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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

2019

Open to Public Inspection

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

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

C Name of organization
SENTARA HEALTHCARE

Doing business as

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

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

D Employer identification number
52-1271901

E Telephone number
(757) 455-7020

G Gross receipts $ 456,321,646

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SENTARA.COM

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

L Year of formation: 1982

M State of legal domicile: VA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	720
6	Total number of volunteers (estimate if necessary)	**6**	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,930,164
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	2,009,214

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	37,655,127	40,603,785
9	Program service revenue (Part VIII, line 2g)	121,718,741	142,798,210
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,163,163	37,024,516
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,373,517	23,792,775
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,910,548	244,219,286
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,102,764	3,271,704
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	90,655,011	98,942,246
16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,000	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶808,729		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	64,405,349	67,940,627
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	167,178,124	170,154,577
19	Revenue less expenses. Subtract line 18 from line 12	61,732,424	74,064,709

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,108,352,962	4,932,585,843
21	Total liabilities (Part X, line 26)	2,039,803,863	2,216,689,617
22	Net assets or fund balances. Subtract line 21 from line 20	2,068,549,099	2,715,896,226

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2020-10-29

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

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 143,697,995 including grants of $ 3,271,704) (Revenue $ 147,751,527)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses** ▶ 143,697,995

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	210		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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** 720				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**	Yes		
b	If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
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	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								17,184,987	1,213	6,014,461

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 ▶ 203

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PMA COMPANIES PO BOX 824857 PHILADELPHIA, PA 19182	COMMERCIAL INSURANCE UNDERWRITER	2,614,754
KORN FERRY PO BOX 1450 MINNEAPOLIS, MN 55485	ORGANIZATIONAL CONSULTING	2,018,156
NRC HEALTH 1245 Q STREET LINCOLN, NE 68508	MANAGEMENT CONSULTING	1,941,170
KPMG LLC PO BOX 71544 CHICAGO, IL 60694	PROFESSIONAL SERVICES	1,703,920
HIGHLAND ASSOC INC PO BOX 55469 BIRMINGHAM, AL 322555469	INVESTMENT MGMT FEES	1,625,000

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 ▶ 74

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	39,481,852			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,121,933			
g Noncash contributions included in lines 1a - 1f: $	1g	5,098			
h **Total.** Add lines 1a-1f		40,603,785			
Program Service Revenue	Business Code				
2a SUPPORT SERVICES	900099	139,620,732	137,062,354	2,558,378	
b SQCN	900099	3,177,478	2,032,928	1,144,550	
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		142,798,210			
3 Investment income (including dividends, interest, and other similar amounts)		29,685,904			29,685,904
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a 219,440,972				
b Less: cost or other basis and sales expenses	7b 212,102,360				
c Gain or (loss)	7c 7,338,612				
d Net gain or (loss)		7,338,612			7,338,612
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Other Revenue Miscellaneous Revenue	Business Code				
11a SUBPART F INCOME	523000	14,682,835		2,136,582	12,546,253
b INTERCO INTEREST CHARGES	900099	7,264,942	7,264,942		
c MANAGEMENT FEES	900099	1,882,381	1,879,629	2,752	
d All other revenue		-37,383	-488,326	87,902	363,041
e **Total.** Add lines 11a–11d		23,792,775			
12 **Total revenue.** See instructions		244,219,286	147,751,527	5,930,164	49,933,810

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	3,119,960	3,119,960		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	151,744	151,744		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,697,455	13,858,888	2,838,567	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	66,581,253	54,955,780	11,256,003	369,470
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,122,111	5,873,958	1,203,100	45,053
9 Other employee benefits	3,830,803	3,159,453	647,117	24,233
10 Payroll taxes	4,710,624	3,889,235	796,590	24,799
11 Fees for services (non-employees):				
a Management	7,078,259	5,874,955	1,203,304	
b Legal	1,415,475	1,173,188	240,292	1,995
c Accounting	1,755,348	1,456,939	298,409	
d Lobbying	87,497	72,623	14,874	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,129,592	4,257,561	872,031	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,469,208	9,802,831	1,457,873	208,504
12 Advertising and promotion	10,011,138	8,308,887	1,701,820	431
13 Office expenses	577,195	433,234	88,735	55,226
14 Information technology	9,871,640	8,193,461	1,678,179	
15 Royalties				
16 Occupancy	2,151,673	1,785,889	365,784	
17 Travel	1,058,669	878,695	179,974	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	360,136	298,913	61,223	
20 Interest	9,723,805	9,706,022	17,783	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	741,690	615,603	126,087	
23 Insurance	1,112,360	923,259	189,101	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS TAX	134,515	134,515		
b PURCHASED & CONTRACTED	3,001,832	2,436,038	498,947	66,847
c MEDICAL SUPPLIES	2,515,715	2,515,715		
d TAXES & LICENSES	1,781,471	1,478,621	302,850	
e All other expenses	-2,036,591	-1,657,972	-390,790	12,171
25 **Total functional expenses.** Add lines 1 through 24e	170,154,577	143,697,995	25,647,853	808,729
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		527,888,041	2	656,410,370
	3	Pledges and grants receivable, net		729,503	3	347,473
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		118,699	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		157,020,114	7	145,620,815
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,338,999	9	5,883,266
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,116,934			
	b	Less: accumulated depreciation	10b 19,197,090	6,307,201	10c	6,919,844
	11	Investments—publicly traded securities		2,469,901,780	11	3,042,563,351
	12	Investments—other securities. See Part IV, line 11		836,050,459	12	915,942,163
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		0	14	3,030,531
	15	Other assets. See Part IV, line 11		102,998,166	15	155,868,030
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,108,352,962	16	4,932,585,843
Liabilities	17	Accounts payable and accrued expenses		314,021,873	17	367,427,373
	18	Grants payable		8,866,720	18	9,903,449
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,364,108,986	20	1,333,152,312
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		352,806,284	25	506,206,483
	26	**Total liabilities.** Add lines 17 through 25		2,039,803,863	26	2,216,689,617
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,064,689,455	27	2,711,925,340
	28	Net assets with donor restrictions		3,859,644	28	3,970,886
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,068,549,099	32	2,715,896,226
	33	Total liabilities and net assets/fund balances		4,108,352,962	33	4,932,585,843

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	244,219,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,154,577
3	Revenue less expenses. Subtract line 2 from line 1	3	74,064,709
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,068,549,099
5	Net unrealized gains (losses) on investments	5	488,966,620
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-12,904,361
9	Other changes in net assets or fund balances (explain in Schedule O)	9	97,220,159
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,715,896,226

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD P KERN PRES/CEO/EX-EFFICIO DIRECTOR	40.00 13.00	X		X				4,253,331	0	3,800,414
ROBERT A BROERMANN CFO	40.00 11.00			X				1,674,648	0	149,586
MICHAEL V GENTRY COO	40.00 11.00			X				1,524,592	0	218,927
JORDAN R ASHER KE (SHC SVP & CHIEF PHYSICIAN EXEC)	40.00 1.00				X			1,403,090	0	136,650
MEGAN R PERRY CVP, MERGERS & ACQUISITION	40.00 5.00					X		945,206	0	378,247
DOUGLAS L CHAET FORMER KE (VP)	0.00 0.00						X	1,259,149	0	2,861
BECKY C SAWYER KE (SVP & CHRO)	40.00 0.00				X			872,296	0	277,589
JEFFREY P KING SECRETARY (THRU 6/19)	40.00 9.00			X				970,273	0	106,745
VICKY G GRAY KE (SVP, SYSTEM DEVELOPMENT)	40.00 1.00				X			892,724	0	134,513
DOUGLAS M THOMPSON VP, DECISION SUPPORT	40.00 0.00					X		616,132	0	132,965

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRACE R HINES CVP, SYSTEM INTERGRATION	40.00 0.00					X		636,473	0	101,434
VIKKI L CHARLES VP CORPORATE FINANCE	40.00 1.00					X		460,640	0	257,993
LESTER R ELJAIEK FORMER KE (VP,CORPORATE FINANCE)	40.00 0.00						X	558,492	0	107,085
RHONDA A MILLER VP, REVENUE CYCLE	40.00 0.00					X		519,957	0	15,943
PHYLLIS S ANDERSON KE (SVP & CHIEF MARKETING OFFICER)	40.00 0.00				X			267,157	0	14,920
MICHAEL V TAYLOR FORMER KE	16.00 0.00						X	132,972	0	131,991
SAMUEL J HAWLEY FORMER OFFICER	40.00 9.00						X	197,855	0	46,598
CHARLES F LOVELL JR MD DIRECTOR	1.00 1.00	X						0	1,213	0
WILLIAM L ACHENBACH DIRECTOR	1.00 2.00	X						0	0	0
JOHN AGOLA DIRECTOR	1.00 1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GILBERT BLAND DIRECTOR	1.00 1.00	X						0	0	0
FREDERICK C COBLE DIRECTOR	1.00 1.00	X						0	0	0
JOSEPH K FUNKHOUSER II DIRECTOR	1.00 3.00	X						0	0	0
J LES HALL DIRECTOR	1.00 2.00	X						0	0	0
ANN E C HOMAN DIRECTOR	1.00 4.00	X						0	0	0
L ALLAN PARROTT JR DIRECTOR/VICE CHAIRMAN	2.00 1.00	X		X				0	0	0
JEFFERY O SMITH ED D DIRECTOR	1.00 2.00	X						0	0	0
CAROL C THOMAS DIRECTOR	1.00 6.00	X						0	0	0
MARION WALL DIRECTOR	1.00 1.00	X						0	0	0
PETER BROOKS DIRECTOR	1.00 3.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD GEORGE MD DIRECTOR	1.00 1.00	X						0	0	0
WHITNEY RG SAUNDERS DIRECTOR	1.00 1.00	X						0	0	0
MICHAEL S SMITH DIRECTOR	1.00 1.00	X						0	0	0
DIAN T CALDERONE DIRECTOR/ CHAIR	2.00 1.00	X		X				0	0	0
HENRY U HARRIS III DIRECTOR	1.00 1.00	X						0	0	0
E RAY MURPHY DIRECTOR	1.00 2.00	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	25,243,485	29,480,354	39,207,864	37,655,127	40,603,785	172,190,615
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	25,243,485	29,480,354	39,207,864	37,655,127	40,603,785	172,190,615
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.						172,190,615

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	25,243,485	29,480,354	39,207,864	37,655,127	40,603,785	172,190,615
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	43,487,068	17,870,375	24,230,861	23,296,836	42,595,198	151,480,338
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	88,078	346,544		571,276	1,240,684	2,246,582
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						325,917,535

12 Gross receipts from related activities, etc. (see instructions)	12	569,958,177

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 2019 (line 6, column (f) divided by line 11, column (f))	14	52.830 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	49.050 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 52-1271901

Name: SENTARA HEALTHCARE

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303006260

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		38,710
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		338,663
j	Total. Add lines 1c through 1i			377,373
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	85,838,156	91,403,333	78,955,874	80,973,164	80,469,527
b Contributions	1,120,433	1,133,007	760,191	899,335	1,288,253
c Net investment earnings, gains, and losses	16,161,589	-5,709,225	12,288,059	-1,710,443	-224,709
d Grants or scholarships	110,000	210,000	150,000	680,000	165,000
e Other expenditures for facilities and programs	1,114,821	778,959	450,791	526,182	394,907
f Administrative expenses					
g End of year balance	101,895,357	85,838,156	91,403,333	78,955,874	80,973,164

