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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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SENTARA RMH MEDICAL CENTER

Doing business as

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

Room/suite

6015 POPLAR HALL DRIVE

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

NORFOLK, VA 23502

F Name and address of principal officer

DOUGLAS J MOYER

2010 HEALTH CAMPUS DRIVE

HARRISONBURG, VA 22801

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

1908

M State of legal domicile

VA

G Gross receipts \$

465,361,518

Part I

Summary

Activities & Governance

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

NOT-FOR-PROFIT COMMUNITY HOSPITAL ORGANIZATION

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

3

4

5

6

7a

7b

3

0

2,444

340

275,581

56,854

Revenue

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

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

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

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

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

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶776,180

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

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

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

5,674,614

6,704,371

449,293,868

452,499,333

311,893

575,807

664,717

758,221

455,945,092

460,537,732

5,166,715

4,012,560

0

0

182,612,485

199,441,079

0

0

229,400,064

216,829,209

417,179,264

420,282,848

38,765,828

40,254,884

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

246,356,860

246,652,708

34,823,494

34,161,589

211,533,366

212,491,119

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

2019-11-12

Date

ROBERT A BROERMANN TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY THROUGH CONDUCTING AND MAINTAINING AN INSTITUTION FOR PERSONS IN NEED OF MEDICAL AND SURGICAL ATTENTION, CARRYING ON EDUCATIONAL ACTIVITIES RELATED TO RENDERING CARE TO SICK AND INJURED OR TO THE PROMOTION OF HEALTH, PROMOTING AND CARRYING ON SCIENTIFIC RESEARCH RELATED TO THE CARE OF THE SICK AND INJURED, AND PARTICIPATING IN ACTIVITIES DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH 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 \$ 328,829,506 including grants of \$ 4,012,560) (Revenue \$ 452,223,752)
	See Additional Data

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	328,829,506
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 162	
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	2,444			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
(1) ROBERT A BROERMANN DIRECTOR/TREASURER	1 00 52 00	X		X				0	1,564,698	24,170
(2) MICHAEL V GENTRY DIRECTOR/CHAIRMAN	1 00 52 00	X		X				0	1,960,778	33,423
(3) HOWARD P KERN DIRECTOR	1 00 54 00	X						0	3,723,802	2,026,220
(4) DOUGLAS J MOYER PRESIDENT	40 00 2 00			X				562,035	0	83,158
(5) SAMUEL J HAWLEY ASSISTANT SECRETARY	1 00 45 00			X				0	187,887	18,491
(6) JEFFERY P KING SECRETARY	1 00 48 00			X				0	722,372	94,140
(7) RICHARD L HAUSHALTER KE (SR VP/COO)	40 00 0 00				X			518,270	0	55,775
(8) TIMOTHY S CRADDOCK KE (DIR, SURGICAL SVCS)	40 00 0 00				X			163,437	0	21,343
(9) ELIZABETH V EARLY KE (DIR, PHARMACY)	20 00 20 00				X			103,699	103,699	23,631
(10) PHILIP W HACKETT KE (EXEC DIR, RMH MEDICAL GROUP)	40 00 0 00				X			230,558	0	54,312
(11) DONNA S HAHN KE (VP ACUTE CARE/CNE)	40 00 0 00				X			292,372	0	78,941
(12) EDWARD A SANDY KE PRES, RMH MEDICAL GROUP	40 00 0 00				X			475,406	0	56,178
(13) MARIJO LECKER KE (VP, CLINICAL SUPPORT SVS)	20 00 20 00				X			161,053	161,052	41,928
(14) STEWART R NELSON KE/VP/CFO BLUE RIDGE/SHRH (EF 1/18)	16 00 26 00				X			150,784	226,174	45,926
(15) CHAD MUXLOW MD PHYSICIAN	40 00 0 00					X		1,732,907	0	37,603
(16) CHRISTOPHER D DIPASQUALE DO PHYSICIAN	40 00 0 00					X		1,283,286	0	32,499
(17) CHRISTOPHER J HESS MD PHYSICIAN	40 00 0 00					X		985,467	0	41,883

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRANK CUCE MD PHYSICIAN	40 00 0 00					X		928,928	0	48,663
(19) JEROME MCDONALD MD PHYSICIAN	40 00 0 00					X		842,215	0	45,201
(20) J MICHAEL BURRIS FORMER KE	0 00 41 00						X	0	192,429	10,855
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,430,417	8,842,891	2,874,340

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 ▶ 241		
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	Yes	No
	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	Yes	
	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		No
	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
	HARRISONBURG PHYSICIANS ANESTHESIOLOGY I PO BOX 420 DAYTON, VA 22821	MEDICAL PROFESSIONAL SERVICES	8,349,533
	AMN HEALTHCARE INC 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	HEALTHCARE STAFFING SOLUTIONS	3,119,937
	COMPHEALTH ASSOCIATES INC PO BOX 972625 DALLAS, TX 75397	HEALTHCARE STAFFING SOLUTIONS	2,846,123
	HEMATOLOGY ONCOLOGY ASSOCIATES 605 E BEVERLY STREET STAUNTON, VA 24401	MEDICAL PROFESSIONAL SERVICES	2,537,465
	HARRISONBURG MEDICAL ASSOCIATES 1871 EVELYN BYRD AVENUE HARRISONBURG, VA 22801	MEDICAL PROFESSIONAL SERVICES	1,781,006
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 ▶ 52		

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	640					
	c Fundraising events . . .	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,333,424					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,370,307					
	g Noncash contributions included in lines 1a - 1f \$		929,196					
	h Total. Add lines 1a-1f ▶		6,704,371					
Program Service Revenue			Business Code					
	2a NET PATIENT SRVC REV		621300	451,462,993	451,187,412	275,581		
	b OTHER PROGRAM SERVICES		621300	625,638	625,638			
	c PREMIUM & CAPITATION REVENUE		621300	410,702	410,702			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶		452,499,333					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		200,709			200,709		
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
	6a Gross rents	(i) Real	(ii) Personal					
		271,237						
		b Less rental expenses	0					
		c Rental income or (loss)	271,237					
	d Net rental income or (loss) ▶		271,237			271,237		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		5,122,954	74,427					
		b Less cost or other basis and sales expenses	4,802,332	19,951				
		c Gain or (loss)	320,622	54,476				
	d Net gain or (loss) ▶		375,098			375,098		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		14,564					
		b Less direct expenses b		1,503				
		c Net income or (loss) from fundraising events . . . ▶		13,061			13,061	
	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 SALES OF NON-MEDICAL GOODS	900099	451,327			451,327			
b DIETARY SALES	722210	22,596			22,596			
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶		473,923						
12 Total revenue. See Instructions ▶		460,537,732	452,223,752	275,581	1,334,028			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,421,892	3,421,892		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	590,668	590,668		
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.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	3,058,472	2,508,253	550,219	
7 Other salaries and wages.	158,081,461	129,262,130	28,355,392	463,939
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	11,861,185	9,698,908	2,127,586	34,691
9 Other employee benefits.	16,453,771	13,454,216	2,951,364	48,191
10 Payroll taxes.	9,986,190	8,160,589	1,790,135	35,466
11 Fees for services (non-employees):				
a Management.	2,622,935	2,151,069	471,866	
b Legal.	225,910	185,269	40,641	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,238,620	25,874,510	356,610	7,500
12 Advertising and promotion.	204,344	145,808	31,985	26,551
13 Office expenses.	12,018,163	9,766,050	2,142,315	109,798
14 Information technology.	2,057,848	1,672,521	366,890	18,437
15 Royalties.				
16 Occupancy.	5,446,855	4,466,966	979,889	
17 Travel.	493,007	399,746	87,690	5,571
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	127,600	104,587	22,943	70
20 Interest.	4,924,902	4,924,902		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	16,986,746	13,915,713	3,052,599	18,434
23 Insurance.	2,342,355	1,920,965	421,390	
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 UBI TAXES	-60,945	-60,945		
b MEDICAL SUPPLIES	84,919,610	84,919,610		
c SENTARA SERVICE EXPENSE	44,438,733		44,438,733	
d PURCHASED & CONTRACTED	7,912,404	6,488,963	1,423,441	
e All other expenses	5,930,122	4,857,116	1,065,474	7,532
25 Total functional expenses. Add lines 1 through 24e.	420,282,848	328,829,506	90,677,162	776,180
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 SheetCheck 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		6,890,070	1	5,853,211
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,064,205	3	842,616
	4	Accounts receivable, net		52,402,866	4	57,484,646
	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		702,008	7	693,248
	8	Inventories for sale or use		6,068,358	8	5,684,267
	9	Prepaid expenses and deferred charges		474,761	9	836,569
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	246,015,805		
	b	Less: accumulated depreciation	10b	105,755,601		
				140,930,430	10c	140,260,204
	11	Investments—publicly traded securities		33,120,985	11	32,231,833
	12	Investments—other securities. See Part IV, line 11		1,022,072	12	211,331
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		3,681,105	15	2,554,783	
16	Total assets. Add lines 1 through 15 (must equal line 34)		246,356,860	16	246,652,708	
Liabilities	17	Accounts payable and accrued expenses		11,412,957	17	11,980,251
	18	Grants payable			18	
	19	Deferred revenue			19	2,046
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		23,410,537	25	22,179,292
	26	Total liabilities. Add lines 17 through 25		34,823,494	26	34,161,589
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		175,002,549	27	176,542,488
	28	Temporarily restricted net assets		19,862,937	28	20,355,170
	29	Permanently restricted net assets		16,667,880	29	15,593,461
	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		211,533,366	33	212,491,119	
34	Total liabilities and net assets/fund balances		246,356,860	34	246,652,708	

Part XI Reconciliation of Net AssetsCheck 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	460,537,732
2	Total expenses (must equal Part IX, column (A), line 25)	2	420,282,848
3	Revenue less expenses Subtract line 2 from line 1	3	40,254,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	211,533,366
5	Net unrealized gains (losses) on investments	5	-2,173,164
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	-37,123,967
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,491,119

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

- 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?
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?
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?
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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

HOSPITAL SERVICES THE HOSPITAL PROVIDES HIGH-QUALITY HEALTH CARE TO THE COMMUNITY BY OFFERING THE LATEST TECHNOLOGY AND THE BEST TECHNICAL EXPERTISE THE HOSPITAL SERVES A SEVEN-COUNTY AREA WITH A POPULATION AROUND 227,000, ADMITTING MORE THAN 20,000 INPATIENTS IN 2018 THE HOSPITAL IS LICENSED AS A 238-BED HOSPITAL AND PROVIDES AN APPROPRIATE ARRAY OF REGIONAL COMMUNITY HOSPITAL SERVICES INCLUDING ONCOLOGY, CARDIOLOGY INCLUDING CARDIAC SURGERY, BEHAVIORAL HEALTH, OBSTETRICS AND WOMEN'S SERVICES, OUTPATIENT AND INPATIENT SURGERY, SLEEP MEDICINE, EMERGENCY CARE, SENIOR SERVICES, HOME AND HOSPICE CARE, PHYSICIAN PRACTICES AND A VARIETY OF OTHER OUTPATIENT SERVICES AS WELL AS EDUCATION AND OUTREACH THE HOSPITAL IS HOME TO SCHOOLS OF RADIOLOGICAL TECHNOLOGY AND MEDICAL TECHNOLOGY ALONG WITH TRADITIONAL HEALTH SERVICES, THE HOSPITAL MAKES ITS RESOURCES AVAILABLE TO SUPPORT MANY COMMUNITY HEALTH INITIATIVES AND PROGRAMS SEE SCHEDULE O FOR A DESCRIPTION OF PROGRAMS AND ACCOMPLISHMENTS OF THE SENTARA HEALTHCARE SYSTEM AS A WHOLE FOR 2018

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

SENTARA RMH MEDICAL CENTER

Employer identification number

54-0506331

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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

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SCHEDULE D

(Form 990)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SENTARA RMH MEDICAL CENTER

