

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 ENTERPRISES

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
54-1917649

E Telephone number
(757) 455-7020

G Gross receipts \$ 131,253,263

F Name and address of principal officer:
MICHAEL V GENTRY
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)

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

J Website: WWW.SENTARA.COM

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE ORGANIZATION, WE IMPROVE HEALTH EVERYDAY.

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

3 Number of voting members of the governing body (Part VI, line 1a)	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	980
6 Total number of volunteers (estimate if necessary)	79
7a Total unrelated business revenue from Part VIII, column (C), line 12	-8,564
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	22,464	22,748
9 Program service revenue (Part VIII, line 2g)	131,845,938	130,781,776
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-69,407	-98,306
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	406,063	212,468
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,205,058	130,918,686
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,041,359	878,055
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)	70,951,279	72,755,517
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	61,727,028	58,608,787
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	133,719,666	132,242,359
19 Revenue less expenses. Subtract line 18 from line 12	-1,514,608	-1,323,673
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	43,879,252	44,996,490
21 Total liabilities (Part X, line 26)	15,023,725	17,928,184
22 Net assets or fund balances. Subtract line 21 from line 20	28,855,527	27,068,306

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: 2020-10-27
ROBERT A BROERMANN TREASURER/DIRECTOR
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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:

AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE ORGANIZATION, WE IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH CARE FACILITIES AND SERVICES FOR SICK, INJURED, DISABLED, INDIGENT, AND AGED PERSONS.

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 \$ 107,686,457 including grants of \$ 878,055) (Revenue \$ 131,002,628)
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 ▶ 107,686,457

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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:

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			
(1) HOWARD P KERN DIRECTOR	1.00 52.00	X						0	4,253,331	3,800,414
(2) ROBERT A BROERMANN DIRECTOR/TREASURER	1.00 50.00	X		X				0	1,674,648	149,586
(3) MICHAEL V GENTRY DIRECTOR/CHAIRMAN	1.00 50.00	X		X				0	1,524,592	218,927
(4) JEFFREY P KING SECRETARY (THRU 6/19)	1.00 48.00			X				0	970,273	106,745
(5) TERESA L EDWARDS DIRECTOR/PRESIDENT (EFFEC 10/19)	1.00 42.00	X		X				0	849,358	128,079
(6) LINDA R HUFFER PRESIDENT (THRU 10/19)	40.00 0.00	X		X				348,903	0	61,340
(7) MONICA S HULLINGER KE (VP, HOME CARE), TERMED 2019	40.00 0.00				X			195,180	61,588	70,779
(8) JAMES R SCHWAMBURGER KE (DIRECTOR, PHARMACY OPS. SE)	40.00 0.00				X			217,694	0	84,815
(9) LAURA E BOROWSKI TEAM COORDINATOR, PHARMACY	40.00 0.00					X		153,805	0	130,738
(10) EARL D MORRIS MANAGER, PHARMACY	40.00 0.00					X		183,084	0	89,880
(11) CHERISE P WELDON APC - SE HOSPICE	40.00 0.00					X		208,959	0	54,138
(12) SAMUEL J HAWLEY SECRETARY (EFFEC 6/19)	1.00 48.00			X				0	197,855	46,598
(13) KIM S BRADLEY DIR, CLINICAL SERVICES - SE	40.00 0.00					X		153,150	0	91,135
(14) MELISSA GALLEGOS FORMER TOP FIVE	40.00 0.00						X	0	183,311	58,453
(15) HELENA T HUNT CLINICAL PHARMACIST	12.00 28.00					X		45,165	104,586	77,580

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			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,748		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		22,748		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PATIENT SERVICE REVENUE		900099	131,060,888	131,060,888		
b EQUITY IN AFFILIATES		900099	-279,112	-279,112		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			130,781,776			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		78,919			78,919	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other	157,352			
		b Less: cost or other basis and sales expenses	7b		334,577		
		c Gain or (loss)	7c		-177,225		
	d Net gain or (loss)			-177,225		-177,225	
	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							
Miscellaneous Revenue	Business Code						
11a INTEREST CHARGES	900099		292,808	292,808			
b INCOME FR. PARTNERSHIP	900099		-80,340	-71,956	-8,564		
c							
d All other revenue							
e Total. Add lines 11a-11d			212,468				
12 Total revenue. See instructions			130,918,686	131,002,628	-8,564		