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

a Board designated or quasi-endowment ▶ 96.100 %

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ 3.900 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,493,820		2,493,820
b Buildings		5,009,924	4,154,111	855,813
c Leasehold improvements		228,337	228,337	0
d Equipment		17,241,932	14,450,923	2,791,009
e Other		1,142,921	363,719	779,202
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,919,844

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	915,942,163	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	506,206,483

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
OAKTREE MEZZANINE FUND II	5,359	F
UBS TRUMBULL PROPERTY INCOME FUND	80,702,828	F
UBS TRUMBULL PROPERTY FUND	197,811,649	F
OAKTREE REAL ESTATE OPPORTUNITIES FUND IV	535,105	F
OAKTREE REAL ESTATE OPPORTUNITIES FUND V	864,116	F
HEALTH ENTERPRISES PARTNERS I, LP	800,179	F
SANTE HEALTH VENTURES I, LP	2,931,597	F
SANTE HEALTH VENTURES II, LP	2,657,217	F
HEALTH ENTERPRISES PARTNERS II, LP	2,211,225	F
OAKTREE PRIVATE INVESTMENT FUND 2012	18,763,216	F

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

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation: Cost or end-of-year market value
PIMCO BRAVO II FUND	9,154,088	F
TTCP FUND I, LP	8,329,792	F
PELOTON EQUITY FUND I, LP	5,675,937	F
OAKTREE PRINCIPAL OPPORTUNITIES FD IV, AIF	93,883	F
HIGHLAND PUBLIC INFLATION HEDGE	259,794,537	F
HIGHLAND DIRECT HEDGED EQUITY	252,882,233	F
PIMCO CORPORATE OPPORTUNITIES FUND ONSHORE FEEDER, LP	20,684,785	F
PIMCO CORPORATE OPPORTUNITIES FUND II OFFSHORE FEEDER AIV I, LP	2,544,925	F
PRIME STORAGE FUND II IDF, LP	8,489,483	F
GRYPHON PARTNERS V-A, LP	8,976,754	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
HEALTH ENTERPRISE PARTNERS III, LP	1,478,674	F
LEAVITT EQUITY PARTNERS II, LP	2,215,407	F
PELOTON EQUITY II, LP	3,618,813	F
SANTE HEALTH VENTURES III, LP	1,597,490	F
TTCP FUND II, LP	2,398,238	F
SOLUS SPC OFFSHORE FUND LTD	14,763,843	F
VISTA EQUITY PARTNERS FUND VII-A	5,960,790	F

Supplemental Information

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			276,686,895
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			276,686,895

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

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

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 52-1271901

Name: SENTARA HEALTHCARE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	UNRELATED TRADE OR BUSINESS		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		276,686,895

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 41

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD	51	6,300			
(2) HOME REPAIR/MAINTENANCE	1	2,359			
(3) HOUSEHOLD GOODS	3	600			
(4) MORTGAGE ASSISTANCE	19	25,696			
(5) RENTAL ASSISTANCE	62	88,409			
(6) UTILITY ASSISTANCE	51	28,380			
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	SCHEDULE I, PART I, LINE 2: PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. THE SENTARA FOUNDATION - HAMPTON ROADS, A DIVISION OF THE ORGANIZATION, IS RESPONSIBLE FOR AWARDING AND MONITORING THE USE OF GRANT AND SPONSORSHIP FUNDS DONATED TO OTHER ORGANIZATIONS IN THE COMMUNITY WHO SHARE THE SAME MISSION AS THE ORGANIZATION: IMPROVING HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY. COMMUNITY RECOGNITION GRANTS ARE AWARDED ANNUALLY BY THE FOUNDATION'S GRANT COMMITTEE TO OTHER 501(C)(3) ORGANIZATIONS WITHIN THE COMMUNITY AFTER A RIGOROUS APPLICATION AND REVIEW PROCESS. ONCE AWARDED, THE GRANTS ARE DISTRIBUTED THE FOLLOWING YEAR IN TWO PAYMENTS - AT THE BEGINNING OF THE YEAR, THEN AFTER AN INTERIM REPORT HAS BEEN FILED WITH THE FOUNDATION. THE INTERIM REPORT MUST INCLUDE THE GRANT OBJECTIVES, ANY CHANGES IN STATUS OF THE ORGANIZATION'S 501(C)(3) STATUS, DETAILS OF THE GRANT OUTCOMES TO DATE AND COMPLIANCE WITH SUBMITTED FINANCIAL BUDGET. GRANTEES ARE REQUIRED TO SUBMIT WITH THE REPORT A DETAILED LISTING OF MEASUREMENTS INCLUDING THE NUMBER OF PEOPLE SERVED AND INCOME LEVELS. FURTHER, A PLAN OF PROGRAM SUSTAINABILITY MUST BE COMPLETED TO PROMOTE THE INITIATIVE'S GOALS FOR THE FUTURE. COMMUNITY BENEFIT SPONSORSHIPS ARE AWARDED QUARTERLY BASED ON THE RECOMMENDATION OF THE FOUNDATION'S SPONSORSHIP REVIEW COMMITTEE. APPLICANTS MUST SUBMIT A PROPOSAL IN WRITING DEMONSTRATING HOW FUNDS WILL BE USED TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY. SPONSORSHIPS ARE GENERALLY AWARDED TO OTHER 501(C)(3) ORGANIZATIONS WITH ACTIVE COMMUNITY BOARDS WHO OVERSEE THE EXPENDITURE OF SUCH FUNDS. THE SENTARA FOUNDATION - HAMPTON ROADS ALSO ADMINISTERS THE H.O.P.E. (HELPING OVERCOME PERSONAL EMERGENCY) FUND, A PROGRAM FOR EMPLOYEES OF THE SENTARA HEALTHCARE SYSTEM WHO ARE IN NEED OF EMERGENCY ASSISTANCE. THIS PROGRAM IS FUNDED BY DONATIONS FROM EMPLOYEES AND MANAGED BY THE PLANNING COUNCIL, A HUMAN SERVICES AGENCY USED TO PROCESS ALL H.O.P.E. FUND APPLICATIONS TO MAINTAIN CONFIDENTIALITY. EMPLOYEES WHO EXPERIENCE CATASTROPHIC EVENTS THROUGH NO FAULT OF THEIR OWN SUCH AS FIRE, DEATH IN THE FAMILY, FLOODING, HURRICANE, TORNADO, CURRENT PERSONAL ILLNESS OR SERIOUS PERSONAL FAMILY ILLNESS THAT RESULT IN HARDSHIP MAY APPLY FOR ASSISTANCE. APPLICANTS MUST COMPLETE A 3-PAGE APPLICATION FORM. APPLICANTS SUBMIT THESE FORMS ALONG WITH THEIR LATEST PAY STUBS, COPIES OF THE BILLS BEING SUBMITTED FOR PAYMENT, AND OFFICIAL DOCUMENTATION OF THE CATASTROPHIC EVENT. THE PLANNING COUNCIL THEN INTERVIEWS THE APPLICANT AND DETERMINES IF THE GUIDELINES ARE MET FOR ASSISTANCE. IN THE EVENT OF A NATURAL DISASTER, APPLICANTS MUST FIRST APPLY TO OTHER EMERGENCY ASSISTANCE PROGRAMS, SUCH AS THE AMERICAN RED CROSS, SALVATION ARMY, OR F.E.M.A., BEFORE BECOMING ELIGIBLE FOR ASSISTANCE FROM THE H.O.P.E. FUND. A REVIEW COMMITTEE EVALUATES EACH APPLICATION AND DETERMINES ASSISTANCE LEVELS BASED ON DOCUMENTED, APPROPRIATE NEED. FUNDS MAY ONLY BE USED TO PAY EXISTING BILLS OR EXTRAORDINARY EXPENSES RELATED TO A CATASTROPHIC EVENT. BILLS THAT ARE NOT NECESSARY FOR THE PRESERVATION OF DAILY LIVING, INCLUDING NON-ESSENTIAL UTILITIES (I.E., CABLE TV, ETC.), ARE NOT COVERED. PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS RATHER THAN TO INDIVIDUAL RECIPIENTS. FUNDS ARE ONLY DISTRIBUTED PROVIDED ADEQUATE EMPLOYEE DONATIONS HAVE BEEN MADE BY EMPLOYEES FOR EMPLOYEES. ASSISTANCE IS PROVIDED AS THE AVAILABILITY OF FUNDS PERMIT; DECISIONS ARE MADE IN THE ORDER IN WHICH COMPLETED APPLICATIONS REQUESTS ARE RECEIVED. ASSISTANCE FOR AN INDIVIDUAL EMPLOYEE IS LIMITED TO ONCE PER 12-MONTH PERIOD AND TYPICALLY DOES NOT EXCEED $2,000. DURING 2019, 92 INDIVIDUAL EMPLOYEES WERE ASSISTED BY THE HOPE FUND.
SCHEDULE I, PART III	GRANT FUNDS ARE DISBURSED IN TWO INSTALLMENTS, ONE UPON SIGNING THE LETTER OF AGREEMENT AND THE FINAL PAYMENT UPON REVIEW OF THE FILED INTERIM REPORT. FURTHER, GRANTEES ARE REQUIRED TO FILE A FINAL REPORT EVALUATING RESULTS AGAINST THE ORIGINAL OBJECTIVES SET WITHIN THE LETTER OF AGREEMENT.

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
2019 COMMEMORATION INC PO BOX 1607 WILLIAMSBURG, VA 23187	81-0703911	501(C)(3)	250,000				SUPPLEMENT EVENTS AND PROGRAMS
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE SUITE 404 CHESAPEAKE, VA 23320	13-1623888	501(C)(3)	7,500				PREVENT AND CURE DIABETES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANGELS OF MERCY INC 7151 RICHMOND RD SUITE 401 WILLIAMSBURG, VA 23188	54-1901759	501(C)(3)	15,000				REDESIGN PRIMARY CARE TO MEET NEEDS OF UNINSURED AND UNDERINSURED
BEACH HEALTH CLINIC 3396 HOLLAND RD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	30,000				DIAGNOSTIC AND PHARMACY SERVICES FOR INDIGENT

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
BOYS AND GIRLS CLUBS 11825 ROCK LANDING DR CHESAPEAKE BLDG STE B NEWPORT NEWS, VA 23606	54-0538202	501(C)(3)	15,000				INSPIRE AND ENABLE YOUNG PEOPLE
CATHOLIC CHARITIES OF EASTERN VA 5361A VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462	54-0505879	501(C)(3)	29,000				MENTAL HEALTH SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHESAPEAKE CARE INC 2145 S MILITARY HWY CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	30,000				HEALTHCARE FOR UNINSURED
CHIP OF SOUTH HAMPTON ROADS 1302 JEFFERSON ST CHESAPEAKE, VA 23324	54-1893166	501(C)(3)	27,000				SUPPRT FOR HEALTHY BIRTH OUTCOMES

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
FORKIDS INC PO BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	10,000				HEALTHCARE FOR HOMELESS SHELTER
FOUNDATION FOR REHAB PO BOX 88730 ROANOKE, VA 24014	54-1934695	501(C)(3)	8,000				PROVIDE REHABILITATION EQUIPMENT TO AT RISK SENIORS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLOUCESTER-MATHEWS FREE CLINIC 2276 GEORGE WASHINGTON MEMORIAL HWY HWY HAYES, VA 23072	54-1875619	501(C)(3)	30,000				HEALTHCARE FOR INDIGENTS
HAMPTON ROADS COMMUNITY ACTION PROGRAM INC PO BOX 37 NEWPORT NEWS, VA 23607	23-7014485	501(C)(3)	12,000				EARLY CHILDHOOD DEVELOPMENT FOR DISADVANTAGED CHILDREN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMPTON ROADS COMMUNITY HEALTH CENTER 664 LINCOLN ST PORTSMOUTH, VA 23704	54-1626757	501(C)(3)	50,000				PROVIDE TELEMEDICINE ACCESS TO LOW-INCOME/UNINSURED INDIVIDUALS
HELP INC PO BOX 190 HAMPTON, VA 23669	54-1209213	501(C)(3)	6,000				PROVIDE DENTAL CARE TO UNISURED, LOW INCOME ADULTS