Employer identification number

54-0506331

Part I

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	36,530,817	32,002,475	32,014,904	33,495,329	33,004,830
b Contributions	6,702,284	5,673,072	3,183,580	1,315,110	1,979,213
c Net investment earnings, gains, and losses	-1,699,895	3,933,355	1,568,410	-272,089	331,638
d Grants or scholarships					
e Other expenditures for facilities and programs	5,584,576	5,078,085	4,764,419	2,523,446	1,820,352
f Administrative expenses					
g End of year balance	35,948,630	36,530,817	32,002,475	32,014,904	33,495,329

2

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

a

Board designated or quasi-endowment

43 380 %

b

Permanent endowment

56 620 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

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	4,536,628	13,175,846		17,712,474
b Buildings		67,771,608	11,656,066	56,115,542
c Leasehold improvements		39,953	39,953	0
d Equipment		149,086,618	90,215,550	58,871,068
e Other		11,405,152	3,844,032	7,561,120
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				140,260,204

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYABLE TO AFFILIATES	12,341
DUE TO THIRD PARTIES	2,280,745
OTHER LIABILITIES	3,149,448
GENERAL RESERVE	16,736,758
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	22,179,292

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: 54-0506331
Name: SENTARA RMH MEDICAL CENTER

Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SENTARA RMH MEDICAL CENTER

Employer identification number
54-0506331

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CLOUD'S SHOE SALE/OTHER COMMISSION (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	14,564			14,564
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	14,564			14,564
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,503			1,503
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,503
11 Net income summary Subtract line 10 from line 3, column (d) ▶				13,061	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	Hospitals ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
Name of the organization SENTARA RMH MEDICAL CENTER		Employer identification number 54-0506331

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,898,698		17,898,698	4 260 %
b Medicaid (from Worksheet 3, column a)			30,344,115	19,763,985	10,580,130	2 520 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			48,242,813	19,763,985	28,478,828	6 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,649,877		1,649,877	0 390 %
f Health professions education (from Worksheet 5)			3,435,719	1,743,022	1,692,697	0 400 %
g Subsidized health services (from Worksheet 6)			84,432,968	42,634,078	41,798,890	9 950 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			949,718		949,718	0 230 %
j Total. Other Benefits			90,468,282	44,377,100	46,091,182	10 970 %
k Total. Add lines 7d and 7j			138,711,095	64,141,085	74,570,010	17 750 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			32,192		32,192	0.010 %
9 Other						
10 Total			32,192		32,192	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	23,989,744	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	3,598,462	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	139,331,325
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	127,390,174
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	11,941,151
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☐ Cost to charge ratio	☒ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☐ Hospital facility's website (list url) _____		
b ☒ Other website (list url) <u>SEE SECTION C BELOW</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SENTARA RMH MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

SENTARA RMH MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

SENTARA RMH MEDICAL CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 33

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	FACTORS OTHER THAN FPG USED IN DETERMINING ELIGIBILITY UNDER FAPTHE ORGANIZATION USES A MULTI-FACETED REVIEW OF AN APPLICANT'S SITUATION TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE AN APPLICANT'S HOUSEHOLD INCOME IS EVALUATED IN LIGHT OF RELEVANT FACTS AND CIRCUMSTANCES, SUCH AS REPORTED INCOME, ASSETS, LIABILITIES, EXPENSES, AND OTHER RESOURCES AVAILABLE TO THE APPLICANT OR THE APPLICANT'S RESPONSIBLE PARTY, WHEN DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE THAT AN APPLICANT QUALIFIES FOR UNDER THE FINANCIAL ASSISTANCE POLICY
PART I, LINE 6A	CB REPORT PREPARED BY A RELATED ORG THE ORGANIZATION'S COMMUNITY BENEFIT REPORT WAS CONTAINED IN A SYSTEM-WIDE REPORT PREPARED BY SENTARA HEALTHCARE, EIN 52-1271901, THE 501(C)(3) PARENT ORGANIZATION OF THE SENTARA HEALTH SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO, CALCULATED USING WORKSHEET 2, WAS USED TO CALCULATE COSTS REPORTED ON LINE 7A FOR LINE 7B, THE ORGANIZATION USED A COMBINATION OF ITS INTERNAL COST METHOD AND ITS COST-TO-CHARGE RATIO PER WORKSHEET 2 FOR LINE 7G, THE ORGANIZATION USED A COMBINATION OF ITS INTERNAL COST METHOD AND A COST-TO-CHARGE RATIO SPECIFIC TO EACH COST CENTER PROVIDING SUBSIDIZED HEALTH SERVICES
PART I, LINE 7G	\$39,717,507 OF THE AMOUNT REPORTED IN COLUMN (E) IS ATTRIBUTABLE TO PHYSICIAN CLINICS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	FOR SCHEDULE H PART III LINE 2 PURPOSES, THE ORGANIZATION REPORTS WHAT WOULD'VE BEEN CONSIDERED BAD DEBT EXPENSE PRIOR TO ITS 2018 ADOPTION OF ASC TOPIC 606 ASC TOPIC 606 NOW CLASSIFIES THIS COMPONENT OF UNCOMPENSATED CARE AS IMPLICIT PRICE CONCESSIONS, WHICH ARE A REDUCTION TO NET OPERATING REVENUE IMPLICIT PRICE CONCESSIONS REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS THE ORGANIZATION EXPECTS TO COLLECT BASED ON ITS COLLECTIONS HISTORY WITH THOSE PATIENTS AND CURRENT MARKET CONDITIONS IT UTILIZES A PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT TO ACCOUNT FOR PATIENT CONTRACTS WITH SIMILAR CHARACTERISTICS AS A COLLECTIVE GROUP RATHER THAN INDIVIDUALLY SEE FOOTNOTES 3(R) AND 4 ON PAGES 13-14 OF THE ATTACHED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION
PART III, LINE 3	IN COMPUTING LINE 3, THE ORGANIZATION CONSERVATIVELY ESTIMATES THAT 15% OF IMPLICIT PRICE CONCESSIONS (FORMERLY BAD DEBT) ARE ATTRIBUTABLE TO PATIENTS WHO WOULD QUALIFY FOR CHARITY ASSISTANCE IF SUFFICIENT DATA WAS AVAILABLE THIS ESTIMATE IS BASED ON CREDIT REPORTING DATA PURCHASED FROM EQUIFAX THIS DATA PROVIDES CREDIT SCORE, INCOME PREDICTION DATA AND NUMEROUS LINES OF CREDIT AND ASSET DATA FOR UNRESPONSIVE PATIENTS, THE ORGANIZATION USES THE ESTIMATED INCOME, MARITAL STATUS, ASSET INFORMATION AND CREDIT LINE DATA TO DETERMINE WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY BASED ON A PROJECTED INCOME OF 200% OF THE FEDERAL POVERTY GUIDELINES WITH LITTLE TO NO ASSET DATA THIS INFORMATION IS NOT ALL INCLUSIVE FOR ALL UNRESPONSIVE PATIENTS THAT COULD QUALIFY, AS DEPENDENT INFORMATION IS NOT READILY AVAILABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	SEE FOOTNOTES 3(R) AND 4 ON PAGES 13-14 OF THE ATTACHED FINANCIAL STATEMENTS FOR THE FOOTNOTE WHICH DISCUSSES IMPLICIT PRICE CONCESSIONS (FORMERLY BAD DEBT)
PART III, LINE 8	WORKSHEET A IN THE INSTRUCTIONS WAS USED TO COMPUTE THE AMOUNT REPORTED ON LINE 6

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	UNDER THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY, A HOSPITAL FACILITY MUST TAKE REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE PRIOR TO ENGAGING IN COLLECTION EFFORTS AGAINST A PATIENT. SUCH EFFORTS INCLUDE NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE, PROVIDING ASSISTANCE IN THE APPLICATION PROCESS, ADVERTISING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON PATIENT STATEMENTS, FOLLOWING UP WITH PATIENTS WHO HAVE SUBMITTED INCOMPLETE APPLICATIONS TO TRY AND OBTAIN THE MISSING INFORMATION, AND INFORMING APPLICANTS REGARDING THEIR ELIGIBILITY DETERMINATION. PRIOR TO TURNING THE ACCOUNTS OF UNRESPONSIVE PATIENTS OVER TO COLLECTIONS, THE HOSPITAL FACILITY ALSO ATTEMPTS TO QUALIFY AND WRITE OFF BALANCES UNDER THE FINANCIAL ASSISTANCE POLICY BASED ON CREDIT REPORTING DATA THAT ASSISTS IN DETERMINING INCOME AND CREDIT WORTHINESS. WHEN THE CREDIT DATA SUGGESTS THAT A PATIENT'S INCOME IS AT OR BELOW THE 200% FEDERAL POVERTY GUIDELINES, THE ACCOUNT BALANCE IS WRITTEN-OFF TO PRESUMPTIVE CHARITY, AND ALL COLLECTIONS EFFORTS CEASE. IF THE CREDIT REPORTING DATA IS UNCLEAR ON AN UNRESPONSIVE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, THE PATIENT'S ACCOUNT MAY BE MOVED TO BAD DEBT AND FURTHER COLLECTIONS ACTIONS TAKEN. IF AT ANY TIME DURING THE BAD DEBT COLLECTIONS PROCESS THE HOSPITAL FACILITY RECEIVES INFORMATION THAT THE PATIENT IS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY, THE COLLECTION EFFORTS CEASE, AND THE ACCOUNT IS WRITTEN OFF TO CHARITY.
PART VI, LINE 2	THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES THROUGH THESE MEANS - ANALYSIS OF AREA SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA. THE ANALYSIS FOCUSES ON IDENTIFICATION OF HEALTH CARE NEEDS FOR PLANNING AND DEVELOPMENT OF HEALTH SERVICES AND PROGRAMS. THIS ANALYSIS IS UTILIZED IN THE DEVELOPMENT OF ORGANIZATIONAL PLANS. OBTAINING INPUT FROM KEY STAKEHOLDERS AND THE PUBLIC HEALTH COMMUNITY. IN ADDITION TO THE ANALYSIS OF SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA, ADDITIONAL INFORMATION IS OBTAINED AND ANALYZED. THIS INCLUDES INPUT FROM KEY STAKEHOLDERS INCLUDING THE LOCAL PUBLIC HEALTH COMMUNITY - REVIEW OF HEALTH CARE NEEDS ASSESSMENTS AND DATA DEVELOPED BY COMMUNITY PARTNERS (SUCH AS STATE HEALTH DEPARTMENTS AND LOCAL HEALTH DISTRICTS), REGIONAL AGENCIES (SUCH AS THE PLANNING COUNCIL OR PLANNING DISTRICT COMMISSION), NATIONAL ORGANIZATIONS WHICH REPORT ON A LOCAL BASIS (SUCH AS COUNTY HEALTH RANKINGS), AND INFORMATION REPORTED IN LOCAL MEDIA. THIS INFORMATION IS STUDIED, INCORPORATED INTO THE ORGANIZATION'S PLANS, AND SHARED WITH ORGANIZATIONAL DECISION MAKERS. PARTICIPATION IN COLLABORATIVE HEALTH PLANNING AND NEEDS ASSESSMENT ACTIVITIES SUCH AS THOSE SPONSORED BY THE LOCAL HEALTH DISTRICTS AND OTHER ORGANIZATIONS. INFORMATION GATHERED THROUGH THESE ACTIVITIES IS INCORPORATED INTO THE ORGANIZATION'S PLANNING. INFORMATION AND INPUT FROM PATIENTS AND CARE PROVIDERS. PATIENT CHARACTERISTICS AND TRENDS ARE REVIEWED TO ASSIST IN IDENTIFYING NEW COMMUNITY NEEDS. INPUT FROM PATIENTS AND CARE PROVIDERS IS SOUGHT AND CYCLED INTO THE ASSESSMENT PHASE OF PROJECTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	FINANCIAL ASSISTANCE BROCHURES AND OTHER INFORMATION ARE POSTED AT EACH POINT OF SERVICE A TOLL-FREE NUMBER IS GIVEN TO PATIENTS TO REACH CUSTOMER SERVICE REPRESENTATIVES DURING THE BUSINESS DAY FOR QUESTIONS OR CONCERNS FINANCIAL ASSISTANCE PROGRAMS ARE ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE AND INCLUDED ON THE STATEMENTS PROVIDED TO PATIENTS THE ORGANIZATION EMPLOYS FINANCIAL COUNSELORS WHO ARE AVAILABLE TO HELP PATIENTS COMPLETE APPLICATIONS FOR MEDICAID OR OTHER GOVERNMENT PAYMENT ASSISTANCE PROGRAMS, OR APPLY FOR CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF APPLICABLE THE ORGANIZATION ALSO EMPLOYS AN EXTERNAL FIRM TO ASSIST IN THE ELIGIBILITY PROCESS
PART VI, LINE 4	SENTARA RMH MEDICAL CENTER (SRMH) SERVES RESIDENTS OF THESE COUNTIES AND INDEPENDENT CITIES ROCKINGHAM, HARRISONBURG, PAGE, SHENANDOAH, AUGUSTA, STAUNTON AND ADJOINING COMMUNITIES THE 2018 POPULATION OF THE AREA IS 226,774 AND THE POPULATION IS PROJECTED TO INCREASE BY 3 3% OVER THE NEXT FIVE YEARS COMPARED TO A PROJECTED U S GROWTH RATE OF 3 5% 17 9% OF THE POPULATION ARE AGE 65+ COMPARED TO THE U S AT 15 9% EDUCATION-WISE, 16 9% OF ADULTS AGED 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION, COMPARED TO 13 0% FOR THE U S INCOME-WISE, THE AVERAGE HOUSEHOLD INCOME IS \$67,701 COMPARED TO \$86,278 FOR THE U S AND 22 3% OF THE HOUSEHOLDS HAVE AN ANNUAL INCOME OF LESS THAN \$25,000, COMPARED TO 20 4% FOR THE U S THE RACE AND ETHNICITY COMPOSITION IS AS FOLLOWS 82 7% FOR WHITE NON-HISPANIC, 4 6% FOR BLACK NON-HISPANIC, 8 8% FOR HISPANIC, 1 7% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 2 1% FOR ALL OTHERS THIS COMPARES TO THE U S COMPOSITION OF 60 4% FOR WHITE NON-HISPANIC, 12 4% FOR BLACK NON-HISPANIC, 18 2% FOR HISPANIC, 5 8% FOR ASIAN AND PACIFIC ISLANDERS NON-HISPANIC, AND 3 2% FOR ALL OTHERS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	THE ORGANIZATION'S GOVERNING BODY IS ELECTED ANNUALLY BY ITS SOLE MEMBER, SENTARA BLUE RIDGE, LLC, WHOSE COMMUNITY-BASED BOARD IS COMPRISED OF A MAJORITY OF MEMBERS WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF SENTARA HEALTHCARE, NOR FAMILY MEMBERS THEREOF GENERALLY, MEDICAL STAFF MEMBERSHIP IS OPEN TO ALL CARE PROVIDERS WHO MAY QUALIFY THE ORGANIZATION'S SURPLUS FUNDS ARE USED FOR IMPROVEMENTS INPATIENT CARE, PROVISION OF SERVICES TO THE UNINSURED AND UNDERINSURED, MEDICAL EDUCATION, AND COMMUNITY PROGRAMS
PART VI, LINE 6	THE ORGANIZATION IS AFFILIATED WITH THE SENTARA HEALTHCARE SYSTEM ("SENTARA") SENTARA, A NOT FOR PROFIT HEALTH SYSTEM, OPERATES MORE THAN 300 SITES OF CARE SERVING RESIDENTS ACROSS VIRGINIA AND NORTHEASTERN NORTH CAROLINA THE SYSTEM IS COMPRISED OF 12 ACUTE CARE HOSPITALS INCLUDING SEVEN IN HAMPTON ROADS, ONE IN NORTHERN VIRGINIA, TWO IN THE BLUE RIDGE REGIONS, ONE IN SOUTH CENTRAL VIRGINIA, AND ONE IN NORTHEASTERN NORTH CAROLINA, ADVANCED IMAGING CENTERS, NURSING AND ASSISTED-LIVING CENTERS, OUT PATIENT CAMPUSES, HOME HEALTH AND HOSPICE CARE, A 3,800-PROVIDER MEDICAL STAFF, AND FOUR MEDICAL GROUPS ITS AFFILIATION WITH SENTARA ENHANCES THE ORGANIZATION'S ABILITY TO ACHIEVE BEST PRACTICES IN HEALTHCARE DELIVERY, ACQUIRE CUTTING EDGE TECHNOLOGY AND INTEGRATED INFORMATION SYSTEMS, AND PROVIDE A HIGHER LEVEL OF MEDICAL CARE TO VIRGINIA'S BLUE RIDGE REGION COMMUNITY THESE ATTRIBUTES BETTER POSITION THE ORGANIZATION TO ADDRESS HEALTH CARE REFORM AND OTHER PROFOUND CHANGES AFFECTING THE HEALTHCARE ENVIRONMENT

