOOKS/REC
PRINCESS ANNE ASC	Q	342,922	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	Q	559,301	CORP BOOKS/REC

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
MPB INC	Q	964,383	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	S	11,866,432	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	S	2,253,509	CORP BOOKS/REC
BAY PRIMEX INSURANCE COMPANY LTD	S	6,328,371	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	S	58,795,352	CORP BOOKS/REC
MPB INC	R	502,310	CORP BOOKS/REC
SENTARA MEDICAL GROUP	F	7,787,195	CORP BOOKS/REC
SENTARA HOLDINGS INC	R	10,049,832	CORP BOOKS/REC
SENTARA ENTERPRISES	R	1,504,268	CORP BOOKS/REC
SENTARA MEDICAL GROUP	S	4,597,775	CORP BOOKS/REC
BAY PRIMEX INSURANCE COMPANY LTD	F	1,412,873	CORP BOOKS/REC
SENTARA ENTERPRISES	F	13,354,198	CORP BOOKS/REC
SENTARA HOSPITALS	R	13,154,198	CORP BOOKS/REC