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

(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
HOSPICE HOUSE & SUPPORT CARE OF WILLIAMSBURG 4445 POWHATAN PKWY WILLIAMSBURG, VA 23188	52-1289657	501(C)(3)	10,000				SUPPORT FOR INVIDUALS IN THE LAST PHASES OF LIFE
LACKEY FREE CLINIC 1620 OLD WILLIAMSBURG RD YORKTOWN, VA 23690	54-1850915	501(C)(3)	30,000				HEALTHCARE FOR INDIGENTS

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
LEES FRIENDS 7400 HAMPTON BLVD NORFOLK, VA 23505	54-1533488	501(C)(3)	7,500				HELP AND SUPPORT CANCER PATIENTS AND THEIR FAMILIES
LOCAL IINITIATIVES SUPPORT CORPORATION 28 LIBERTY ST FL 34 NEW YORK, NY 10005	13-3030229	501(C)(3)	1,000,000				DEVELOP PROGRAMS TO ADDESS SOCIAL DETERMINANTS OF HEALTH

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
NEPTUNE FESTIVAL 265 KINGS GRANT RD VIRGINIA BEACH, VA 23451	52-1372330	501(C)(3)	25,000				PROMOTE CIVIC PRIDE AND UNITY
OLDE TOWN MEDICAL CENTER 5249 OLDE TOWNE RD STE D WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	32,000				PEDIATRIC DENTAL SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARK PLACE HEALTH AND DENTAL CLINIC 606 W 29TH ST NORFOLK, VA 23508	45-3086608	501(C)(3)	30,000				DENTAL HEALTH NEEDS OF LOW INCOME AND UNINSURED
PATRIOTIC FESTIVAL 3212 STAPLEFORD CHASE VIRGINIA BEACH, VA 23452	46-1601615	501(C)(3)	10,000				SUPPPORT FOR ACTIVE DUTY AND RETIRED MILITARY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PIN MINISTRY 557 S BIRDNECK RD STE 109 VIRGINIA BEACH, VA 23451	41-2126841	501(C)(3)	20,000				RESOURCES FOR THE POOR
RX PARTNERSHIP 2924 EMERYWOOD PKWY STE 300 RICHMOND, VA 23294	57-1186937	501(C)(3)	13,000				ACCESS TO FREE MEDICATION

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

(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
SAMARITAN HOUSE INC 2620 SOUTHERN BLVD VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	10,000				SERVING THE HOMELESS
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR BLDG NO 101 NORFOLK, VA 23502	54-6069786	501(C)(3)	25,500				PROVIDE TRANSITION SERVICES TO SENIORS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST NEWPORT NEWS, VA 23607	54-1083954	501(C)(3)	50,000				LAB AND MEDICAL SERVICES FOR INDIGENTS
ST COLUMBA ECUMENICAL MINISTRIES 2414 LAFAYETTE BLVD NORFOLK, VA 23509	54-1394797	501(C)(3)	18,000				PRESCRIPTIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CENTER FOR SEXUAL ASSAULT SURVIVORS 718 J CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601	54-1934355	501(C)(3)	6,500				SUPPORT FOR CHILD TREATMENT SPECIALISTS
UNION MISSION MINISTRIES P O BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	51,000				HEALTHCARE FOR HOMELESS

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
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK, VA 23513	54-0506322	501(C)(3)	365,000				SPONSORSHIP / SUPPORT FOR VICTIMS OF VIGINIA BEACH TRAGEDY
UNITED WAY OF THE VA PENINSULA 739 THIMBLE SHOALS BLVD SUITE 400 NEWPORT NEWS, VA 23606	54-0535602	501(C)(3)	19,250				SPONSORSHIP

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
UP CENTER 222 W 19TH ST NORFOLK, VA 23517	54-0674774	501(C)(3)	29,500				MENTORING PROGRAM FOR AT RISK YOUTH
VA CENTER FOR INCLUSIVE COMMUNITIES 5511 STAPLES MILL RD STE 202 RICHMOND, VA 23228	20-3188273	501(C)(3)	7,000				REDUCE PREJUDICE IN SCHOOLS, BUSINESSES AND COMMUNITIES

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
VA LEAGUE FOR PLANNED PARENTHOOD 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501(C)(3)	10,000				SUPPORT FOR PRIMARY CARE PROGRAMS
VA SUPPORTIVE HOUSING P O BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	35,500				CASE MANAGEMENT FOR HOMELESS

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
VIRGINIA COMMUNITY COLLEGE FOUNDATION 300 ARBORETUM PLACE STE 200 RICHMOND, VA 23236	23-7004354	501(C)(3)	300,000				PROVIDE EDUCATION FOR ALL VIRGINIANS
VIRGINIA HEALTH CARE FOUNDATION 707 E MAIN ST ROOM 1350 RICHMOND, VA 23219	54-1639924	501(C)(3)	125,000				SUPPORT FOR MEDICAID ENROLLMENT COUNSELORS

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
VIRGINIA SYMPHONY 150 BOUSH ST NO 201 NORFOLK, VA 23510	54-6000598	501(C)(3)	99,000				MUSICAL PERFORMANCE AND EDUCATIONAL ACTIVITIES
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PKWY SUFFOLK, VA 23434	26-3302837	501(C)(3)	30,000				PROVIDE DENTAL PROGRAM ACCESS

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
YMCA OF EASTERN SHORE 920 CORPORATION LANE CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	100,000				BUILD HEALTHY, SPIRIT, MIND AND BODY

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Schedule J (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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 on 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	CHARTER TRAVEL WAS USED BY CERTAIN OFFICERS OF THE ORGANIZATION IN CONNECTION WITH BUSINESS PURPOSES ONLY AND WAS NOT TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PAID FOR TAXABLE RELOCATION EXPENSES OF EXECUTIVE RECRUITS, INCLUDING TEMPORARY HOUSING AND THE ADDITIONAL TAXES ASSOCIATED WITH SUCH BENEFITS, ALL OF WHICH WERE TREATED AS ADDITIONAL COMPENSATION AND REPORTED ON FORM W-2 AS TAXABLE WAGES. THE ORGANIZATION ALSO PAID THE TAXES ASSOCIATED WITH AN EXECUTIVE RECRUIT'S SIGN-ON BONUS. THE GROSS-UP PAYMENT WAS TREATED AS ADDITIONAL COMPENSATION AND REPORTED ON FORM W-2 AS TAXABLE WAGES.
PART I, LINES 4A-B	THE FOLLOWING LISTED PERSONS RECEIVED COMPENSATION RELATED TO THEIR SEPARATION FROM SERVICE. AMOUNTS HAVE BEEN INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II: DOUGLAS L. CHAET ($1,250,000); LESTER R. ELJAIEK ($287,472); AND JEFFREY P. KING ($218,939). HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATIONS' BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS. VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH. EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE. HOWARD KERN, ROBERT BROERMANN, MICHAEL GENTRY, VICKY GRAY, DOUGLAS THOMPSON, GRACE HINES, MEGAN PERRY, JEFFREY KING, LESTER ELJIAEK, BECKY SAWYER, JORDAN ASHER, AND PHYLLIS ANDERSON PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN. PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE. UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE). DURING 2019, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN ($154,711); MICHAEL GENTRY ($116,632); VICKY GRAY ($168,445); GRACE HINES ($52,714); HOWARD KERN ($721,088); JEFFREY KING ($228,358); AND DOUGLAS THOMPSON ($48,948); THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II.
PART I, LINE 7	DURING THE CURRENT TAX YEAR, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS: ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE. BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL. TOP HAT- WITHIN THE ANNUAL INCENTIVE PROGRAM, EXECUTIVES AND SENIOR LEADERS MAY RECEIVE ADDITIONAL INCENTIVE PAY TO REWARD EXCEPTIONAL INDIVIDUAL PERFORMANCE. PERFORMANCE PLUS - ELIGIBLE FULL-TIME AND PART-TIME EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN MAY EARN ADDITIONAL COMPENSATION IF THEIR BUSINESS UNIT MEETS FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE GOALS, AND THE SYSTEM NET OPERATING MARGIN GOAL HAS BEEN MET. INDIVIDUAL PAYOUT IS BASED ON JOB CLASSIFICATION, BUSINESS UNIT GOAL SUCCESS AND PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION. GOALS AND THE PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN. AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD; BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE; AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE. SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HOWARD P KERN PRES/CEO/EX-EFFICIO DIRECTOR	(i)	1,721,005	1,718,080	814,246	3,776,265	24,149	8,053,745	81,692
	(ii)	0	0	0	0	0	0	0
1ROBERT A BROERMANN CFO	(i)	865,809	603,561	205,278	132,432	17,154	1,824,234	0
	(ii)	0	0	0	0	0	0	0
2MICHAEL V GENTRY COO	(i)	820,035	555,458	149,099	198,191	20,736	1,743,519	0
	(ii)	0	0	0	0	0	0	0
3JORDAN R ASHER KE (SHC SVP & CHIEF PHYSICIAN EXEC)	(i)	984,492	259,380	159,218	106,072	30,578	1,539,740	0
	(ii)	0	0	0	0	0	0	0
4MEGAN R PERRY CVP, MERGERS & ACQUISITION	(i)	496,378	313,527	135,301	358,252	19,995	1,323,453	62,861
	(ii)	0	0	0	0	0	0	0
5DOUGLAS L CHAET FORMER KE (VP)	(i)	9,000	0	1,250,149	285	2,576	1,262,010	0
	(ii)	0	0	0	0	0	0	0
6BECKY C SAWYER KE (SVP & CHRO)	(i)	484,386	332,640	55,270	246,407	31,182	1,149,885	0
	(ii)	0	0	0	0	0	0	0
7JEFFREY P KING SECRETARY (THRU 6/19)	(i)	274,339	156,153	539,781	82,095	24,650	1,077,018	165,897
	(ii)	0	0	0	0	0	0	0
8VICKY G GRAY KE (SVP, SYSTEM DEVELOPMENT)	(i)	255,478	353,146	284,100	128,674	5,839	1,027,237	48,093
	(ii)	0	0	0	0	0	0	0
9DOUGLAS M THOMPSON VP, DECISION SUPPORT	(i)	326,337	189,428	100,367	115,249	17,716	749,097	0
	(ii)	0	0	0	0	0	0	0
10GRACE R HINES CVP, SYSTEM INTERGRATION	(i)	345,414	205,583	85,476	78,331	23,103	737,907	0
	(ii)	0	0	0	0	0	0	0
11VIKKI L CHARLES VP CORPORATE FINANCE	(i)	318,356	109,807	32,477	234,148	23,845	718,633	0
	(ii)	0	0	0	0	0	0	0
12LESTER R ELJAIEK FORMER KE (VP,CORPORATE FINANCE)	(i)	103,368	115,752	339,372	77,885	29,200	665,577	0
	(ii)	0	0	0	0	0	0	0
13RHONDA A MILLER VP, REVENUE CYCLE	(i)	383,426	84,073	52,458	6,026	9,917	535,900	0
	(ii)	0	0	0	0	0	0	0
14PHYLLIS S ANDERSON KE (SVP & CHIEF MARKETING OFFICER)	(i)	87,259	50,000	129,898	13,750	1,170	282,077	0
	(ii)	0	0	0	0	0	0	0
15MICHAEL V TAYLOR FORMER KE	(i)	113,102	375	19,495	103,653	28,338	264,963	0
	(ii)	0	0	0	0	0	0	0
16SAMUEL J HAWLEY FORMER OFFICER	(i)	176,744	20,980	131	34,469	12,129	244,453	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA THE CITY OF NORFOLK VA	52-1375010	NONEAVAIL	07-16-2003	53,100,000	FINANCING FOR CAPITAL AND FIXED ASSETS		X		X		X
B	EDA THE CITY OF SUFFOLK VA	54-1131047	86481QAA7	06-25-2008	156,615,000	REFUNDED BONDS ISSUED OCTOBER 2006		X		X		X
C	VA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	928105AV7	01-28-2010	296,243,684	REFUND PRIOR BONDS AND FUND NEW PROJECT		X		X		X
D	EDA THE CITY OF NORFOLK VA	52-1375010	65588NBB7	05-16-2012	163,163,080	REF. POTOMAC 2003, MJH 2002, NEW PROJ.		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	28,800,000	15,205,000	81,430,000	18,225,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	53,100,000	156,615,000	296,443,256	163,873,559
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds			2,715,612	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			230,220,167	75,585,411
11	Other spent proceeds	53,100,000	156,615,000	63,507,476	88,288,148
12	Other unspent proceeds				
13	Year of substantial completion	2003	2008	2011	2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
SCHEDULE K, PART VI	ENTITY 1, ISSUE A: SERIES 2003 COMMERCIAL PAPER PROGRAM (SENTARA HEALTHCARE) PART II, 1 - SENTARA ISSUED TAXABLE COMMERCIAL PAPER NOTES IN 2012 TO PARTIALLY REFUND THIS 2003 COMMER CIAL PAPER PROGRAM. PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE. N O INTEREST WAS EARNED, ALL PROCEEDS SPENT WITHIN 18 MONTHS OF RECEIPT OF PROCEEDS. PART II , 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NO T FROM BOND PROCEEDS. PART IV, 2C - SENTARA HAD ARBITRAGE COMPLIANCE REPORT COMPLETED FOR THIS ISSUE AS OF 12/16/2007, WHICH REFLECTED NO REBATE DUE TO THE IRS FOR THIS 2003 ISSUAN CE. DEBT WAS ISSUED AS REIMBURSEMENT FOR PRIOR EXPENDITURES INCURRED. THEREFORE, THIS ISSU E QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION. ENTITY 1, ISSUE B: SERIES 2008 (SENTARA HEALTHCARE SYSTEM) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDED ISSUE PRICE. N O INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPO SES. PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SE NTARA AND NOT FROM BOND PROCEEDS. PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 2006 ISSUE. THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES. ALL PROCEEDS WE RE SPENT ON THE DAY OF ISSUE. PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXC EPTION TO REBATE. SENTARA PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN SEPTEMBER OF 2 008. FIRST INSTALLMENT EVALUATION DATE WOULD BE NO LATER THAN 6/25/2013. ON MAY 1, 2015, S ENTARA HEALTHCARE MODIFIED AN EXISTING TOTAL RETURN SWAP ("TRS") FOR THE $156,615,000 SERI ES 2008 REVENUE BONDS. THE TRS WAS NOT ORIGINALLY TREATED OR IDENTIFIED AS A QUALIFIED HED GE FOR TAX PURPOSES AND THEREFORE ANY MODIFICATIONS SHOULD NOT HAVE RESULTED IN A REISSUAN CE FOR FEDERAL TAX PURPOSES. HOWEVER, BOND COUNSEL AND THE SWAP PROVIDERS COUNSEL REVIEWED PRIVATE LETTER RULING PLR-147816-13, WHICH OUTLINED A VERY SIMILAR SITUATION. THE PLR CON CLUDED THAT AN AMENDMENT TO THE TRS WOULD NOT RESULT IN AN ABUSIVE ARBITRAGE DEVICE AS DEF INED WITHIN THE U.S. TREASURY REGULATIONS. THE PLR DID NOT CONCLUDE WHETHER OR NOT A REISS UANCE SHOULD APPLY IN SUCH A SITUATION. AS A CONSERVATIVE APPROACH, BOND COUNSEL AND THE S WAP PROVIDERS COUNSEL DECIDED TO FOLLOW THE DIRECTION TAKEN BY THE ISSUER IN THE PLR AND A LSO TREAT THE MODIFICATION OF THE TRS AS A REISSUANCE AND FILED A NEW FEDERAL FORM 8038 WI TH THE INTERNAL REVENUE SERVICE, DATED MAY 1, 2015. AGAIN, THE TREATMENT OF THE TRS MODIFI CATION AS A REISSUANCE WAS PURELY DONE AS A CONSERVATIVE APPROACH. AS STATED ABOVE, THE SE RIES 2008 BONDS QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION. THEREFORE, THIS ISSUE WAS EXEMPT FROM THE ARBITRAGE REBATE CALCULATION. UNDER THE REISSUANCE TREATMENT, NO REBATE AM OUNTS WOULD HAVE BEEN DUE TO THE IRS AS OF THE MAY 1, 2015 REISSUANCE DATE. FURTHERMORE, T HE 2008 REISSUED BONDS WOULD ALSO QUALIFY FOR THE SIX-MONTH SPENDING EXCEPTION AND WOULD N OT OWE AN ARBITRAGE REBATE PAY