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SENTARA RMH MEDICAL CENTER 2010 HEALTH CAMPUS DR HARRISONBURG, VA 22801 WWW.SENTARA.COM H1891	X	X					X		OTHER MENTAL HEALTH AND SUBSTANCE ABUSE	

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA RMH MEDICAL CENTER	PART V, SECTION B, LINE 5 IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), SENTARA RMH MEDICAL CENTER (SRMC) TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING REPRESENTATIVES OF THE LOCAL PUBLIC HEALTH DEPARTMENTS AND ORGANIZATIONS SERVING THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS THROUGH 1) SURVEYING KEY COMMUNITY STAKEHOLDERS BY USE OF AN ONLINE SURVEY TO IDENTIFY SIGNIFICANT HEALTH PROBLEMS AND SERVICE GAPS, 2) REVIEW OF ASSESSMENTS AND OTHER PLANNING DOCUMENTS PREPARED BY COMMUNITY ORGANIZATIONS SUCH AS THE LOCAL HEALTH DEPARTMENT, AND 3) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS THROUGH FOCUS GROUPS AND INTERVIEWS 1) SRMC CONVENED A CHNA STEERING COMMITTEE RESPONSIBLE FOR OVERSEEING THE ASSESSMENT, INCLUDING THE SURVEY THE COMMITTEE WAS RESPONSIBLE FOR IDENTIFYING KEY STAKEHOLDERS TO RECEIVE THE SURVEY THE SURVEY LIST WAS REVIEWED TO ENSURE BROAD REPRESENTATION, INCLUDING REPRESENTATIVES OF THE LOCAL HEALTH DEPARTMENTS, FREE CLINICS, FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS, COMMUNITY SERVICES BOARDS (MENTAL HEALTH AND SUBSTANCE ABUSE), SOCIAL SERVICES DEPARTMENTS, EDUCATIONAL INSTITUTIONS, PROVIDERS (MEDICAL, DENTAL, ETC), BUSINESSES, VOLUNTARY HEALTH AGENCIES, AREA AGENCIES ON AGING, CIVIC LEAGUES, THE FAITH COMMUNITY AND OTHER HEALTH AND HUMAN SERVICES ORGANIZATIONS AND GROUPS DURING THE SURVEY PROCESS, THE RESPONSE RATE WAS MONITORED AND FOLLOW UP WAS MADE TO ENSURE GOOD AND BROADLY REPRESENTATIVE PARTICIPATION 2) THE STEERING COMMITTEE ALSO REVIEWED HEALTH-RELATED ASSESSMENTS AND PLANS DEVELOPED BY OTHER ORGANIZATIONS AN EXAMPLE IS THE HEALTHY COMMUNITY ASSESSMENT CONDUCTED BY THE HEALTHY COMMUNITY COUNCIL THE FINDINGS OF THESE REPORTS WERE TAKEN INTO ACCOUNT IN THE IDENTIFICATION OF SIGNIFICANT HEALTH ISSUES AND IN THE DEVELOPMENT OF THE HOSPITAL'S IMPLEMENTATION STRATEGIES 3) DIRECT COMMUNICATION WITH COMMUNITY STAKEHOLDERS WAS ALSO AN IMPORTANT PART OF THE PROCESS MEMBERS OF THE STEERING COMMITTEE PROVIDED INPUT BASED UPON THEIR INVOLVEMENT IN COMMUNITY COALITIONS AND COMMUNITY HEALTH INITIATIVES AND THEIR COMMUNICATIONS WITH INDIVIDUALS IN THE COMMUNITY IN ADDITION, HOSPITAL STAFF CONDUCTED FOCUS GROUPS TO RECEIVE INPUT FROM SAFETY NET PROVIDERS, A COMMUNITY FOUNDATION, AND OTHERS
SENTARA RMH MEDICAL CENTER	PART V, SECTION B, LINE 7D COPIES OF THE ASSESSMENT HAVE BEEN MADE AVAILABLE TO OTHER ORGANIZATIONS THE DIRECT URL ADDRESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTP //WWW SENTARA COM/ASSETS/PDF/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/SRMH-2018-COMMUNITY-HEALTH-NEEDS-ASSESSMENT PDF

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SENTARA RMH MEDICAL CENTER	PART V, SECTION B, LINE 11 THE SRMC COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED NUMEROUS HEALTH ISSUES DURING THE CHNA PROCESS, THE HOSPITAL UNDERWENT A PRIORITIZATION PROCESS TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS FOR WHICH IMPLEMENTATION STRATEGIES SHOULD BE DEVELOPED THE PROCESS CONSIDERED FACTORS SUCH AS SIZE AND SCOPE OF THE HEALTH PROBLEM, THE INTENSITY AND SEVERITY OF THE ISSUE, THE POTENTIAL TO EFFECTIVELY ADDRESS THE PROBLEM AND THE AVAILABILITY OF COMMUNITY RESOURCES, IMPACT ON HEALTH DISPARITIES, THE IMPORTANCE TO THE COMMUNITY, AND SENTARA'S MISSION "TO IMPROVE HEALTH EVERYDAY" FOR THE SIGNIFICANT HEALTH NEEDS, IN ADDITION TO EXECUTION OF THE IMPLEMENTATION STRATEGIES, THE HOSPITAL IS PARTICIPATING IN THE COUNTY-WIDE COLLABORATIVE, THE HEALTHY COMMUNITY COUNCIL (OF HARRISONBURG AND ROCKINGHAM COUNTY) SOME OF THE AREA NEEDS WHICH ARE NOT SPECIFICALLY ADDRESSED IN THE IMPLEMENTATION STRATEGY WERE IDENTIFIED AS LOWER PRIORITY BECAUSE THEY DID NOT RANK HIGH WITH THE PRIORITIZATION FACTORS
SENTARA RMH MEDICAL CENTER	PART V, SECTION B, LINE 20E THE HOSPITAL USES OUTSIDE VENDORS THAT SCREEN ALL PATIENTS WITHOUT INSURANCE FOR ELIGIBILITY FOR GOVERNMENT PROGRAMS, AND FINANCIAL COUNSELORS WHO SCREEN THOSE THAT ARE NOT ELIGIBLE FOR GOVERNMENT PROGRAMS TO DETERMINE WHETHER THEY MEET CRITERIA FOR FINANCIAL ASSISTANCE IN ADDITION, THE PRESUMPTIVE ELIGIBILITY PROCESS ELIMINATES FROM COLLECTION EFFORTS THOSE PATIENTS WHO ARE UNLIKELY TO HAVE THE RESOURCES TO PAY THEIR ACCOUNT BALANCES, EVEN IF THEY ARE INELIGIBLE FOR FINANCIAL ASSISTANCE BY MODEL

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V SECTION B LINES 16A, 16B, AND 16C	THE ORGANIZATION'S FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY WERE AVAILABLE AT HTTP //WWW SENTARA COM/FINANCIALASSISTANCE
PART V LINE 3E	THE SIGNIFICANT HEALTH NEEDS PRESENTED IN THE CHNA ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED BY COMMUNITY MEMBERS VIA MULTIPLE METHODS IN ADDITION TO A KEY STAKEHOLDER SURVEY CONDUCTED ONLINE, FOCUS GROUPS ARE CONDUCTED, WITH ADDITIONAL INTERVIEWS WITH POLICY MAKERS AND REPRESENTATIVES OF INDEPENDENT COMMUNITY ORGANIZATIONS SENTARA ENSURES THAT RESPONDENTS TO REQUESTS FOR INPUT REPRESENT MANY TYPES OF COMMUNITY ACTORS POLICY MAKERS, SERVICE PROVIDERS, REPRESENTATIVES OF PUBLIC HEALTH ORGANIZATIONS, REPRESENTATIVES OF UNDERSERVED POPULATIONS, SOCIAL SERVICE PROVIDERS AND GOVERNMENT FUNCTIONS SUCH AS SCHOOLS, AND THE BUSINESS AND LARGER COMMUNITIES