Return Reference	Explanation
SCHEDULE K, PART VI	MENT TO THE IRS AS OF MAY 1, 2020 (FIFTH ANNIVERSARY DATE OF THE REISSUANCE). ENTITY 1, IS SUER C: SERIES 2010 (SENTARA HEALTHCARE SYSTEM - VSBFA) PART II, 2 - THE SERIES 2010 BONDS WERE REFUNDED ON 2/3/2020 BY A SERIES 2020 BOND ISSUE. THE OUTSTANDING SERIES 2010 BONDS WERE DEFEASED AND CALLED ON 5/1/2020. PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLU DES ISSUE PRICE, PLUS INTEREST EARNINGS (MAINLY FROM PROJECT FUND AND ESCROW FUND). PART I I, 11 - OTHER SPENT PROCEEDS INCLUDES REFUNDING PROCEEDS AND INTEREST EARNINGS FROM REFUND ING ESCROW FUND. PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 1997A AND 1998 ISSUE. THE REF UNDINGS WERE TREATED AS CURRENT REFUNDINGS FOR FEDERAL TAX PURPOSES. REFUNDING PROCEEDS WE RE DEPOSITED INTO AN ESCROW FUND AND INVESTED. THOSE AMOUNTS WERE FULLY EXPENDED ON OR ARO UND 3/1/2010 TO REDEEM THE PRIOR BONDS. PART IV, 2B - FIRST INSTALLMENT PERIOD FOR THIS IS SUE ENDED ON1/28/2015. ARBITRAGE COMPLIANCE REPORT COMPLETED THROUGH DECEMBER 31, 2011, WH ICH REFLECTED ALL PROCEEDS SPENT AND NO ACCRUING ARBITRAGE LIABILITY FOR SENTARA. ENTITY 1 , ISSUER D: SERIES 2012B (SENTARA HEALTHCARE SYSTEM) PART II, 3 - TOTAL PROCEEDS OF THE IS SUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS ASSOCIATED WITH PROJECT FUND AND ESCROW F UNDS. PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM S ENTARA AND NOT FROM BOND PROCEEDS. PART II, 11 - OTHER SPENT PROCEEDS INCLUDES REFUNDING P ROCEEDS AND INTEREST EARNINGS FROM REFUNDING ESCROW FUNDS. PART II, 12 - UNSPENT PROCEEDS CONSIST OF THE REMAINING PROJECT FUND PROCEEDS. PART II, 15 - SERIES 2012B ADVANCE REFUNDE D THE MARTHA JEFFERSON SERIES 2002 BONDS MATURING 10/1/2012 - 10/1/2035 WITH A CALL FOR RE DEMPTION DATE OF 10/1/2012. THE SERIES 2012B ALSO ADVANCE REFUNDED THE POTOMAC HOSPITAL SE RIES 2003 BONDS MATURING 10/1/2012 - 10/1/2036 WITH A CALL FOR REDEMPTION DATE OF 10/1/201 3. PART IV, 2A, SENTARA RECEIVES ANNUAL ARBITRAGE COMPLIANCE REPORTS COMPLETED FOR THIS IS SUE. ALL PROCEEDS OF THE SERIES 2012B BONDS WERE FULLY EXPENDED AS OF 3/19/2014. ARBITRAGE COMPLIANCE CERTIFICATE WAS PROVIDED THROUGH THE 5/1/2017 FIFTH BOND YEAR, WHICH REFLECTED THAT NO ARBITRAGE REBATE LIABILITY WAS DUE TO THE IRS.

Return Reference	Explanation
SCHEDULE K, PART VI	ENTITY 2, ISSUER A: SERIES 2016A&B (SENTARA HEALTHCARE) PART II, 3 - COMBINED ISSUE PRICE OF THE SERIES 2016A AND 2016B BONDS. THE SERIES 2016A&B BONDS WERE TREATED AS A SINGLE ISSUE FOR FEDERAL TAX PURPOSES. PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS. PART II, 14 - SERIES 2016A&B CURRENT REFUNDED THE SERIES 2012A, 2010B, AND 2010C ON THE DATE OF CLOSING. PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE. SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE. NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE MAY 5, 2021 FIRST INSTALLMENT EVALUATION DATE. ENTITY 2, ISSUER B: SERIES 2016C&D (SENTARA RMH MEDICAL CENTER) PART II, 3 - PART II, 3 - COMBINED ISSUE PRICE OF THE SERIES 2016C AND 2016D BONDS. THE SERIES 2016C&D BONDS WERE TREATED AS A SINGLE ISSUE FOR FEDERAL TAX PURPOSES. PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS. PART II, 14 - SERIES 2016C&D CURRENT REFUNDED THE SERIES 2006 RMH BONDS ON THE DATE OF CLOSING. PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE. SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE. NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE AUGUST 15, 2021 FIRST INSTALLMENT EVALUATION DATE. ENTITY 2, ISSUER C: SERIES 2016E (SENTARA RMH MEDICAL CENTER) PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS. PART II, 14 - SERIES 2016E CURRENT REFUNDED THE SERIES 2011AB&C RMH ON THE DATE OF CLOSING. PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE. SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE. NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE OCTOBER 4, 2021 FIRST INSTALLMENT EVALUATION DATE. ENTITY 2, ISSUER D: SERIES 2016F (SENTARA RMH MEDICAL CENTER) PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS. PART II, 14 - SERIES 2016F CURRENT REFUNDED THE SERIES 2010A, 2010B, AND 2010C RMH BONDS ON THE DATE OF CLOSING. SERIES 2010AB&C BONDS WERE MODIFIED/REISSUED ON 11/28/2011. PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE. SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE. NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE NOVEMBER 1, 2021 FIRST INSTALLMENT EVALUATION DATE.

Return Reference	Explanation
SCHEDULE K, PART VI	ENTITY 3, ISSUER A: SERIES 2018A&B (SENTARA HEALTHCARE) PART II, 3 - COMBINED ISSUE PRICE OF THE SERIES 2018A AND 2018B BONDS. THE SERIES 2018A&B BONDS WERE TREATED AS A SINGLE ISSUE FOR FEDERAL TAX PURPOSES. THE TOTAL AMOUNT INCLUDED ON LINE 3 INCLUDES THE ISSUE PRICE OF THE SERIES 2018A&B BONDS, PLUS $19MM OF TRANSFERRED PROCEEDS, PLUS INTEREST EARNINGS RECEIVED FROM THE TRANSFERRED PROCEEDS (SERIES 2017 PROJECT FUND). PART II, 7 - ONLY A RESIDUAL AMOUNT OF BOND PROCEEDS WERE USED FOR COST OF ISSUANCE EXPENSES. A MAJORITY OF THESE COST OF ISSUANCE EXPENSES WERE PAID WITH EQUITY FROM SENTARA. PART II, 14 - SERIES 2018A&B CURRENT REFUNDED SERIES 2017 BONDS ON THE DATE OF CLOSING. THE SERIES 2018A&B BONDS RECEIVED TRANSFERRED PROCEEDS ON MAY 15, 2018 REDEMPTION DATE. PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE. HOWEVER, THE SERIES 2018A&B RECEIVED TRANSFERRED PROCEEDS THAT WERE SUBJECT TO ARBITRAGE COMPLIANCE. SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE. ALL TRANSFERRED PROCEEDS WERE FULLY EXPENDED BY NOVEMBER 1, 2018. NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE MAY 15, 2023 FIRST INSTALLMENT EVALUATION DATE. ENTITY 3, ISSUER B: SERIES 2018A&B (SENTARA MARTHA JEFFERSON HOSPITAL) PART II, 3 - COMBINED ISSUE PRICE OF THE SERIES 2018A AND 2018B BONDS. THE SERIES 2018A&B BONDS WERE TREATED AS A SINGLE ISSUE FOR FEDERAL TAX PURPOSES. PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS. PART II, 14 - SERIES 2018A&B CURRENT REFUNDED SERIES 2013A&B BONDS ON THE DATE OF CLOSING. PART IV, 2B&C - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE. SENTARA RECEIVED AN ARBITRAGE REBATE COMPLIANCE CERTIFICATE FROM ITS ARBITRAGE CONSULTANT FOR THIS ISSUE. NO REBATE PAYMENT IS EXPECTED TO BE DUE TO THE IRS FOR THIS ISSUE AS OF THE DECEMBER 31, 2022 FIRST INSTALLMENT EVALUATION DATE.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA THE CITY OF NORFOLK VA	52-1375010	65588TAP4	05-05-2016	197,670,000	REF. SERIES 2012A, 2010B, AND 2010C		X		X		X
B	EDA OF THE CITY OF HARRISONBURG VA	54-2000436	NONEAVAIL	08-15-2016	183,535,000	CURRENTLY REFUND SERIES 2006 RMH		X		X		X
C	EDA OF THE CITY OF HARRISONBURG VA	54-2000436	NONEAVAIL	10-04-2016	27,600,000	CURRENTLY REFUND SERIES 2011ABC RMH		X		X		X
D	EDA OF THE CITY OF HARRISONBURG VA	54-2000436	NONEAVAIL	11-01-2016	65,379,312	CURRENTLY REFUND SERIES 2010ABC RMH		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	11,250,000	3,940,000	3,600,000	8,172,414
2	Amount of bonds legally defeased				
3	Total proceeds of issue	197,670,000	183,535,000	27,600,000	65,379,312
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	197,670,000	183,535,000	27,600,000	65,379,312
12	Other unspent proceeds				
13	Year of substantial completion	2016	2016	2016	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA OF THE CITY OF NORFOLK	52-1375010	65588TAT6	05-15-2018	150,000,788	CURRENT REFUND SERIES 2017 BONDS		X		X		X
B	EDA OF ALBERMARLE COUNTY VA	52-1297503	012663AM2	05-15-2018	154,550,000	CURRENTLY REFUND SERIES 2013AB BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		2,940,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	169,318,695	154,550,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	788			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	19,317,907			
11	Other spent proceeds	150,000,000	154,550,000		
12	Other unspent proceeds				
13	Year of substantial completion	2018	2018		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	SENTARA HEALTHCARE I. SENTARA HEALTHCARE - YOUR NOT-FOR-PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE CELEBRATES MORE THAN 131 YEARS IN PURSUIT OF ITS MISSION - WE IMPROVE HEALTH EV ERY DAY. NAMED TO IBM WATSON HEALTH'S 2018 "TOP 15 HEALTH SYSTEMS," SENTARA IS AN INTEGRAT ED, NOT-FOR-PROFIT SYSTEM OF 12 HOSPITALS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA, INC LUDING A LEVEL I TRAUMA CENTER, THE NATIONALLY RANKED SENTARA HEART HOSPITAL, TWO ORTHOPED IC HOSPITALS, ACCREDITED SENTARA CANCER NETWORK AND THE SENTARA NEUROSCIENCES INSTITUTE. T HE SENTARA FAMILY ALSO INCLUDES FOUR MEDICAL GROUPS, NIGHTINGALE REGIONAL AIR AMBULANCE AN D GROUND MEDICAL TRANSPORT, SENIOR CARE, HOME CARE AND HOSPICE, NURSING REHABILITATION CEN TERS, AMBULATORY OUTPATIENT CAMPUSES, ADVANCED IMAGING AND DIAGNOSTIC CENTERS, A CLINICALL Y INTEGRATED NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES AND THE OPTIMA HEALTH PLAN SE RVING 450,000 MEMBERS IN VIRGINIA, NORTH CAROLINA AND OHIO. WITH NEARLY 28,000 EMPLOYEES A ND RANKED ONE OF FORBES "AMERICA'S BEST EMPLOYERS" IN 2018, SENTARA IS STRATEGICALLY FOCUS ED ON CLINICAL QUALITY AND SAFETY, INNOVATION AND CREATING AN EXTRAORDINARY HEALTHCARE EXP ERIENCE FOR OUR PATIENTS AND MEMBERS. 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 STRIV E TO SERVE ALL OF OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCI AL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS. II. COMMITM ENT TO THE COMMUNITY A. SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHAR ITY CARE ON AN ANNUAL BASIS. THE 2019 VALUE OF COMMUNITY BENEFIT TOTALED $309.5M. SENTARA PROVIDED $239,251,000 IN NET UNCOMPENSATED PATIENT CARE COSTS; $45,011,000 IN NET UNFUNDED COSTS OF TEACHING PROGRAMS; AND $25,261,000 IN INCURRED COSTS FOR COMMUNITY BENEFIT PROGR AMS. IN 2019, AN AVERAGE OF 34 INDIVIDUALS SOUGHT CARE AT SENTARA HOSPITALS WHO HAVE NO AB ILITY TO PAY FOR CARE. THESE SERVICES RANGE FROM EMERGENCY VISITS TO LIFE SAVING TRAUMA CA RE. B. SENTARA DEVELOPED A CORPORATE SOCIAL RESPONSIBILITY (CSR) PROGRAM TO SUPPORT THE NE EDS OF THE COMMUNITIES WE SERVE IN THE MOST IMPACTFUL WAY. SENTARA COMMITTED $5M IN 2019. THE CSR PROGRAM WILL DELIVER ECONOMIC, SOCIAL AND ENVIRONMENTAL BENEFITS FOR STAKEHOLDERS ACROSS ALL SENTARA MARKETS AND INCREASE OUR COMMUNITY CONNECTION. IT WILL BUILD ON SENTARA RECOGNIZED LEADERSHIP AND COMMITMENT TO THE COMMUNITIES WE SERVE. C. SENTARA HEALTHCARE A ND OPTIMA HEALTH, IN PARTNERSHIP WITH THE LOCAL INITIATIVES SUPPORT CORPORATION (LISC), TH E NATION'S LARGEST COMMUNITY DEVELOPMENT ORGANIZATION, ANNOUNCED A $100 MILLION INVESTMENT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN UNDERSERVED COMMUNITIES ACROSS THE COMMONWEAL TH OF VIRGINIA. THIS INVESTMENT, WHICH IS PART OF OUR CORPORATE SOCIAL RESPONSIBILITY PROG RAM, BUILDS UPON SENTARA'S COMMITMENT TO CREATE HEALTHIER COMMUNITIES AND IMPROVE THE QUAL ITY OF LIFE FOR VIRGINIANS MOS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	T IN NEED. SENTARA WILL CONTRIBUTE $50M TO ADVANCE THESE GOALS IN PARTNERSHIP WITH LISC, W HO HAS COMMITTED TO ASSEMBLING AN ADDITIONAL $50M FROM PUBLIC AND PRIVATE SOURCES TO COMPL EMENT SENTARA'S INVESTMENT. D. SENTARA HIRED ITS FIRST CHIEF DIVERSITY OFFICER TO FOCUS ON THE IMPORTANT WORK OF DIVERSITY IN OUR WORKFORCE, TO DEEPEN OUR UNDERSTANDING ON CARING F OR OUR DIVERSE PATIENT POPULATION AND TO DEVELOP STRONG RELATIONSHIPS WITH DIVERSE COMMUNI TY POPULATIONS. ADDITIONALLY, WE HIRED OUR FIRST DIRECTOR OF HEALTH EQUITY. THE HEALTH EQU ITY DIVISION WAS CREATED WITH THE GOAL TO IDENTIFY AND REMOVE BARRIERS SO PEOPLE CAN RECEI VE THE CARE THEY NEED. THE TEAM IDENTIFIES HEALTH DISPARITIES AND RESEARCHES POSSIBLE CAUS ES. THIS INCLUDES CHRONIC HEALTH ISSUES SUCH AS HYPERTENSION, DIABETES, AND THE HIGH RATES OF CANCER DEATHS IN MINORITY COMMUNITIES. E. IN RESPONSE TO THE TRAGEDY THAT TOOK PLACE A T THE VIRGINIA BEACH MUNICIPAL CENTER IN MAY 2019, SENTARA COLLABORATED WITH THE CITY OF V IRGINIA BEACH TO OPEN THE VB STRONG CENTER THAT PROVIDES RESOURCES AND DEDICATED STAFF TO ENSURE THOSE IN THE COMMUNITY WHO NEED OR WANT ASSISTANCE FOLLOWING THE TRAGEDY CAN RECEIV E PERSONALIZED CARE. SERVICES INCLUDE INDIVIDUAL COUNSELING, GROUP THERAPY, ART, YOGA, MED ITATION, MENTAL HEALTH COUNSELING, INTAKE AND CASE COORDINATION, AND OTHER SERVICES AS DIR ECTED BY A LICENSED MENTAL HEALTH CLINICIAN. F. SENTARA IS PROUD OF THE MISSION-DRIVEN WOR K 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 COMMU NITY ORGANIZATIONS THAT HAVE SIMILAR INTERESTS IN SUPPORTING COMMUNITY HEALTH NEEDS. G. SE VERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATAS TROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN. SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED DEVASTATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, O R SERIOUS PERSONAL OR FAMILY ILLNESS. IN 2019, THE HOPE FUND AWARDED $151,124 TO SENTARA E MPLOYEES IN CRISES ACROSS THE SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	H. COMMUNITY HEALTH INITIATIVES SENTARA AND OPTIMA HEALTH HAVE LONG BEEN COMMITTED TO PROV IDING HEALTH AND PREVENTION SERVICES TO THE COMMUNITIES WE SERVE THROUGH MANY CHANNELS INC LUDING THE SENTARA HEALTHCARE COMMUNITY HEALTH AND PREVENTION ORGANIZATION WITHIN SENTARA. BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2019: I. HEALTH IMPROV EMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS. II. SENTARA CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WAL KABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAI CHI AND YOGA. SENTAR A 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. THRO UGH THE SENTARA CANCER NETWORK, SENTARA HOSTED A 5K AT SENTARA PRINCESS ANNE HOSPITAL IN V IRGINIA BEACH. THROUGH SENTARA HEART, WE PROMOTED THE "28 (+1) DAYS OF HEART" IN FEBRUARY 2019 IN SUPPORT OF HEART HEALTH AWARENESS. ONLINE PROMOTIONS, RADIO ADS, VIDEOS, SCREENING S AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DISEASE THROUGHOUT THE COMMUNITIES W E SERVE IN VIRGINIA AND NORTH CAROLINA. III. GROWTH IN SENTARA HEALTHCARE SENTARA HAS REAC HED OUT TO OTHER INDUSTRY LEADERS AND JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVI CES 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 2019 INCLUDED THE FOLLOWING: A. SENTARA ANNOUNCED THE INTENT TO PURCHASE 80% OF VIRGINIA P REMIER, AN INSURANCE COMPANY AFFILIATED WITH VCU HEALTH IN RICHMOND, VIRGINIA. OPTIMA HEAL TH AND VIRGINIA PREMIER WILL CONTINUE AS TWO SEPARATE COMPANIES AND RETAIN THEIR RESPECTIV E NAMES AND BRANDS IN THE MARKETPLACE. THE TWO PLANS WILL SERVE MORE THAN 800,000 MEMBERS. B. OPTIMA HEALTH CONTINUED AS ONE OF 6 MANAGED CARE ORGANIZATIONS THAT COLLECTIVELY SERVE D OVER 400,000 ELIGIBLE VIRGINIANS WHO QUALIFIED FOR MEDICAID EXPANSION. C. SENTARA DEVELO PED NEWLY DESIGNED RETAIL AND AMBULATORY SERVICES. SENTARA WAS PROUD TO INTRODUCE TWO SITE S OF CARE WHERE PRIMARY CARE AND PHYSICAL THERAPY ARE CO-LOCATED WITH A SEAMLESS CUSTOMER EXPERIENCE. ADDITIONALLY, SENTARA INTRODUCED PHYSICAL THERAPY WITH VIRTUAL CARE AT ONE SIT E IN NORTH CAROLINA. D. SENTARA EXPANDED ITS VELOCITY URGENT CARE CENTERS ACROSS VIRGINIA. ACROSS SITES, 193,372 PATIENT VISITS TOOK PLACE REPRESENTING A 22% GROWTH OVER 2018. IV. NEW INITIATIVES A. SENTARA LAUNCHED THE NEW SENTARA "APP" IN SEPTEMBER 2019 FOLLOWING THE INTRODUCTION OF THE NEW OPTIMA APP IN LATE 2018. BY END OF 2019, MORE THAN 47,000 CONSUMER S HAD ACTIVATED THEIR ACCOUNTS IN EITHER THE SENTARA OR OPTIMA APP. OUR AIM IS TO CONTINUO USLY IMPROVE THE VIRTUAL EXPERIENCE, ENABLE VOICE OF THE CUSTOMER DRIVE CHANGE TO THE EXPE RIENCE, AND ALLOW FOR A MORE F