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

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

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

Name and address	Type of Facility (describe)
1 1 - SENTARA RMH ORTHOPEDICS & SPORTS MED 2509 PLEASANT RUN DRIVE HARRISONBURG, VA 22801	REHAB & IMAGING & ORTHOPEDIC CENTER & SPECIALTY PHYSICIAN OFFICE
1 2 - SENTARA CARDIOLOGY SPECIALISTS 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
2 3 - SENTARA EVELYN BYRD HEALTH CENTER 1871 EVELYN BYRD AVENUE HARRISONBURG, VA 22801	INTERNAL MEDICINE, SPECIALTY PHYSICIAN OFFICES, LAB
3 4 - SENTARA UROLOGY SPECIALISTS 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
4 5 - REHAB SERVICES - PAVILION 2500 WELLNESS DRIVE HARRISONBURG, VA 22801	REHABILITATION SERVICES
5 6 - SENTARA TIMBER WAY HEALTH CENTER 13892 TIMBER WAY BROADWAY, VA 22815	FAMILY PRACTICE, LAB, IMAGING & REHAB
6 7 - SENTARA BACK AND NECK SPECIALISTS 2509 PLEASANT RUN DRIVE HARRISONBURG, VA 22801	REHABILITATION CENTER
7 8 - SENTARA NEUROLOGY SPECIALISTS 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
8 9 - SENTARA CARDIOTHORACIC SURGERY SPEC 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
9 10 - SENTARA SURGERY SPECIALISTS 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
10 11 - SENTARA VASCULAR SPECIALISTS 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
11 12 - SENTARA PULMONARY AND CC SPEC 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
12 13 - SENTARA SOUTH MAIN HEALTH CENTER 1661 SOUTH MAIN STREET HARRISONBURG, VA 22801	FAMILY PRACTICE, LAB, IMAGING & SPECIALTY PHYSICIAN OFFICE
13 14 - SENTARA BEHAVIORAL HEALTH SPECIALISTS 644 UNIVERSITY BLVD HARRISONBURG, VA 22801	MENTAL HEALTH CLINIC, MENTAL HEALTH SERVICES
14 15 - SENTARA EAST ROCKINGHAM HEALTH CTR 13737 SPOTSWOOD TRAIL ELKTON, VA 22827	FAMILY PRACTICE, LAB, IMAGING & REHAB

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

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

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

Name and address	Type of Facility (describe)
16 16 - SENTARA RHEUMATOLOGY SPECIALISTS 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
1 17 - REHAB SERVICES - INDUSTRIAL 1790 E MARKET ST 64B HARRISONBURG, VA 22801	FAMILY PRACTICE, IMAGING, OUTPATIENT LAB, & OCCUPATIONAL HEALTH
2 18 - SENTARA SLEEP MEDICINE SPECIALISTS 640 SOUTH MAIN STREET HARRISONBURG, VA 22801	SLEEP CLINIC, SLEEP LAB
3 19 - SENTARA RMH FUNKHOUSER WOMENS CENTER 2275 HEALTH CAMPS DRIVE HARRISONBURG, VA 22801	MAMMOGRAPHY SERVICES, IMAGE RECOVERY
4 20 - SENTARA EAST MARKET STREET HEALTH CTR 1790-64B EAST MARKET STREET HARRISONBURG, VA 22801	FAMILY PRACTICE, IMAGING, OUTPATIENT LAB, & OCCUPATIONAL HEALTH
5 21 - SENTARA MOUNT JACKSON HEALTH CENTER 120 MEDICAL AVENUE MOUNT JACKSON, VA 22842	FAMILY PRACTICE
6 22 - SENTARA ENDOCRINOLOGY SPECIALISTS 1661 SOUTH MAIN STREET HARRISONBURG, VA 22801	FAMILY PRACTICE, LAB, IMAGING & SPECIALTY PHYSICIAN OFFICE
7 23 - SENTARA OCCUPATIONAL HEALTH SPEC 1790-64B EAST MARKET STREET HARRISONBURG, VA 22801	FAMILY PRACTICE, IMAGING, OUTPATIENT LAB, & OCCUPATIONAL HEALTH
8 24 - HAHN CANCER CENTER 2008 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	OUTPATIENT CANCER CENTER
9 25 - SENTARA INTEGRATIVE MED PHYSICIANS 1931 MEDICAL AVENUE HARRISONBURG, VA 22801	INTEGRATIVE MEDICINE & SPECIALTY PHYSICIAN OFFICES
10 26 - SENTARA BRIDGEWATER CLINIC 100 HEALTH CENTER DRIVE BRIDGEWATER, VA 22812	LAB, IMAGING & REHAB
11 27 - REHAB SERVICES - BRIDGEWATER HOME 400 MAIN STREET BRIDGEWATER, VA 22812	REHABILITATION SERVICES
12 28 - SENTARA PALLIATIVE CARE SPECIALISTS 1931 MEDICAL AVENUE HARRISONBURG, VA 22801	INTEGRATIVE MEDICINE & SPECIALTY PHYSICIAN OFFICES
13 29 - SENTARA RMH BEHAVIORAL HEALTH 644 UNIVERSITY BLVD HARRISONBURG, VA 22801	MENTAL HEALTH CLINIC, MENTAL HEALTH SERVICES
14 30 - SENTARA NEW MARKET HEALTH CENTER 9626 SOUTH CONGRESS STREET NEW MARKET, VA 22844	FAMILY PRACTICE

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

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

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

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

Name and address	Type of Facility (describe)
31 31 - SENTARA LURAY HEALTH CENTER 134 GENERAL DRIVE LURAY, VA 22835	FAMILY PRACTICE
1 32 - SENTARA INFECTIOUS DISEASE SPECIALISTS 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES
2 33 - SENTARA ANTICOAGULATION SERVICES 2006 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	SPECIALTY PHYSICIAN OFFICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
SENTARA RMH MEDICAL CENTER

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
54-0506331

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ 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 7

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO SENTARA HEALTHCARE, THE 501(C)(3) PARENT ORGANIZATION OF THE SYSTEM, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM SENTARA RMH MEDICAL CENTER HAS A CAREFUL SCREENING PROCESS IN REVIEWING GRANT APPLICANTS THE APPLICATIONS ARE FIRST REVIEWED BY A SMALL COMMITTEE USING ESTABLISHED CRITERIA SUCH AS 1) WHAT COMMUNITY NEED IS BEING ADDRESSED, 2) THE ROLE OF PARTNERS IN THE INITIATIVE, 3) AN ACTION PLAN WITH SPECIFIC ACTIVITIES, 4) MEASURABLE GOALS OR OUTCOMES, 5) BUDGET, AND 6) SUSTAINABILITY FOR THE PROJECT IN THE FUTURE IF AWARDED THE GRANT, THE APPLICANT IS REQUIRED TO SUBMIT A WRITTEN REPORT OF THE OUTCOME WITHIN 12 MONTHS NO GRANTS ARE MADE OUTSIDE OF THE UNITED STATES

Additional Data

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

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

(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
HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STEET HARRISONBURG, VA 22801	54-1568909	501(C)(3)	18,585				MULTI-SPECIALTY CLINIC MANAGMENT PROGRAM
VALLEY PROGRAM FOR THE AGING SERVICE 800 SOUTH MAIN ST MCS 9019 HARRISONBURG, VA 22807	54-0958526	501(C)(3)	16,812				TRANSPORTATION GRANT

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
NEW BRIDGES IMMIGRANT RESOURCE CENTER 64 WEST WATER ST HARRISONBURG, VA 22801	45-5532648	501(C)(3)	19,000				NAVIGATION SERVICES FOR LIMITED ENGLISH PROFICIENCY PATIENTS
JAMES MADISON UNIVERSITY JMU BLUE RIDGE HALL 601 UNIVERSITY BLVD MSC 9008 HARRISONBURG, VA 22807	54-6001756	501(C)(3)	151,936				SUITCASE CLINIC

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
PSVA SHENANDOAH VALLEY MENTAL HEALTH COALITION PO BOX 7521 ARLINGTON, VA 22207	26-3029233	501(C)(3)	6,500				MATERNAL MENTAL HEALTH COALITION
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	52-1271901	501(C)(3)	2,946,377				CORPORATE ALLOCATION TO PARENT

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
BLUE RIDGE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION PO BOX 80 WEYERS CAVE, VA 24486	54-1328809	501(C)(3)	100,000				COMMUNITY EDUCATIONAL ASSISTANCE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMPLOYEE RELIEF FUND	35	58,600			
BUSINESS OFFICE INDIGENT PT	12	282,000			
MAMMOGRAMS FOR INDIGENT	259	41,455			
IMAGE RECOVERY INDIGENT		3,744			
NURSING SCHOLARSHIPS	29	159,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MEDICATIONS FOR CANCER PATIENTS	10	19,497			
WELLNESS SCHOLARSHIP	45	5,094			
MELTON SCHOLARSHIPS	2	6,150			
JR VOLUNTEER SCHOLARSHIP	1	2,000			
STEGER SCHOLARSHIPS	12	4,500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
LUNG CT SCREENINGS	8	1,800			
CARDIAC PRO EX SCHOLARSHIPS	33	2,030			
HEART COACHING		300			
YOGA CLASSES FOR CANCER PATIENTS		1,560			
LIFELINE SERVICE		90			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
HIGH DOSE RADIATION PT HOTEL STAYS		1,348			
SHOWALTER SCHOLARSHIPS	4	1,500			

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
	Name of the organization SENTARA RMH MEDICAL CENTER	Employer identification number 54-0506331

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

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.

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

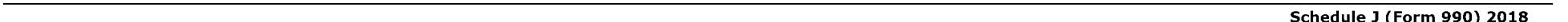
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAID FOR TAXABLE RELOCATION EXPENSES OF A TRANSFERRED EXECUTIVE, INCLUDING THE ADDITIONAL TAXES ASSOCIATED WITH SUCH BENEFITS, ALL OF WHICH WERE TREATED AS ADDITIONAL COMPENSATION AND REPORTED ON FORM W-2 AS TAXABLE WAGES

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

Return Reference	Explanation
PART I, LINE 4B	HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE HOWARD KERN, ROBERT BROERMANN, MICHAEL GENTRY, JEFFREY KING, AND DOUGLAS MOYER PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE) DURING 2018 THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN ROBERT BROERMANN (\$149,185), MICHAEL GENTRY (\$667,805), HOWARD KERN (\$590,013), AND JEFFREY KING (\$46,981) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II RICHARD HAUSHALTER PARTICIPATED IN THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE PLAN IS A DEFINED CONTRIBUTION PLAN WITH ANNUAL CONTRIBUTIONS EQUAL TO A FIXED PERCENT OF TOTAL COMPENSATION THE FIXED PERCENT IS SET AT PLAN ENTRY AND NEVER ADJUSTED REGARDLESS OF WHETHER OR NOT ASSUMPTIONS ARE REALIZED CONTRIBUTIONS ARE MADE AT THE END OF THE PLAN YEAR TO ACTIVE EXECUTIVES (NOT PAID IF SEPARATION OF SERVICE DURING YEAR) DURING THE CURRENT TAX YEAR, MR HAUSHALTER RECEIVED A DISTRIBUTION UNDER THE PLAN OF \$59,499 THIS AMOUNT HAS BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J, PART II

Return Reference	Explanation
PART I, LINE 7	DURING THE CURRENT TAX YEAR, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD, BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE, AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION PHYSICIAN PERFORMANCE INCENTIVE - AN INCENTIVE DESIGNED TO ENCOURAGE AND RECOGNIZE THE CONTRIBUTIONS AND STEWARDSHIP OF PHYSICIANS IN SENTARA'S INTEGRATED DELIVERY SYSTEM AWARDS ARE BASED ON THE ACHIEVEMENT OF CLINICAL QUALITY, PATIENT SATISFACTION, FISCAL RESPONSIBILITY AND SYSTEM ALIGNMENT GOALS



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT A BROERMANN DIRECTOR/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	811,625	544,618	208,455	7,578	16,592	1,588,868	0
MICHAEL V GENTRY DIRECTOR/CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	780,042	492,200	688,536	14,287	19,136	1,994,201	409,007
HOWARD P KERN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,575,765	1,510,047	637,990	2,002,149	24,071	5,750,022	159,126
DOUGLAS J MOYER PRESIDENT	(i)	415,878	126,619	19,538	54,793	28,365	645,193	0
	(ii)	0	0	0	0	0	0	0
SAMUEL J HAWLEY ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	163,771	24,004	112	7,495	10,996	206,378	0
JEFFERY P KING SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	478,707	158,890	84,775	67,291	26,849	816,512	30,337
RICHARD L HAUSHALTER KE (SR VP/COO)	(i)	353,712	102,683	61,875	33,286	22,489	574,045	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY S CRADDOCK KE (DIR, SURGICAL SVCS)	(i)	148,057	15,073	307	2,776	18,567	184,780	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH V EARLY KE (DIR, PHARMACY)	(i)	81,604	9,595	12,500	-1,672	13,488	115,515	0
	(ii)	81,604	9,595	12,500	-1,672	13,487	115,514	0
PHILIP W HACKETT KE (EXEC DIR, RMH MEDICAL GROUP)	(i)	189,462	29,251	11,845	28,404	25,908	284,870	0
	(ii)	0	0	0	0	0	0	0
DONNA S HAHN KE (VP ACUTE CARE/CNE)	(i)	236,513	54,402	1,457	66,636	12,305	371,313	0
	(ii)	0	0	0	0	0	0	0
EDWARD A SANDY KE PRES, RMH MEDICAL GROUP	(i)	371,220	98,705	5,481	31,765	24,413	531,584	0
	(ii)	0	0	0	0	0	0	0
MARIJO LECKER KE (VP, CLINICAL SUPPORT SVS)	(i)	122,860	37,421	772	10,182	10,782	182,017	0
	(ii)	122,860	37,421	771	10,182	10,782	182,016	0
STEWART R NELSON KE/VP/CFO BLUE RIDGE/SHRH (EF 1/18)	(i)	114,310	16,131	20,343	10,405	7,966	169,155	0
	(ii)	171,463	24,197	30,514	15,607	11,948	253,729	0
CHAD MUXLOW MD PHYSICIAN	(i)	1,552,161	158,936	21,810	9,852	27,751	1,770,510	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER D DIPASQUALE DO PHYSICIAN	(i)	1,120,747	113,483	49,056	18,048	14,451	1,315,785	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER J HESS MD PHYSICIAN	(i)	923,019	42,961	19,487	9,852	32,031	1,027,350	0
	(ii)	0	0	0	0	0	0	0
FRANK CUCE MD PHYSICIAN	(i)	834,924	91,992	2,012	21,658	27,005	977,591	0
	(ii)	0	0	0	0	0	0	0
JEROME MCDONALD MD PHYSICIAN	(i)	713,479	108,800	19,936	19,033	26,168	887,416	0
	(ii)	0	0	0	0	0	0	0
J MICHAEL BURRIS FORMER KE	(i)	0	0	0	0	0	0	0
	(ii)	96,871	94,190	1,368	5,791	5,064	203,284	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SENTARA RMH MEDICAL CENTER

Employer identification number
54-0506331

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	435,718	EMPLOYMENT		No
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	257,000	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SENTARA RMH MEDICAL CENTER

Employer identification number
54-0506331

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	6	929,196	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2018)

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS
PART I, LINE 32B	SENTARA RMH MEDICAL CENTER USES EXTERNAL PARTIES TO COORDINATE AN ARMS-LENGTH SALE OF NON-CASH CONTRIBUTIONS FOR EXAMPLE, A LICENSED STOCK BROKER WAS USED THIS YEAR TO SELL GIFTS OF STOCK

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493316016489
SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization SENTARA RMH MEDICAL CENTER		Employer identification number 54-0506331	

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 130 YEARS IN RELENTLESS PURSUIT OF ITS MISSION TO IMPROVE HEALTH EVERY DAY THROUGH INNOVATION, COMPASSION AND COMMUNITY BENEFIT SENTARA IS A FULLY INTEGRATED NOT-FOR-PROFIT SYSTEM WITH NEARLY 300 SITES OF CARE OF WHICH THERE ARE 12 HOSPITALS IN VIRGINIA AND NORTH CAROLINA, INCLUDING A LEVEL I TRAUMA CENTER WITH NIGHTINGALE REGIONAL AIR AMBULANCE AND THE NATIONALLY-RANKED SENTARA HEART HOSPITAL THE SENTARA FAMILY INCLUDES FOUR MEDICAL GROUPS, AMBULATORY CAMPUSES, POST-ACUTE CARE SERVICES, THE PHYSICIAN-LED SENTARA QUALITY CARE NETWORK, THE ACCREDITED SENTARA CANCER NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES, OPTIMA HEALTH PLAN MEMBERS IN VIRGINIA AND OHIO, AND A TEAM OF PROFESSIONALS NEARLY 28,000 STRONG SENTARA PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED LIVING CENTERS, PHYSICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE, AND GROUND MEDICAL TRANSPORTATION SENTARA IS STRATEGICALLY FOCUSED ON CONTINUOUS IMPROVEMENT IN QUALITY, SAFETY, CLINICAL OUTCOMES AND THE PATIENT EXPERIENCE AND PURSUES KEY CLINICAL GOALS THROUGH HIGH PERFORMANCE TEAMS ACROSS THE ENTERPRISE EFFORTS ARE CENTERED ON PROVIDING THE RIGHT CARE IN THE RIGHT SETTING AT THE RIGHT TIME AND ADDING VALUE TO THE COMMUNITIES WE SERVE WE STRIVE TO SERVE ALL OF OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS II COMMITMENT TO THE COMMUNITY A SENTARA HEALTHCARE AND OPTIMA HEALTH PROVIDED \$6.5M IN DONATIONS DONATIONS WERE DISTRIBUTED TO FOODBANKS, VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS, COMMUNITY CARE NETWORKS OF VIRGINIA, AND THE VIRGINIA HEALTH CARE FOUNDATION PART OF THE \$6.5M WENT TOWARDS SUPPORTING THE MARKETING BY THE COMMONWEALTH OF VIRGINIA TO MAKE RESIDENTS AWARE OF THE OPPORTUNITY FOR HEALTH INSURANCE THROUGH MEDICAID EXPANSION ADDITIONALLY, DONATIONS WERE MADE TO 17 HEALTH RELATED PROJECTS ACROSS VIRGINIA AND NORTH CAROLINA WE PLEDGED \$130M TO EASTERN VIRGINIA MEDICAL SCHOOL OVER 5 YEARS B SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS IN 2018, SENTARA COMMUNITY BENEFIT REACHED NEARLY \$390,000,000 SENTARA PROVIDED \$354,121,000 IN NET UNCOMPENSATED PATIENT CARE COSTS, \$2,086,000 IN NET UNFUNDED COSTS OF TEACHING PROGRAMS, AND \$33,768,000 IN INCURRED COSTS FOR COMMUNITY BENEFIT PROGRAMS C SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATIONS THESE FOUNDATIONS RAISED MONEY TO SUPPORT THE CLINICAL NEEDS OF THE SYSTEM AND PROVIDED FUNDING THROUGH GRANTS AND DIRECT CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT HAVE SIMILAR INTERESTS IN COMMUNITY HEALTH NEEDS SENTARA FOUNDATION-HAMPTON ROADS SUPPORTS A WIDE RANGE OF PROGRAMS ACROSS HAMPTON ROADS IN 2018, THE FOUNDATION RAISED \$1.96M AND AWARDED 30 COMMUNI

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FORM 990, PART III, LINE 4A	TY GRANTS TOTALING \$675,000 TO SUPPORT ITS KEY PRIORITY AREAS THE MARTHA JEFFERSON HOSPITAL FOUNDATION IN CHARLOTTESVILLE, VIRGINIA RAISED NEARLY \$3.5M IN NEW GIFTS AND COMMITMENTS AND FOCUSED THEIR EFFORTS ON A HIGH-RISK BREAST PROGRAM, CANCER SURVIVORSHIP PROGRAM, FAMILY AND CAREGIVER SUPPORT PROGRAM AND THE CENTER FOR CLINICAL EDUCATION THE RMH FOUNDATION RAISED \$4.79M IN NEW GIFTS AND COMMITMENTS AND FOCUSED THEIR EFFORTS ON THE SENTARA RMH HAHN CANCER CENTER LINEAR ACCELERATOR IN 2018, THE RMH FOUNDATION AWARDED 6 COMMUNITY PARTNERSHIP GRANTS FOR A COMBINED \$79,897 THIS INCLUDED \$20,000 IN SEED FUNDING TO START THE COMMUNITY'S FIRST RAM "REMOTE AREA MEDICAL" CLINIC SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED SEVERAL STATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNESS IN 2018, THE HOPE FUND AWARDED \$165,000 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM COMMUNITY HEALTH INITIATIVES SENTARA AND OPTIMA HEALTH HAVE LONG BEEN COMMITTED TO PROVIDING HEALTH AND PREVENTION SERVICES TO THE COMMUNITIES WE SERVE THROUGH MANY CHANNELS INCLUDING THE SENTARA HEALTHCARE COMMUNITY HEALTH AND PREVENTION ORGANIZATION WITHIN SENTARA BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2018 -HEALTH IMPROVEMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE AND HAMPTON ROADS SANITATION DISTRICT, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS INCLUDING THE POCKET EKG PROGRAM AND THE SENTARA LIVING PROGRAM -SENTARA CONTINUED TO OFFER 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 5,365 IMMUNIZATIONS 4,862 WERE GIVEN TO OPTIMA HEALTH INSURED GROUPS THROUGHOUT VIRGINIA THE REMAINDER WAS DELIVERED TO CHURCHES AND OTHER COMMUNITY GROUPS -BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS WERE DELIVERED TO ADULT MEMBERS OF OPTIMA HEALTH, OHIOHEALTH PLAN MEMBERS AND CHILDREN SELF-CARE HANDBOOKS ON PLANNING A HEALTHY PREGNANCY WERE DISTRIBUTED TO 5,156 OPTIMA HEALTH PLAN MEMBERS -THE TOBACCO CESSATION PROGRAMMING WAS UPDATED AND IS OFFERED ON DEMAND ON SENTARA.COM AND OPTIMAHEALTH.COM OVER 650 PATIENTS FROM SENTARA VIRGINIA BEACH GENERAL HOSPITAL AND SENTARA HEART HOSPITAL WERE CONTACTED AFTER HOSPITAL DISCHARGE FOR TOBACCO CESSATION FOLLOW-UP AN ELECTRONIC REFERRAL SYSTEM WAS ESTABLISHED WITH QUINCY VA FOR NON-OPTIMA HEALTH INSURED MEMBERS OF THE COMMUNITY TO RECEIVE PERSONALIZED TOBACCO CESSATION SERVICES A PARTNERSHIP WITH EVMS AND THEIR HUD SMOKEFREE HOUSING PROJECT WAS ESTABLISHED AND OUR TOBACCO CESSATION MATERIALS WERE DISTRIBUTED -AS PART OF THE SENTARA BENEFIT ENROLLMENT PROCESS