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	RICTIONLESS EXPERIENCE. B. THE VOICE OF THE CUSTOMER MODEL WAS HEAVILY UTILIZED TO UNDERST AND MORE FROM SENTARA AND OPTIMA CUSTOMERS. THE MODEL IS AN OPERATIONAL DESIGN THAT ENABLE S SENTARA TO INTEGRATE THE VOICE OF THE CUSTOMER INTO ALL FACETS OF BUSINESS DECISION-MAKI NG AND PRODUCT DEVELOPMENT BOTH IN THE BRICK AND MORTAR WORLD AND IN THE WORLD OF VIRTUAL CARE. C. A NUTRITION AS MEDICINE CONFERENCE WAS HELD IN NOVEMBER 2019. THIS DAY-LONG CONFE RENCE FEATURED NATIONAL EXPERTS SPEAKING ON THE BENEFITS OF A PLANT-BASED LIFESTYLE AND HO W IT CAN BE USED TO TREAT, REVERSE, OR PREVENT WIDESPREAD CHRONIC DISEASE SUCH AS HEART DI SEASE, DIABETES, AND OBESITY. D. A "BEYOND CANCER" CONFERENCE SURVIVORSHIP EVENT TOOK PLAC E IN JUNE 2019. THE EVENT WAS SPONSORED BY THE SENTARA CANCER NETWORK AND OFFERED SUPPORT FOR THOSE AFFECTED BY CANCER FROM CURRENT CANCER PATIENTS TO CAREGIVERS, TO SURVIVORS IN R EMISSION. V. OFFERING NEW PROCEDURES AND TECHNOLOGIES A. CLINICAL BREAKTHROUGHS AND ADVANC EMENTS: SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS AND ADVANCEMENTS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING NEWBORN CARE, TRANSPLANT, AND CANCER CARE. I . NEWBORN METABOLIC SCREENING AUTOMATION - SENTARA NORFOLK GENERAL HOSPITAL IN NORFOLK, VI RGINIA WAS THE FIRST HOSPITAL IN VIRGINIA TO INTRODUCE THE PROCESS THAT IDENTIFIES APPAREN TLY HEALTHY INFANTS WITH SERIOUS INHERITED DISORDERS, GENERALLY METABOLIC IN ORIGIN, THAT ARE USUALLY CORRECTABLE BY DIETARY OR DRUG INTERVENTIONS BEFORE THEY SUFFER SIGNIFICANT MO RBIDITY OR MORTALITY. II. HEPATITIS C TRANSPLANT: SENTARA NORFOLK GENERAL HOSPITAL PERFORM ED THE FIRST KIDNEY TRANSPLANT FROM A DONOR WITH HEPATITIS C IN THE SOUTHEAST VIRGINIA REG ION. THIS CREATES ORGAN AVAILABILITY THAT IS MUCH NEEDED. III. LUTATHERA NEUROENDOCRINE RA DIOISOTOPE TUMOR THERAPY: SENTARA NORFOLK GENERAL HOSPITAL WAS THE FIRST IN SOUTHEASTERN V IRGINIA TO INTRODUCE THIS THERAPY. IV. CAR-T CELL THERAPY: SENTARA NORFOLK GENERAL HOSPITA L WAS APPROVED TO PERFORM CAR-T CELL THERAPY, WHICH IS UNIQUE IN THAT IT IS THE FIRST NON- ACADEMIC SITE IN VIRGINIA TO PERFORM THIS THERAPY AND ONE OF A HANDFUL ACROSS THE COUNTRY DONE AT A NON-ACADEMIC CENTER. VI. EXPANDING EDUCATIONAL OPPORTUNITIES A. SENTARA IS COMMI TTED TO ALWAYS IMPROVING--INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUI NG EDUCATIONAL OPPORTUNITIES. CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DEL IVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS. IN 2019, SENTARA REACHED 82% OF SENTARA NURSES HAVING EARNED OR ARE UNDER CONTRACT TO EARN A BSN BY 2020. IN 2019, SENTARA HAD 66.7% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 15.3% OF LI CENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	B. RESEARCH: RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING. HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM: I. HEART: THE SENTARA CARDIOVASCULAR RESEARCH INSTI TUTE WAS ESTABLISHED IN 2005 TO ADVANCE THE UNDERSTANDING AND TREATMENT OF CARDIOVASCULAR DISEASE, WHICH IS THE NATION'S NUMBER-ONE KILLER. UNIQUELY QUALIFIED REGISTERED NURSE RESE ARCH COORDINATORS AND CARDIOLOGISTS COLLABORATE WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCI ES AND BIOMEDICAL COMPANIES TO PERFORM CLINICAL RESEARCH TRIALS. ULTIMATELY, THE WORK OF S CRI ENABLES CLINICIANS TO IMPROVE CLINICAL CARE DELIVERY, PATIENT OUTCOMES AND THE OVERALL HEALTH OF OUR COMMUNITY. OUR SERVICES COVER ALL TYPES OF CARDIOVASCULAR RESEARCH SUCH AS MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CARDIAC INTERVENTIONAL PROCEDURES AND MEDICAL MANAGEMENT OF CAD RISK FACTORS SUCH AS DIABETES AND LIPID MANAGEME NT, AMONG OTHERS. RESEARCH NURSES EDUCATE AND FOLLOW RESEARCH PARTICIPANTS THROUGH THE ENT IRE TRIAL PROCESS. THEY COORDINATE ALL ASPECTS OF THE PATIENT'S EXPERIENCE AND ADVOCATE FO R THEM, HELPING THEM FEEL CARED FOR WHILE AT THEIR MOST VULNERABLE. OUR PROGRAM CURRENTLY HAS RESEARCH NURSES WHO ARE HIGHLY AUTONOMOUS AND SELF-DIRECTED. COLLECTIVELY, THEY COORDI NATE MORE THAN 80 CLINICAL TRIALS. MANY OF THE TRIALS WE PARTICIPATE IN ARE NATIONALLY AND INTERNATIONALLY RECOGNIZED. THEY HAVE BEEN DESIGNED TO IDENTIFY NEW, IMPROVED TREATMENT M ETHODS AND PROTOCOLS, WHILE AT THE SAME TIME ELIMINATE THERAPIES AND APPROACHES TO CLINICA L CARE THAT ARE NOT AS EFFECTIVE OR MAY HAVE BEEN SHOWN TO BE HARMFUL. II. CANCER: THE SEN TARA CANCER NETWORK CONTINUES TO EXPAND ITS RESEARCH CAPABILITIES IN CONJUNCTION WITH VIRG INIA ONCOLOGY ASSOCIATES, EASTERN VIRGINIA MEDICAL SCHOOL, AND OTHER NATIONAL AND LOCAL OR GANIZATIONS IN ORDER TO CHANGE THE FUTURE OF CANCER. FOR TODAY'S PATIENTS, PHYSICIANS IN T HE SENTARA NETWORK CAN PROVIDE ACCESS TO NUMEROUS CLINICAL TRIALS, BOTH LOCAL AND NATIONAL . PROMISING CLINICAL TRIALS ARE BEING CONDUCTED ALL OVER THE COUNTRY FOR PATIENTS WITH CAN CER, AND SOME OF THESE ARE BEING CONDUCTED WITHIN THE SENTARA CANCER NETWORK. SOME PEOPLE THINK THAT CLINICAL RESEARCH IS INTENDED AS A LAST RESORT, BUT MANY OF THESE TRIALS ARE LO OKING AT PROMISING NEW FIRST-LINE TREATMENTS. IN ADDITION, MANY STUDIES ARE NOT FOCUSED ON INCREASED TREATMENTS, BUT ADJUSTMENTS IN TREATMENTS AND OPTIONS FOR LESS INVASIVE OPTIONS . IN ADDITION TO CLINICAL TRIALS THAT ARE ADMINISTERED AS PART OF CANCER TREATMENT FOR PAT IENTS NOW, THE SENTARA CANCER NETWORK ALSO PARTICIPATES IN RESEARCH THAT COULD LEAD TO MOR E AND BETTER OPTIONS FOR PREVENTION, DIAGNOSIS AND TREATMENT IN THE FUTURE. EXAMPLES OF OT HER RESEARCH INCLUDE FINDING WAYS TO IMPROVE QUALITY OF LIFE FOR OUR PATIENTS, COMPARING C OMMON CHARACTERISTICS FOR A SPECIFIC TYPE OF CANCER, AND IMPROVING PROCESSES AND TECHNOLOG Y. VII. BUILDING FOR TOMORROW AND STRENGTHENING OUR COMMUNITIES A. SENTARA HEALTHCARE COMM ITTED TO INCREASING ITS MINIMU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	M WAGE FOR ALL SENTARA AND OPTIMA HEALTH EMPLOYEES WITH A PLAN TO REACH A $15 PER HOUR MIN IMUM WAGE BY JANUARY 2022. THIS SIGNIFICANT INCREASE APPLIES TO ALL POSITIONS IN THE COMMU NITIES SENTARA SERVES ACROSS VIRGINIA AND NORTH CAROLINA AND IS MORE THAN DOUBLE THE FEDER ALLY MANDATED MINIMUM WAGE OF $7.25 PER HOUR. B. SENTARA CAREPLEX HOSPITAL, HAMPTON, VIRGI NIA, ADDED NEUROSURGERY SERVICES. WITH THE ADDITION OF THESE SERVICES, PATIENTS ON THE PEN INSULA WILL BE ABLE TO RECEIVE SURGICAL TREATMENT FOR BRAIN AND SPINE DISORDERS, INCLUDING NEUROONCOLOGY AND NEUROTRAUMA. C. SENTARA MARTHA JEFFERSON HOSPITAL'S PHILIPS CANCER CENT ER, CHARLOTTESVILLE, VIRGINIA, WAS GRANTED A THREE YEAR ACCREDITATION WITH COMMENDATION BY THE COMMISSION ON CANCER (COC), A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS (AC S). ALSO, SENTARA MARTHA JEFFERSON HAS RECEIVED AN 'A' IN THE FALL 2019 LEAPFROG HOSPITAL SAFETY GRADE, A NATIONAL RECOGNITION FOR PATIENT SAFETY. D. THE SENTARA RMH HAHN CANCER CE NTER, HARRISONBURG, VIRGINIA, INSTALLED A NEW, STATE-OF-THE-ART LINEAR ACCELERATOR, THE VA RIAN TRUEBEAM RADIOTHERAPY SYSTEM, FOR TREATING CANCER PATIENTS. E. SENTARA HOSPICE HAS CO ORDINATED CAMP LIGHTHOUSE, WHICH IS A CAMP FOR BEREAVED FAMILIES, FOR 10 YEARS. THROUGHOUT THE CAMP, SPECIALLY TRAINED SENTARA EMPLOYEES VOLUNTEER ALONG WITH COMMUNITY MEMBERS. ABO UT 50 VOLUNTEERS MAKE THE CAMPS POSSIBLE AFTER MONTHS OF PLANNING. F. SENTARA NORTHERN VIR GINIA MEDICAL CENTER, WOODBRIDGE, VIRGINIA, INTRODUCED A SENTARA FOOT & ANKLE CENTER FEATU RING HIGHLY SKILLED PHYSICIANS WITH STATE-OF-THE-ART PROCEDURES. THE CENTER PARTNERS WITH EXPERT PHYSICIANS ON ADVANCED PROCEDURES SO PATIENTS WILL HAVE A PATHWAY TO RECEIVE THE RI GHT CARE FOR THEIR FOOT AND ANKLE HEALTH CONCERNS, ALL WHILE STAYING CLOSE TO HOME FOR TRE ATMENT. G. THREE TIMES PER WEEK, SENTARA LIFE CARE RESIDENTS WITH DEMENTIA PUT THEIR HANDS ON A BUSY BOARD AND OPERATE THE LIGHT SWITCHES, DOOR AND WINDOW LATCHES AND WATER SPIGOTS TO STIMULATE MEMORIES OF DAY-TO-DAY ACTIVITIES. BUSY BOARD THERAPY IS ONE PART