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FORM 990, PART III, LINE 4A	, 18,887 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM -FINALLY, WEBMD, WHICH SERVES AS OUR HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER, HAS NOW 25,691 REGISTERED MEMBERS OF WHICH 16,956 MEMBERS ARE ACTIVELY ENGAGED SENTARA HOSTS A NUMBER OF COMMUNITY EVENTS RAISING AWARENESS AROUND KEY HEALTH AWARENESS MONTHS ONE GOOD EXAMPLE IS THE FOCUS ON COLON CANCER PREVENTION DON'T SIT ON COLON CANCER THROUGH THE SENTARA CANCER NETWORK, SENTARA HOSTED A 5K AT SENTARA PRINCESS ANNE HOSPITAL IN VIRGINIA BEACH THROUGH SENTARA HEART, WE PROMOTED THE "28 DAYS OF HEART" IN FEBRUARY, 2018 IN SUPPORT OF HEART HEALTH AWARENESS ONLINE PROMOTIONS, RADIO ADS, VIDEOS, SCREENINGS AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DISEASE THROUGHOUT THE COMMUNITIES WE SERVE IN VIRGINIA AND NORTH CAROLINA III GROWTH IN SENTARA HEALTHCARE SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO OTHER INDUSTRY LEADERS AND JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVICES TO MORE PEOPLE IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND IN OTHER STATES - NORTH CAROLINA AND OHIO - BY SEEKING PARTNERSHIPS WITH SUCCESSFUL HOSPITALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY AND CUSTOMER FOCUS OUR GROWTH IN 2018 INCLUDED THE FOLLOWING A AS A RESULT OF THE COMMONWEALTH OF VIRGINIA APPROVING MEDICAID EXPANSION, OPTIMA HEALTH IS ONE OF SIX MANAGED CARE ORGANIZATIONS THAT WILL SERVE THE NEARLY 400,000 ELIGIBLE VIRGINIANS WHO WILL QUALIFY FOR MEDICAID EXPANSION OPEN ENROLLMENT BEGAN IN NOVEMBER, 2018 WITH THE EFFECTIVE START DATE OF JANUARY 1, 2019 B THE SENTARA CANCER CENTER CELEBRATED ANOTHER CONSTRUCTION MILESTONE WITH THE TOPPING OUT CEREMONY IN DECEMBER, 2018 THE EXPECTED OPENING DATE FOR THIS COMPREHENSIVE CENTER IS 2020

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FORM 990, PART III, LINE 4A	C SENTARA, IN PARTNERSHIP WITH OTHERS, EXPANDED TO 15 VELOCITY URGENT CARE CENTERS ACROSS VIRGINIA ACROSS SITES, 144,796 PATIENT VISITS WERE SEEN WITH AN AVERAGE DOOR IN TO DOOR OUT TIME OF 45 MINUTES IV NEW INITIATIVES A SENTARA CONTINUES TO DEVELOP OPPORTUNITIES TO ENHANCE OUR BEHAVIORAL HEALTH INITIATIVES AND IMPLEMENT PROGRAMS THAT WILL SUPPORT THE COMMUNITIES WE SERVE THE CENTER FOR BEHAVIORAL HEALTH LOCATED AT SENTARA VIRGINIA BEACH GENERAL HOSPITAL BEGAN OFFERING STRUCTURED OUTPATIENT PROGRAMS SPECIFICALLY DESIGNED TO MEET THE NEEDS OF ADULTS EXPERIENCING MENTAL HEALTH AND/OR SUBSTANCE ABUSE PROBLEMS B SENTARA BUILT THE FOUNDATION FOR OUR NEW AMBULATORY/RETAIL STRATEGY BY UPDATING OUR GROWTH IMPERATIVE AND STRUCTURING THE ORGANIZATION TO CAPTURE OPPORTUNITIES IN THIS AREA C IN ITS FOURTH YEAR, CLINICAL PERFORMANCE IMPROVEMENT (CLINICAL PI), AN INITIATIVE TO DRIVE CHANGE AND CREATE RAPID PROCESS IMPROVEMENT IN TARGETED CLINICAL AREAS, RESULTED IN SEEING POSITIVE TRENDS TOWARDS MEETING THE COMPANY'S ULTIMATE GOALS D THE VOICE OF THE CUSTOMER MODEL WAS HEAVILY UTILIZED TO UNDERSTAND MORE FROM SENTARA AND OPTIMA CUSTOMERS THE MODEL IS AN OPERATIONAL DESIGN THAT ENABLES SENTARA TO INTEGRATE THE VOICE OF THE CUSTOMER INTO ALL FACETS OF BUSINESS DECISION-MAKING AND PRODUCT DEVELOPMENT E SENTARA BEGAN COMMUNICATING ABOUT THE GOOD WE DO FOR THE COMMUNITIES WE SERVE WE CREATED AND DISTRIBUTED TWO COMMUNITY BENEFIT REPORTS, COMPLEMENTED WITH FULLY INTEGRATED MARKETING CAMPAIGNS AND, ALSO STEPPED UP OUR PHILANTHROPIC DONATIONS F A NUTRITION AS MEDICINE CONFERENCE WAS HELD IN NOVEMBER, 2018 NATIONAL EXPERTS IN PLANT-BASED LIFESTYLES DETAILED THE NUTRITIONAL BENEFITS OF SUCH DIETS IN FRONT OF NEARLY 950 PEOPLE GUESTS INCLUDED 350 MEDICAL PROFESSIONALS, AND REGISTRANTS TRAVELED FROM 14 STATES AND EVEN CANADA TO LEARN THE POSITIVE EFFECTS NUTRITION CAN HAVE ON CHRONIC ILLNESSES AND QUALITY OF LIFE G OLD DOMINION UNIVERSITY IS PARTNERING WITH SENTARA HEALTHCARE ON A THREE-YEAR PROJECT TO DEVELOP A BLOCKCHAIN-EMPOWERED CYBERSECURITY SOLUTION TO MONITOR NETWORK ACTIVITIES OF MOBILE DEVICES AND PROVIDE REAL-TIME ALERTS OF UNAUTHORIZED DEVICES OR COMMUNICATIONS V OFFERING NEW PROCEDURES AND TECHNOLOGIES CLINICAL BREAKTHROUGHS AND ADVANCEMENTS SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS AND ADVANCEMENTS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING CARDIAC AND REDUCING INFECTIONS A PHARMACY ROBOT I SENTARA RMH MEDICAL CENTER PHARMACY INSTALLED A NEW STATE-OF-THE-ART PHARMACY ROBOT FOR AUTOMATED DISPENSING OF PATIENT MEDICATIONS THE HOSPITAL IS THE SECOND IN THE WORLD TO INSTALL THE OMNICELL XR2 AUTOMATED CENTRAL PHARMACY SYSTEM B SURGICAL IMAGING I SENTARA NORFOLK GENERAL HOSPITAL INTRODUCED THE IMRI THE GE INTRAOPERATIVE MRI MACHINE IS AN MRI THAT IS DONE MID-SURGERY TO HELP NEUROSURGEONS KNOW IF THEY HAVE REMOVED THE ENTIRE LESION OR TUMOR WITHOUT HAVING TO WAKE THE PATIENT UP IT PROVIDES REAL-TIME IMAG

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FORM 990, PART III, LINE 4A	ING DURING SURGICAL PROCEDURES INCLUDING BRAIN TUMORS, GLIOMA AND MOVEMENT DISORDERS/TREMORS LIKE PARKINSON'S DISEASE II THE SENTARA HEART TRANSPLANT TEAM IS NOW USING THE SHERPA PAK TM TRANSPORT SYSTEM BY PARAGONIX TECHNOLOGIES TO ENSURE A CONSISTENT TEMPERATURE AT ALL TIMES OF A DONOR HEART TRANSPORT THE SHERPA PAK TM IS A TEMPERATURE CONTROLLED COOLING SYSTEM THAT ALLOWS THE HEART TO BE STORED AT A CHOSEN TEMPERATURE VI EXPANDING EDUCATIONAL OPPORTUNITIES SENTARA IS COMMITTED TO ALWAYS IMPROVING--INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONAL OPPORTUNITIES CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS IN 2018, SENTARA ACHIEVED ITS GOAL OF 80% OF SENTARA NURSES HAVING A BSN BY 2020 IN 2018, SENTARA HAD 64.5% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 16.2% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN RESEARCH RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM A HEART & VASCULAR THROUGH THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE, CARDIOLOGISTS, CARDIOVASCULAR SURGEONS, VASCULAR SURGEONS AND UNIQUELY TRAINED REGISTERED NURSE RESEARCH COORDINATORS MAKE SIGNIFICANT STRIDES IN ADVANCING THE UNDERSTANDING AND TREATMENT OF THE NUMBER ONE KILLER IN AMERICA CARDIOVASCULAR DISEASE AS THE PREEMINENT CARDIAC RESEARCH INSTITUTE IN THE MID-ATLANTIC REGION, SENTARA WORKS COLLABORATIVELY WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOMEDICAL COMPANIES ON NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL RESEARCH TRIALS WE FOCUS OUR EFFORTS ON DISCOVERING MORE EFFECTIVE CARDIOVASCULAR TREATMENTS AND PROTOCOLS WHILE ELIMINATING THOSE THAT ARE POTENTIALLY HARMFUL OR NOT AS BENEFICIAL OUR ULTIMATE GOAL IS TO PROVIDE ENHANCED CLINICAL CARE THAT ADVANCES PATIENT OUTCOMES AND IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY OUR RESEARCH TOUCHES ON EVERY ASPECT OF HEART AND VASCULAR CARE, INCLUDING MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, CARDIAC INTERVENTIONAL PROCEDURES, STRUCTURAL HEART DISEASE, AND THE MEDICAL MANAGEMENT OF CORONARY ARTERY DISEASE RISK FACTORS SUCH AS DIABETES AND HIGH CHOLESTEROL COLLECTIVELY, OUR RESEARCH NURSES COORDINATE MORE THAN 90 CLINICAL TRIALS AT ANY GIVEN TIME, SHEPHERDING PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS, PROVIDING CARE DURING PERIODS OF NEED, AND TIRELESSLY ADVOCATING FOR THEIR PATIENTS' WELL-BEING B CANCER CLINICIANS AND ACADEMIC RESEARCHERS AT SENTARA CANCER NETWORK PARTNER WITH VIRGINIA ONCOLOGY ASSOCIATES, EASTERN VIRGINIA MEDICAL SCHOOL, GEORGE MASON UNIVERSITY AND OTHER NATIONAL AND LOCAL HEALTHCARE ORGANIZATIONS TO CONDUCT RESEARCH THAT ELEVATES PATIENT CARE COLLABORATIONS BETWEEN SURGICAL, RADIATION AND MEDICAL ONCOLOGISTS IN OUR SENTARA CANCER NETWORK ARE ESPECIALLY INSTRUMENTAL IN CONNECTING PATIENTS WITH CLINICAL TRIALS THROUGH COLLABORATION

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FORM 990, PART III, LINE 4A	WITH THE NCI NATIONAL CLINICAL TRIALS 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 AS A LEADING CONTRIBUTOR TO NATIONAL RESEARCH, THE SENTA RA CANCER NETWORK IS COMMITTED TO PARTICIPATING IN PROMISING CLINICAL TRIALS THAT MAKE NEW FIRST-LINE THERAPIES AVAILABLE TO PATIENTS RIGHT NOW OUR PHYSICIANS ADDITIONALLY DEVELOP PROTOCOLS TO TEST THEIR OWN IMPORTANT RESEARCH QUESTIONS AND THEORIES, FOCUSING ON THE NEEDS OF OUR PATIENTS, HOSPITALS AND COMMUNITY OUR TEAM PARTICIPATES IN RESEARCH THAT MAY LEAD TO BETTER OPTIONS FOR PREVENTION, DIAGNOSIS AND TREATMENT IN THE FUTURE