OF THE LIF E ENRICHMENT ACTIVITIES PROGRAM (LEAP) AT SENTARA LIFE CARE VIRGINIA BEACH. H. FIVE SENTAR A HOSPITALS INCLUDING SENTARA CAREPLEX HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA OBICI HOS PITAL, SENTARA PRINCESS ANNE HOSPITAL AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER HAV E CONSISTENTLY EARNED AN 'A' GRADE IN HOSPITAL SAFETY SCORES FROM THE LEAPFROG GROUP SINCE THE ORGANIZATION BEGAN HANDING OUT THE LETTER GRADES IN 2012. I. MORE THAN 100 EMPLOYEES AT SENTARA LEIGH HOSPITAL, NORFOLK, VIRGINIA, SPENT THEIR TIME STUFFING BACKPACKS FULL OF BRAND NEW SCHOOL SUPPLIES FOR INGLESIDE ELEMENTARY. IN JUST THREE SHORT HOURS, 600 BACKPAC KS WERE FILLED WITH CRAYONS, PENCILS, FOLDERS, NOTEBOOKS, A FIRST AID KIT AND MUCH MORE. T HERE WERE ENOUGH STUFFED FOR EVERY STUDENT IN THE ENTIRE SCHOOL! HOSPITAL STAFF TEAMED UP WITH UNITED WAY OF SOUTH HAMPTON ROADS TO FULFILL THIS DONATION REQUEST. J. SENTARA ALBEMA RLE MEDICAL CENTER, ELIZABETH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	CITY, NORTH CAROLINA, LAUNCHED A PILOT PROGRAM IN EARLY 2019 CALL FOOD RX. NOW, PATIENTS C AN RECEIVE PRESCRIPTIONS FOR MEDICINE TO HELP THEM ONCE THEY LEAVE THE HOSPITAL, AND A PRE SCRIPTION TO EAT WELL, WITH THE HEALTHY FOOD TO DO SO. THEIR GOAL IS HELP 100 PATIENTS THI S YEAR. IN ADDITION TO OFFERING THE SPECIALLY STOCKED FOOD BOXES TO PATIENTS MONTHLY, SENT ARA ALBEMARLE MEDICAL CENTER EDUCATORS MAKE REFERRALS TO HEALTHY COOKING AND BUDGETING CLA SSES RUN THROUGH THE FOOD BANK AND PASQUOTANK CENTER OF NORTH CAROLINA COOPERATIVE EXTENSI ON. THEY ALSO ENCOURAGE VISITS TO THE LOCAL HEALTH DEPARTMENT, WHICH CAN OFFER EXTRA RESOU RCES TO OVERCOME FOOD AND FINANCIAL CONCERNS. K. SENTARA BELLEHARBOUR, AN OUTPATIENT CAMPU S OF SENTARA OBICI HOSPITAL, SUFFOLK, VIRGINIA, CONTINUES TO GROW. A NEWLY OPENED SECOND M EDICAL OFFICE BUILDING OFFERS OUTPATIENT SURGERIES IN TWO OPERATING ROOMS, NEW OBSERVATION BEDS FOR OVERNIGHT RECOVERY AND EVALUATION, A LARGER 24-HOUR EMERGENCY DEPARTMENT WITH A 'VERTICAL' ELEMENT FOR IN-AND-OUT PATIENTS AND A NEW HELIPAD FOR THE NIGHTINGALE REGIONAL AIR AMBULANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	L. SENTARA PRINCESS ANNE HOSPITAL AGAIN HOSTED THE "DON'T SIT ON COLON CANCER 5K" TO PROVI DE COLON CANCER AWARENESS AND EDUCATION. RUNNERS THROUGHOUT THE REGION COME OUT TO PARTICI PATE IN THIS RACE AND FOR THE EXCELLENT CAUSE. M. SENTARA HALIFAX REGIONAL HOSPITAL, SOUTH BOSTON, VIRGINIA, BEGAN OFFERING MEDICAL STABILIZATION SERVICES TO HELP PEOPLE OVERCOME W ITHDRAWAL SYMPTOMS FROM DRUG AND ALCOHOL ADDICTIONS. ADULTS ARE MEDICALLY SUPERVISED FOR I NPATIENT STABILIZATION THAT LASTS ABOUT THREE DAYS. UPON DISCHARGE, PATIENTS ARE REFERRED TO COMMUNITY BASED TREATMENT PROGRAMS TO CONTINUE WITH THEIR TREATMENT AND TO PREVENT RELA PSE. N. SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, WILLIAMSBURG, VIRGINIA, PARTICIPATED IN THE HEARTSAFE ALLIANCE, WHICH IS A PUBLIC-PRIVATE PARTNERSHIP WORKING TO IMPROVE SUDDE N CARDIAC ARREST SURVIVAL IN THE GREATER WILLIAMSBURG COMMUNITY. THE LAUNCH OF THE PROGRAM INCLUDED FREE, COMMUNITY-WIDE CPR AND AED TRAINING. MOREOVER, LATER IN 2019, THE HEARTSAF E ALLIANCE OFFICIALLY LAUNCHED THE PULSEPOINT APP, WHICH IS AN APP DESIGNED TO REDUCE THE NUMBER OF DEATHS FROM SUDDEN CARDIAC ARREST BY IDENTIFYING AED LOCATIONS IN THE COMMUNITY FOR USE BY THE PUBLIC. VIII. QUALITY AND PATIENT SAFETY DISTINCTIONS A. AWARD-WINNING CARE -AS ALWAYS, SENTARA IS PROUD AND HUMBLED BY THE VARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVED OVER THE COURSE OF THE YEAR. OUR MISSION IS TO IMPROVE HEALTH EVERY DAY. TO RECE IVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION DRIVEN WORK. HERE ARE A FEW OF THE 2019 AWARDS AND RECOGNITIONS: I. SENTARA NORFOLK GENERAL HOSPITAL EARNED A TOP 50 NATIONAL RANKING FROM U.S. NEWS & WORLD REPORT: EAR, NOSE & THROAT (ENT). THIS EXTRAORDINA RY RANKING, 43RD IN THE NATION, IS DUE TO THE GREAT PARTNERSHIP AND COLLABORATION WITH EAS TERN VIRGINIA MEDICAL SCHOOL (EVMS) AND THE SENTARA CANCER NETWORK. II. NURSING MAGNET STA TUS: SENTARA VIRGINIA BEACH GENERAL HOSPITAL IS THE NINTH SENTARA HOSPITAL TO ACHIEVE MAGN ET DESIGNATION. ONLY 8% OF U.S. HOSPITALS HAVE SUCH A DESIGNATION. IX. OPTIMA HEALTH A. GR OWTH OPTIMA HEALTH CONTINUES TO SEE GROWTH IN THE COMMERCIAL EMPLOYER MARKET AND WITH OUR FRANCHISE PARTNERSHIP WITH OHIO HEALTHY. ADDITIONALLY, OPTIMA HEALTH CONTINUED DELIVERING AN EXCELLENT DIGITAL EXPERIENCE THROUGH UPGRADING ITS DIGITAL "APP AND ADDING FEATURES MAK ING IT MORE CUSTOMER CENTRIC. OPTIMA CONTINUED ITS MEDICARE ADVANTAGE NETWORK EXPANSION BY ADDING NEW PROVIDERS AND FACILITIES. AND, OPTIMA HEALTH IS NOW AVAILABLE IN THE MARKETS O F NORTHERN VIRGINIA AND HALIFAX WITH BOTH MEDICARE ADVANTAGE AND MEDICAID PLANS. CONCLUSIO N: SENTARA HEALTHCARE IS COMMITTED TO OUR MISSION - WE IMPROVE HEALTH EVERY DAY. WE PROVID E QUALITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE ALL WITH A CONSTANT FOCUS ON INNOV ATION. AND, WE ARE COMMITTED TO SUPPORTING THE COMMUNITIES WE SERVE THROUGH OUR CORPORATE SOCIAL RESPONSIBILITY PROGRAM,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	SERVING DIVERSITY AND EXPLORING HEALTH EQUITIES, VOLUNTEERISM, GRANTS, SPONSORSHIPS, AND SUPPORTING INITIATIVES THAT LIFT OUR COMMUNITIES. WE LOOK FORWARD TO ANOTHER YEAR OF COMMU NITY SUCCESS, GROWTH AND INNOVATION IN 2020.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS: DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES ARE REQUESTED TO SUBMIT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED. ADDITIONALLY, EACH ORGANIZATION'S GOVERNING BOARD OR APPROPRIATE BODY MONITORS TRANSACTIONS INVOLVING DISCLOSED POTENTIAL CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQ UALIFIED PERSONS REASONABLE COMPENSATION. SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ES TABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTI ON 4958 REGULATIONS. THE COMPENSATION PHILOSOPHY OF THE ORGANIZATION IS TO BASE OVERALL CO MPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS A PPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TEN URE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGA NIZATION. IN LINE WITH THIS PHILOSOPHY, THE ORGANIZATION PERFORMED SUBSTANTIAL DUE DILIGEN CE AS TO MARKET COMPARABLES. THE COMPENSATION COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS W ITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSAT ION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INC LUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKI NG DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONS IDERING PROGRAMMATIC CHANGES. THE STUDY COMPARED THE COMPENSATION OF THE ORGANIZATION'S SE NIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE S ENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY. IN CONDUCTING THE STUDY, THE CONSULTANT TARGE TED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXIT Y. FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETE D. THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A G ROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEA R. THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 29 NOT-FOR-PROFIT HEALTHCARE SY STEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION. OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WI TH ITS RELATIVE PERFORMANCE. THE COMPENSATION STUDY WAS PRESENTED TO THE ORGANIZATION'S CO MPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A) ITS REVIEW AND ANAL YSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASO NABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD. THE COMMITTEE'S BASES FOR ITS DECISION S WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR RE VIEW AND APPROVAL. ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS. THIS PROCESS WAS USED TO ESTABLIS H COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND CEO, EXECUTIVE VICE PRESIDENT AND COO, EXECUTIVE VICE PRESIDENT AND