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FORM 990, PART III, LINE 4A	VII BUILDING FOR THE FUTURE A THE SENTARA BELLEHARBOUR STRATEGIC PLAN WAS COMPLETED AND SENTARA BELLEHARBOUR, LOCATED IN SUFFOLK, OPENED A NEW 20,000 SQ FT AMBULATORY SURGERY CENTER WHERE LOWER ACUITY SURGERIES SUCH AS PODIATRY, VASCULAR ACCESS AND HERNIA REPAIR ARE CONDUCTED B TO HELP TRAVELERS, SENTARA MARTHA JEFFERSON HOSPITAL, LOCATED IN CHARLOTTE SVILLE, OPENED A TRAVELERS' CLINIC THIS IS A FULL-SERVICE CLINIC PROVIDING PRE-TRAVEL, IN -TRAVEL AND POST-TRAVEL SERVICES SERVICES WILL BE PROVIDED TO ALL AGE GROUPS C SENTARA NORFOLK GENERAL HOSPITAL, OUR LEVEL I TRAUMA CENTER, LOCATED IN NORFOLK IS HOME TO THE NIG HTINGALE REGIONAL AIR AMBULANCE, THE REGION'S PREMIER AIR AMBULANCE IN 2018, NINE SITES I N EASTERN VIRGINIA AND NORTHEAST NORTH CAROLINA ARE FULLY OPERATIONAL FOR INSTRUMENT FLIGH T RULES (IFR) LANDINGS BY NIGHTINGALE THE FAA DESIGNATION CREATES DESIGNATED AIR SPACE, A LLOWING FLIGHTS IN CLOUDY, RAINY WEATHER, WHICH HAD TO BE TURNED DOWN UNDER CURRENT VISUAL FLIGHT RULES (VFR) LIMITATIONS IFR ALLOWS NIGHTINGALE TO MEET GROUND AMBULANCES AT DESIG NATED SAFE SITES IN POOR WEATHER RATHER THAN REMOTE SCENES D THE SENTARA SPORTS MEDICINE CENTER OPENED AT THE OUTPATIENT CARE CENTER IN CHARLOTTESVILLE THE SPECIALISTS PROVIDING CARE AT THE CENTER HAVE EXPERIENCE CARING FOR ATHLETES OF ALL LEVELS, FROM NOVICE TO OLYM PIAN, AND FOR SUCH INJURIES AS SPRAINS AND STRAINS, TORN LIGAMENTS AND TENDONS, JOINT DISL OCATIONS AND FRACTURES ADVANCED TECHNIQUES SUCH AS INJECTIONS USING PLATELET-RICH PLASMA THERAPY, AS WELL AS OTHER NON-SURGICAL AND SURGICAL PROCEDURES ARE ALSO USED TO AID HEALIN G E SENTARA NORTHERN VIRGINIA MEDICAL CENTER, LOCATED IN WOODBRIDGE, ANNOUNCED THE ADDIT ION OF NEUROSURGERY AND UNVEILED ITS NEWLY RENOVATED AND EXPANDED SENTARA WOUND HEALING CE NTER F SENTARA ALBEMARLE MEDICAL CENTER, LOCATED IN ELIZABETH CITY, NORTH CAROLINA, INTR ODUCE THE USE OF THE ENDOBRONCHIAL ULTRASOUND (EBUS) BRONCHOSCOPY THIS WILL ALLOW DOCTOR S TO MORE EASILY LOCATE TUMORS, LYMPH NODES, OR OTHER TISSUES OF CONCERN ADDITIONALLY, SE NTARA ALBEMARLE MEDICAL CENTER (SAMC) INTRODUCED THE SENTARA WOUND HEALING CENTER AND THE SAMC CANCER CENTER RECEIVED ACCREDITATION FROM THE COMMISSION ON CANCER SAMC INTRODUCED T HE BREVERA BREAST BIOPSY SYSTEM THIS BREAST BIOPSY SYSTEM SHORTENS THE IMAGING DELAY BETW EEN BIOPSIES AND IT REDUCES BIOPSY TIMES BY AN AVERAGE OF 10 MINUTES G SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, LAUNCHED ITS FRACTURE CENTER WHERE IT P ROVIDES HIGH QUALITY, SUBSPECIALTY CARE FROM A SPECIALIZED TEAM OF ORTHOPEDIC SURGEONS SE NTARA VIRGINIA BEACH GENERAL HOSPITAL MARKED ITS COMPLETION OF THE FIRST PHASE OF ITS MODE RNIZATION PROJECT WITH THE CONSOLIDATION AND RE-STYLING OF THE HOSPITAL'S THREE SEPARATE I NTENSIVE CARE UNITS INTO ONE STATE- OF-THE-ART, 24-BED ICU H SENTARA HALIFAX REGIONAL HOS PITAL, LOCATED IN SOUTH BOSTON, OPENED A BEHAVIORAL HEALTH PARTIAL HOSPITALIZATION PROGRAM TO JOIN ITS EXISTING INTENSIV

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FORM 990, PART III, LINE 4A	E OUTPATIENT PROGRAM IN ORDER TO FURTHER ENHANCE ITS BEHAVIORAL HEALTH SERVICES FOR THE COMMUNITY I SENTARA LEIGH HOSPITAL, LOCATED IN NORFOLK, SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, AND SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, INTRODUCED THEIR SENTARA FOOT AND ANKLE CENTERS. THESE CENTERS HAVE DEVELOPED PATHWAYS FOR PATIENTS TO RECEIVE THE RIGHT CARE FOR THE TYPE OF FOOT OR ANKLE CONCERN INDIVIDUALS MAY HAVE. J SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, COMPLETED ITS MODERNIZATION PROJECT RESULTING IN THE ADDITION OF TWO NEW FLOORS TO THE HOSPITAL AND THE ADDITION OF 14 INPATIENT HOSPITAL BEDS AND 10 OBSERVATION BEDS, EXPANDED MONITORING FOR CARDIAC PATIENTS, INPATIENT DIALYSIS CENTER TO TREAT PATIENTS WITH KIDNEY FAILURE, AND ALLOWS FOR FUTURE EXPANSION OF SURGICAL SERVICES. K SENTARA CAREPLEX HOSPITAL, LOCATED IN HAMPTON, EXPERIENCED A STRONG FIRST YEAR OF OFFERING MATERNITY SERVICES. THE BIRTHING CENTER HAS 7 LABOR, DELIVERY, RECOVERY AND POST-PARTUM ROOMS AND PROVIDES A UNIQUELY MODERN, ULTRA-PERSONALIZED EXPERIENCE FOR WOMEN AND FAMILIES IN THE COMMUNITY. L SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER EARNED AN "A" SAFETY GRADE FROM THE LEAPFROG GROUP FOR THEIR COMMITMENT TO KEEPING PATIENTS SAFE AND MEETING THE HIGHEST SAFETY STANDARDS IN THE U.S. M SENTARA OBICHI HOSPITAL IS NOW THE 8TH HOSPITAL IN SENTARA AWARDED MAGNET STATUS. THE DESIGNATION, GRANTED TO ABOUT 7% OF U.S. HOSPITALS, CULMINATES A MULTI-YEAR JOURNEY TOWARD RECOGNITION FOR EXCELLENCE IN PATIENT CARE, INNOVATION IN NURSING PRACTICE AND A SUPPORTIVE WORK ENVIRONMENT FOR NURSES. N SENTARA ENTERPRISES PROPRIUM PHARMACY, SENTARA'S HIGH-TOUGH SPECIALTY PHARMACY THAT OPENED IN 2016, ACHIEVED URAC ACCREDITATION. URAC WAS FORMERLY KNOWN AS THE UTILIZATION REVIEW ACCREDITATION COMMISSION. THIS DESIGNATION DEMONSTRATES THAT THE PROPRIUM PHARMACY IS COMMITTED TO QUALITY AND SAFETY AND STRIVES FOR CONTINUOUS IMPROVEMENT OF OUR SERVICES. O SENTARA LIFE CARE. SENTARA LIFE CARE IS COMPRISED OF ASSISTED LIVING CENTERS, NURSING HOMES, MOBILE MEALS AND THE PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE). IN 2018, SENTARA LIFE CARE EXPANDED THE PACE (PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY) SERVICES TO THE WESTERN TIDEWATER AREA TO INCLUDE SURRY, ISLE OF WIGHT AND FRANKLIN CITY. PACE IS A COMPREHENSIVE HEALTH CARE AND SUPPORTIVE SERVICES PROGRAM FOR FRAIL SENIORS WHO WISH TO REMAIN IN THEIR HOMES AND COMMUNITY. THE PROGRAM IS ONE THAT PROVIDES TOTAL CARE FOR PARTICIPANTS, INCLUDING COMPREHENSIVE MEDICAL AND REHABILITATIVE SERVICES, IN-HOME SERVICES AND TRANSPORTATION. THE SENTARA NURSING AND REHABILITATION CENTER WINDERMERE, LOCATED IN VIRGINIA BEACH, OPENED ITS CARDIAC CENTER OF EXCELLENCE, WHICH ALLOWS THEM TO ACCEPT LVAD (LEFT VENTRICULAR ASSIST DEVICE) RESIDENTS NEEDING THERAPY SERVICES. THE SENTARA REHABILITATION AND CARE RESIDENCE, LOCATED IN CHESAPEAKE, OPENED ITS BACK & NECK CENTER OF EXCELLENCE.

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FORM 990, PART III, LINE 4A	THE SENTARA NEUROSCIENCES AND ORTHOPEDIC TEAMS HAVE PARTNERED TO DEVELOP A COMPREHENSIVE AND PLANNED COURSE OF TREATMENT FOR PATIENTS UNDERGOING SPINE PROCEDURES P SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) SENTARA MEDICAL GROUP LAUNCHED VIDEO VISITS FOR SAME-DAY CARE, ROUTINE CARE, TRANSITION CARE AND MEDICATION REFILLS - ALLOWING FOR SEAMLESS ACCESS TO CARE AND GREATER CONVENIENCE FOR THE CUSTOMER VII QUALITY AND PATIENT SAFETY DISTINCTIONS

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	A AWARD-WINNING CARE - AS ALWAYS, SENTARA IS PROUD AND HUMBLLED BY THE VARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVED OVER THE COURSE OF THE YEAR OUR MISSION IS TO IMPROVE HE ALTH EVERY DAY TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION DRIV EN WORK HERE ARE A FEW OF THE 2018 AWARDS AND RECOGNITIONS I FOR THE 18TH CONSECUTIVE Y EAR, THE CARDIOLOGY AND HEART SURGERY PROGRAM AT SENTARA NORFOLK GENERAL HOSPITAL (SENTARA HEART HOSPITAL) WAS LISTED AMONG THE TOP 50 HEART PROGRAMS IN THE U S NEWS & WORLD REPOR T 'BEST HOSPITALS' RANKING #32 IN 2018 SENTARA NORFOLK GENERAL HOSPITAL ALSO EARNED TWO A DDITIONAL TOP 50 NATIONAL RANKINGS FROM U S NEWS & WORLD REPORT DIABETES AND ENDOCRINOLO GY (RANKED NO 31), A SPECIALTY AT EASTERN VIRGINIA MEDICAL SCHOOL, AND NEPHROLOGY (RANKED 48) II SEVEN SENTARA HOSPITALS EARNED HIGHEST GRADE OF "A" FOR DELIVERING SAFE CARE FOR PATIENTS ACCORDING TO THE LEAPFROG HOSPITAL SAFETY SCORE III SENTARA NORFOLK GENERAL HO SPITAL EPILEPSY CENTER HAS BEEN ACCREDITED AS A LEVEL III EPILEPSY CENTER THROUGH THE NATI ONAL ASSOCIATION OF EPILEPSY CENTERS IV SENTARA IS THE ONLY HEALTH SYSTEM ON THE EAST CO AST TO BE NATIONALLY RECOGNIZED AMONG THE 15 TOP HEALTH SYSTEMS BY IBM WATSON HEALTH FOR 2 018 THE AWARD DEMONSTRATES CONSISTENTLY EXCELLENT PERFORMANCE AND A HIGH RATE OF IMPROVEM ENT ACROSS THE ENTIRE ORGANIZATION V SENTARA WAS PLEASSED TO HAVE BEEN RECOGNIZED AS ONE OF AMERICA'S BEST EMPLOYERS IN 2018 BY FORBES RANKING IN THE BEST LARGE EMPLOYERS CATEGOR Y, SENTARA IS NUMBER 177 OF 500 COMPANIES CATEGORIZED INTO 25 INDUSTRIES SENTARA WAS NAME D ALONGSIDE ONLY 24 OTHER LARGE ORGANIZATIONS IN THE HEALTHCARE AND SOCIAL INDUSTRY GROUP VI SENTARA EXCELLED IN STROKE CERTIFICATIONS IN 2018 SENTARA NORFOLK GENERAL HOSPITAL, LOCATED IN NORFOLK, ACHIEVED COMPREHENSIVE STROKE CERTIFICATION AFTER A MULTI-YEAR EFFORT TO DO SO AND SENTARA MARTHA JEFFERSON HOSPITAL, LOCATED IN CHARLOTTESVILLE, RECEIVED A FIR ST-EVER PRIMARY STROKE CENTER PLUS CERTIFICATIONS TWO FREE-STANDING EMERGENCY DEPARTMENTS - SENTARA BELLEHARBOUR AND SENTARA INDEPENDENCE - ACHIEVED AN ACUTE STROKE READY CERTIFIC ATION VII SENTARA HALIFAX REGIONAL HOSPITAL WAS NAMED IN THE TOP 100 RURAL AND COMMUNITY HOSPITALS IN THE UNITED STATES BY IVANTAGE HEALTH ANALYTICS AND THE CHARTIS CENTER FOR RU RAL HEALTH THIS IS THE SECOND CONSECUTIVE YEAR THAT THE HOSPITAL HAS RECEIVED THIS DESIGN ATION VIII SENTARA LIFE CARE IN VIRGINIA BEACH WAS RECOGNIZED AS A PATHWAYS OF EXCELLENC E CENTER FROM THE AMERICAN NURSES CREDENTIALING CENTER THIS DESIGNATION RECOGNIZES AN ORG ANIZATION'S COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAG ES STAFF THIS IS THE FIRST LONG-TERM CARE FACILITY IN VIRGINIA TO BE DESIGNATED AS A PATH WAYS TO EXCELLENCE CENTER AND ONLY THE FOURTH LONG TERM CENTER NATIONALLY TO HAVE THIS DES IGNATION IX OPTIMA HEALTH A GROWTH OPTIMA HEALTH COMPLETED ITS OPTIMA GROWTH AND STRATE GIC CAPABILITIES PLAN ADDITIO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NALLY, OPTIMA HEALTH WAS SELECTED AS ONE OF SIX MANAGED CARE ORGANIZATIONS TO SERVE MEMBER S THROUGH MEDICAID EXPANSION, WHICH WILL ALLOW FOR NEARLY 400,000 VIRGINIANS TO NOW HAVE A CCESS TO QUALITY HEALTH CARE MEDICAID EXPANSION ENROLLMENT BEGAN NOVEMBER 1, 2018 WITH AN EFFECTIVE DATE STARTING JANUARY 1, 2019 OPTIMA EXPANDED ITS NETWORK TO INCLUDE RIVERSIDE HEALTH SYSTEM FACILITIES AND PROVIDERS, ENABLING FOR BROADER ACCESS TO CARE FOR MEMBERS CONCLUSION SENTARA HEALTHCARE IS COMMITTED TO IMPROVING HEALTH EVERY DAY WE PROVIDE QUAL ITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKT HROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE ALL WITH A CONSTANT FOCUS ON INNOVATION AND, WE ARE COMMITTED TO SUPPORTING THE COMMUNITIES WE SERVE THROUGH EMPLOYEE VOLUNTEERIS M, GRANTS, SPONSORSHIPS, AND SUPPORTING INITIATIVES THAT LIFT OUR COMMUNITIES WE LOOK FOR WARD TO ANOTHER YEAR OF COMMUNITY SUCCESS, GROWTH AND INNOVATION IN 2019

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE MEMBER WAS SENTARA BLUE RIDGE, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY SENTARA HOSPITALS, A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT ENTITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY SENTARA BLUE RIDGE, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY SENTARA HOSPITALS, A VIRGINIA NON-STOCK CORPORATION AND 501(C)(3) TAX EXEMPT ENTITY, APPOINTED THE ORGANIZATION'S BOARD OF DIRECTORS, WHICH SERVES AS ITS GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SENTARA BLUE RIDGE, LLC ("BLUE RIDGE") IS THE ORGANIZATION'S SOLE MEMBER ("MEMBER") IN ACCORDANCE WITH THE AFFILIATION AGREEMENT BY AND AMONG SENTARA HEALTHCARE ("SHC"), A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, ROCKINGHAM HEALTH CARE, INC , A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT ENTITY, AND THE ORGANIZATION DATED DECEMBER 6, 2010, AS AMENDED (THE "AFFILIATION AGREEMENT"), WHICH CONSTITUTES A MEMBER AGREEMENT AS PROVIDED IN VA CODE 13.1-852.1, SHC HAS EXCLUSIVE AUTHORITY TO DIRECT AND MANAGE THE OPERATIONS AND AFFAIRS OF THE ORGANIZATION, SUBJECT TO THE OVERSIGHT OF THE ORGANIZATION'S BOARD (THE "BOARD") AND THE BLUE RIDGE BOARD TO THE EXTENT AND IN THE MANNER SET FORTH IN THE THE ORGANIZATION'S GOVERNANCE DOCUMENTS. DURING THE COVENANT PERIOD, CERTAIN ACTIONS IDENTIFIED IN THE ORGANIZATION'S BYLAWS, THE BLUE RIDGE OPERATING AGREEMENT AND THE AFFILIATION AGREEMENT (COLLECTIVELY REFERRED TO AS "SRMH GOVERNANCE DOCUMENTS") MAY ONLY BE TAKEN ON APPROVAL OF CERTAIN MEMBERS OF THE BLUE RIDGE BOARD AND THE MEMBER. THE ORGANIZATION MAY NOT TAKE OR ALLOW ANY OF THE FOLLOWING GOVERNANCE ACTIONS WITHOUT THE CONSENT OF ITS SOLE MEMBER, SHC: APPROVE OR ADOPT ANY PLAN OF MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, THE VOLUNTARY DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION, REVOCATION OF AN SUCH VOLUNTARY DISSOLUTION PROCEEDINGS, OR ANY DECISION TO FILE A PETITION REQUESTING OR CONSENTING TO AN ORDER FOR RELIEF UNDER THE FEDERAL BANKRUPTCY LAWS OR SIMILAR STATE LAWS FOR THE ORGANIZATION, ELECTION OF NEW BOARD MEMBERS, OR AMENDMENT, RESTATEMENT OR REPEAL OF ANY ORGANIZING OR ENABLING DOCUMENTS OR BYLAWS, APPROVAL OF STRATEGIC PLANS AND ANNUAL OPERATING AND CAPITAL BUDGETS, TRANSACTIONS WITH INTERESTED PERSONS, CREATION OR ACQUISITION OF SUBSIDIARIES OR INTERESTS IN WHICH THE ORGANIZATION WILL BE A MEMBER, ENTRANCE INTO JOINT VENTURE OR OTHER SIMILAR ARRANGEMENTS, EMPLOYMENT MATTERS CONCERNING THE ORGANIZATION'S PRESIDENT, UNBUDGETED CAPITAL EXPENDITURES OR INDEBTEDNESS OVER SPECIFIED DOLLAR AMOUNTS, AND THE COMMENCEMENT OR SETTLEMENT OF LITIGATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION WAS PART OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM"), AND AS SUCH, USED THE SYSTEM'S IN-HOUSE TAX DEPARTMENT, HEADED BY A LICENSED CERTIFIED PUBLIC ACCOUNTANT, TO BOTH PREPARE AND REVIEW ITS FORM 990 DURING THE PREPARATION AND REVIEW PROCESS. THE TAX DEPARTMENT WORKED CLOSELY WITH OTHER SYSTEM DEPARTMENTS, SUCH AS LEGAL, COMPENSATION AND BENEFITS, COMPLIANCE, FINANCE, AND MARKETING, TO ENSURE THAT A COMPLETE AND ACCURATE RETURN WAS FILED THE PARENT OF THE SYSTEM IS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT ENTITY

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS PART OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION. SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS. THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION. IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES. THE SYSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES. THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY. IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY. FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED. THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATED TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEAR. THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 32 NOT-FOR-PROFIT HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION. OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE. THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A) ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD. THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL. ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS. THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CHAIRMAN AND TREASURER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	RER, WHO ALSO SERVED AS EXECUTIVE VICE PRESIDENT AND COO, AND EXECUTIVE VICE PRESIDENT AND CFO OF THE SYSTEM, RESPECTIVELY THE PROCESS WAS LAST UNDERTAKEN DURING THE CURRENT TAX Y EAR FOR THE POSITIONS LISTED THE OUTSIDE MARKET STUDY DESCRIBED ABOVE WAS ALSO USED TO ES TABLISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, WHO IS CONSIDERED THE TOP MANAGEMEN T OFFICIAL OF THE ORGANIZATION RESULTS WERE PRESENTED TO THE PRESIDENT AND CEO OF THE SYS TEM FOR REVIEW AND APPROVAL RATHER THAN THE SYSTEM'S COMPENSATION COMMITTEE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A & B, BOARD MEMBER INDEPENDENCE	SENTARA BLUE RIDGE, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY SENTARA HOSPITALS, A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT SUBSIDIARY OF SENTARA HEALTHCARE, APPOINTS THE ORGANIZATION'S BOARD OF DIRECTORS SENTARA HEALTHCARE IS A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 18 VOTING MEMBERS, 17 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECLASS OF INTERCOMPANY ACCTS TO EQUITY -35,919,752 OTHER CHANGES IN FUND BALANCE -1,204,215

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SENTARA RMH MEDICAL CENTER

Employer identification number
54-0506331

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RMH MEDICAL GROUP LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-1444665	HEALTHCARE	VA	43,530,899	8,416,146	SENTARA RMH MEDICAL CENTER

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

No

1s

No

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

See Additional Data Table

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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	HEALTH CARE	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 52-1271901	HEALTH CARE	VA	501(C)(3)	LINE 7	N/A		No
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		No
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)	LINE 12A, I	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 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 SUPPORTED ORG	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 30-0041113	FUNDRAISING FOR SUPPORTED ORG	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 52-1309259	SUPPORT OF HEALTHCARE ORGS	VA	501(C)(2)	LINE 12B, II	N/A		No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3623430	SUPPORTS MCAID HMO	NC	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
(1) SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
(2) OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
(3) OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
(4) OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
(5) SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
(6) SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
(7) SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
(8) SENTARA HEALTH PLANS OF OHIO INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1509408	TPA	OH	N/A	C				Yes	
(9) SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
(10) SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C				Yes	
(11) MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C				Yes	
(12) SENTARA SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
(13) DOMINION HEALTH MEDICAL ASSOCIATES LTD 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
(14) SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	N/A	C				Yes	
(1) ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	SENTARA RMH MEDICAL CENTER	C			100 000 %	Yes	
(2) MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
(3) BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	OTHER INSURANCE FUNDS	CJ	N/A	C				Yes	
(4) ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	
(5) THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 56-2295574	BUILDING ASSOCIATION	VA	N/A	C				Yes	
(6) MEDSTREAMING EGYPT SOFTWARE 15 ANMAR IBN YASSER ST CAIRO EG	CONSULTING	EG	N/A	C				Yes	
(7) HIGHLAND DIRECT HEDGED EQUITY FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	INVESTMENT	CJ	N/A	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MARTHA JEFFERSON HOSPITAL	C	1,017,030	CORP BOOKS/REC
(1)	MARTHA JEFFERSON HOSPITAL	N	235,977	CORP BOOKS/REC
(2)	OPTIMA HEALTH PLAN	L	5,122,334	CORP BOOKS/REC
(3)	OPTIMA HEALTH INSURANCE COMPANY	L	1,881,242	CORP BOOKS/REC
(4)	SENTARA HEALTH PLANS	L	15,675,947	CORP BOOKS/REC
(5)	SENTARA ENTERPRISES	C	456,097	CORP BOOKS/REC
(6)	SENTARA ENTERPRISES	M	396,848	CORP BOOKS/REC
(7)	VALLEY WELLNESS CENTER	C	2,484,594	CORP BOOKS/REC
(8)	SENTARA MEDICAL GROUP	B	38,436,931	CORP BOOKS/REC
(9)	POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM	B	100,013	CORP BOOKS/REC