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN FUNDED STATUS OF PENSION LIABILITY -165,254,973. PARTNERSHIP INCOME BOOK < TAX -87,902. RECLASS OF INTERCOMPANY ACCTS TO EQUITY 277,245,869. SUBPART F INCOME NOT ON BOOKS -14,682,835.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SENTARA QUALITY CARE NETWORK LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-1265616	HEALTH CARE	VA	3,177,478		SENTARA HEALTHCARE
(2) SENTARA ACCOUNTABLE CARE ORGANIZATION LLC 6016 POPLAR HALL DRIVE NORFOLK, VA 23503 84-2210068	HEALTH CARE	VA			SENTARA HEALTHCARE

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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

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

See Additional Data Table

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

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	(i) Section 512(b)(13) controlled entity? 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.

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 52-1271901

Name: SENTARA HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801459	HLTH/WELFARE	VA	501(C)(3)	LINE 7	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0506331	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1401357	INVEST/MGT SVCS FOR 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 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3623430	SUPPORTS MCAID HMO	NC	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	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 84-2066617	MEDICARE HMO	NC	501(C)(4)	LINE 12A, I	SENTARA HEALTHCARE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SVI	UNRELATED	11,034	402,926		No			No	40.000 %
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SH	UNRELATED	5,517	151,468		No			No	20.000 %
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	SH	RELATED	97,155	3,344,761		No			No	71.790 %
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	SH	RELATED	1,891,993	3,663,609		No			No	52.590 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	SH	RELATED	621,968	3,406,964		No			No	50.000 %
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	SH	RELATED	-1,362,451	8,482,721		No			No	50.000 %
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	SVI	UNRELATED	371,314	124,647		No			No	33.330 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SE	RELATED	-80,340	1,078,088		No			No	25.000 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SH	RELATED	-80,340	1,078,088		No			No	25.000 %
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	SH	RELATED	476,578	1,974,315		No			No	61.540 %
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	SE	RELATED	121,712	4,093,489		No			No	70.000 %
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTH CARE	VA	PHC	RELATED	347,177	1,623,560		No			No	50.000 %
CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	SH	RELATED	2,742,135	2,693,761		No			No	50.000 %
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	MJME	UNRELATED	182,582	761,926		No			No	50.000 %
MNS SUPPLY CHAIN NETWORK LLC 11525 N COMMUNITY HOUSE RD STE 450 CHARLOTTE, NC 28277 45-4235238	GPO	DE	SHC	UNRELATED	-14,874	42,312		No	-14,874	Yes		33.330 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBRIDGE, VA 22192 45-5347932	HEALTH CARE	VA	PHC	RELATED	245,865	1,608,837		No			No	58.820 %
MEDSTREAMING LLC 9840 WILLOWS ROAD NE SUITE 200 REDMOND, WA 98052 45-1573625	SOFTWARE DEV	WA	SVI	UNRELATED	-1,658,842			No			No	62.400 %
HIGHLAND CORE FIXED INCOME FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4618533	POOLED INV FD	DE	SHC	EXCLUDED	47,390,137	874,218,652	Yes				No	86.630 %
HIGHLAND EQUITY FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4606269	POOLED INV FD	DE	SHC	EXCLUDED	110,114,569	2,102,116,142	Yes				No	90.880 %
HIGHLAND PUBLIC INFLATION HEDGES FD C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4601867	POOLED INV FD	DE	SHC	EXCLUDED	9,780,861	347,279,553	Yes				No	85.440 %
LEIGH ORTHOPEDIC SURGERY CENTER LLC 830 KEMPSVILLE ROAD NORFOLK, VA 23502 83-2402528	HEALTH CARE	VA	SH	RELATED	38,651	3,051,400		No			No	51.000 %
SURGICAL SUITES OF COASTAL VIRGINIA LLC 400 SENTARA CIRCLE WILLIAMSBURG, VA 23188 83-3205375	HEALTH CARE	VA	SH	RELATED	-341,176	1,897,599		No			No	51.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	SENTARA HEALTHCARE	C	51,717	4,721,382	100.000 %		No
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	SENTARA HOLDINGS INC	C	43,279,886	83,303,209	100.000 %		No
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	SENTARA HEALTH PLANS INC	C	46,221	2,621,722	100.000 %		No
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	SENTARA HEALTH PLANS INC	C	38,966,404	21,953,850	100.000 %		No
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	SENTARA HEALTH PLANS INC	C	6,781,183	536,653	100.000 %		No
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	SENTARA HOLDINGS INC	C	23,607,321	24,606,618	100.000 %		No
SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	SENTARA HOLDINGS INC	C	59,508	2,605,209	100.000 %		No
SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	SENTARA HOLDINGS INC	C		5,000	100.000 %		No
MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	SENTARA HEALTH PLANS INC	C	34,009,513	4,502,516	100.000 %		No
SENTARA SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 24592 54-1417772	HEALTH SERVICES	VA	HALIFAX REGIONAL HOSPITAL INC	C	1,236,166	1,884,289	100.000 %		No
DOMINION HEALTH MEDICAL ASSOCIATES LTD 6015 POPLAR HALL DRIVE NORFOLK, VA 24592 54-1060357	PHYS PRACTICE	VA	HALIFAX REGIONAL PROFESSIONAL SERVICES LLC	C	29,244,784	10,436,099	100.000 %		No
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	SENTARA MEDICAL GROUP	C	6,812,419	1,235,869	100.000 %		No
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C	233,038	3,076,161	100.000 %		No
ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	SENTARA RMH MEDICAL CENTER	C			100.000 %		No
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1841528	MEDICAL BILLING SVCS	VA	MARTHA JEFFERSON HOSPITAL	C	182,582	4,029,559	100.000 %		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	OTHER INSURANCE FUNDS	CJ	SENTARA HEALTHCARE	C	21,105,764	93,895,378	100.000 %		No
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	SENTARA ALBEMARLE REGIONAL MEDICAL CENTER LLC	C	10,601,020	32,090,943	100.000 %		No
THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 56-2295574	BUILDING ASSOCIATION	VA	OPACC I LLC	C	245,552	525,851	86.100 %		No
MEDSTREAMING EGYPT SOFTWARE 15 ANMAR IBN YASSER ST CAIRO EG	CONSULTING	EG	MEDSTREAMING INC	C	2,506,129	81,325	97.000 %		No
HIGHLAND DIRECT HEDGED EQUITY FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	INVESTMENT	CJ	SENTARA HEALTHCARE	C	26,697,249	405,803,838	70.210 %		No
MEDSTREAMING INC 9840 WILLOWS ROAD NE SUITE 200 REDMOND, WA 98052 45-1573625	SOFTWARE DEVELOPMENT	WA	SENTARA VENTURES INC	C	11,245,244	13,960,803	57.190 %		No

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
BAY PRIMEX INSURANCE COMPANY LTD	S	9,701,066	CORP BOOKS/REC
CLARKSVILLE SENIOR CARE	B	9,758,753	CORP BOOKS/REC
CLARKSVILLE SENIOR CARE	L	317,480	CORP BOOKS/REC
DOMINION HEALTH MEDICAL ASSOCIATES	L	482,163	CORP BOOKS/REC
HALIFAX REGIONAL DEVELOPMENT FOUNDATION	B	150,121	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	C	33,048,437	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	L	2,739,991	CORP BOOKS/REC
HALIFAX REGIONAL LONG TERM CARE	B	14,276,112	CORP BOOKS/REC
HALIFAX REGIONAL LONG TERM CARE	L	222,128	CORP BOOKS/REC
HALIFAX REGIONAL PROPERTIES	B	55,592	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	B	259,887,087	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	C	3,182,421	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	L	10,408,079	CORP BOOKS/REC
MPB INC	B	35,693,748	CORP BOOKS/REC
MPB INC	K	1,104,449	CORP BOOKS/REC
MPB INC	L	1,882,381	CORP BOOKS/REC
MPB INC	Q	1,081,305	CORP BOOKS/REC
OBICI ASC	Q	227,641	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	C	2,453,280	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	B	177,440,217	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	7,246,870	CORP BOOKS/REC
PRINCESS ANNE ASC	Q	468,874	CORP BOOKS/REC
SENTARA ALBEMARLE PHYSICIANS SERVICES	L	446,909	CORP BOOKS/REC
SENTARA ENTERPRISES	B	2,184,850	CORP BOOKS/REC
SENTARA ENTERPRISES	C	878,055	CORP BOOKS/REC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SENTARA ENTERPRISES	L	2,567,686	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	L	13,961,956	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	Q	37,508,255	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	S	4,092,580	CORP BOOKS/REC
SENTARA HOSPITALS	C	1,087,837,294	CORP BOOKS/REC
SENTARA HOSPITALS	L	71,576,621	CORP BOOKS/REC
SENTARA HOSPITALS	N	1,380,794	CORP BOOKS/REC
SENTARA LIFE CARE CORP	C	16,914,359	CORP BOOKS/REC
SENTARA LIFE CARE CORP	L	1,520,282	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	32,448,541	CORP BOOKS/REC
SENTARA MEDICAL GROUP	K	67,348	CORP BOOKS/REC
SENTARA MEDICAL GROUP	L	5,801,898	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	A	7,899,753	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	D	139,424,197	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	L	8,175,989	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	Q	180,922,117	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	S	11,866,433	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	B	361,303,374	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	C	4,465,228	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	L	13,984,163	CORP BOOKS/REC
SMG INNOVATIONS INC	Q	111,415	CORP BOOKS/REC
VALLEY WELLNESS CENTER	B	2,248,783	CORP BOOKS/REC
VALLEY WELLNESS CENTER	L	89,757	CORP BOOKS/REC
OPTIMA FAMILY CARE OF NC OF INC	B	1,500,000	CORP BOOKS/REC