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	878,055	878,055		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	973,158	807,721	165,437	
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	56,552,998	46,938,988	9,614,010	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,266,394	3,541,107	725,287	
9 Other employee benefits	6,850,946	5,686,285	1,164,661	
10 Payroll taxes	4,112,021	3,412,977	699,044	
11 Fees for services (non-employees):				
a Management				
b Legal	255,798	212,312	43,486	
c Accounting	19,322	16,037	3,285	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,600,335	3,328,892	271,443	
12 Advertising and promotion	53,606	44,493	9,113	
13 Office expenses	3,683,887	3,057,626	626,261	
14 Information technology	628,313	521,500	106,813	
15 Royalties				
16 Occupancy	2,081,795	1,727,890	353,905	
17 Travel	1,785,010	1,481,558	303,452	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,739	32,153	6,586	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,474,174	1,223,564	250,610	
23 Insurance	1,838,682	1,526,106	312,576	
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 INCO	-26,275	-21,808	-4,467	
b MEDICAL SUPPLIES EXP	32,032,486	32,032,486		
c SENTARA SERVICE EXP	9,650,728		9,650,728	
d PURCHASED & CONTRACTED	758,271	629,365	128,906	
e All other expenses	733,916	609,150	124,766	
25 Total functional expenses. Add lines 1 through 24e	132,242,359	107,686,457	24,555,902	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,025	1	160,689
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26,734,676	4	25,237,228
	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		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	5,756,755	7	5,587,899
	8 Inventories for sale or use	1,861,222	8	912,194
	9 Prepaid expenses and deferred charges	132,005	9	149,297
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	32,148,757		
	b Less: accumulated depreciation	25,678,372		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	1,737,815	14	5,649,455
	15 Other assets. See Part IV, line 11	952,315	15	829,343
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,879,252	16	44,996,490	
Liabilities	17 Accounts payable and accrued expenses	2,310,403	17	2,370,681
	18 Grants payable		18	
	19 Deferred revenue	3,408,939	19	3,091,283
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	9,304,383	25	12,466,220
	26 Total liabilities. Add lines 17 through 25	15,023,725	26	17,928,184
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,747,687	27	27,023,702
	28 Net assets with donor restrictions	107,840	28	44,604
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	28,855,527	32	27,068,306	
33 Total liabilities and net assets/fund balances	43,879,252	33	44,996,490	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	130,918,686
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,242,359
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,323,673
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,855,527
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-463,548
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,068,306

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 54-1917649

Name: SENTARA ENTERPRISES

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service
Name of the organization
SENTARA ENTERPRISES

Employer identification number
54-1917649

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	21,169	31,151	38,687	22,464	22,748	136,219
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	123,612,354	127,432,992	139,361,661	132,245,733	131,002,628	653,655,368
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	123,633,523	127,464,143	139,400,348	132,268,197	131,025,376	653,791,587
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						653,791,587

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.	123,633,523	127,464,143	139,400,348	132,268,197	131,025,376	653,791,587
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,623	44,840	36,465	58,481	78,919	230,328
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	11,623	44,840	36,465	58,481	78,919	230,328
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.)	123,645,146	127,508,983	139,436,813	132,326,678	131,104,295	654,021,915
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.960 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.980 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.040 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.020 %

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

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

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	<input type="checkbox"/> 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: 54-1917649

Name: SENTARA ENTERPRISES

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

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 SENTARA ENTERPRISES	Employer identification number 54-1917649
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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-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)		(b)
		Yes	No	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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,330
j	Total. Add lines 1c through 1i			4,330
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 IS INVOLVED IN INDIRECT LOBBYING ACTIVITIES THROUGH PAYMENT OF MEMBERSHIP DUES TO THE NATIONAL HOSPITAL & PALLATIVE CARE ORGANIZATION, THE NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AND THE VIRGINIA ASSOCIATION OF HOME CARE & HOSPICE.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization: SENTARA ENTERPRISES Employer identification number: 54-1917649

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the year (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, with fields for revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	107,840	145,562	176,260	175,584	173,097
b Contributions	22,748	22,464	38,687	31,151	21,169
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	85,984	60,186	69,385	30,475	18,682
f Administrative expenses					
g End of year balance	44,604	107,840	145,562	176,260	175,584

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 100.000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,213,608	947,036	1,266,572
c Leasehold improvements		1,124,430	990,375	134,055
d Equipment		27,944,798	23,734,627	4,210,171
e Other		865,921	6,334	859,587
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				6,470,385

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	12,466,220

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 54-1917649

Name: SENTARA ENTERPRISES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TEMPORARILY RESTRICTED CONTRIBUTIONS ARE TO SPECIFIC PURPOSE FUNDS. HOSPICE FUNDS ARE TO BE USED FOR THE EDUCATION OF STAFF, VOLUNTEER EXPENSES, AND FOR THE FUNDING OF ANNUAL BEREAVEMENT CAMPS; HOME CARE PATIENT NEED FUND PROVIDES MODEST AND TEMPORARY FINANCIAL ASSISTANCE TO PATIENTS AND THEIR CAREGIVERS IN ORDER TO IMPROVE PATIENT CARE, COMFORT, AND/OR SAFETY; AND CLINICAL EDUCATION EXCELLENCE INITIATIVE FUND IS FOR A NURSING SCHOLARSHIP INITIATIVE.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

SENTARA ENTERPRISES

Employer identification number

54-1917649

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY. EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM. THE ORGANIZATION ALSO DONATES FUNDS TO OTHER ORGANIZATIONS WHO PROMOTE HEALTH WITHIN THE COMMUNITY. SUCH ORGANIZATIONS HAVE COMMUNITY BOARDS WHICH OVERSEE THE PROPER EXPENDITURES OF SUCH FUNDS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA ENTERPRISES

Employer identification number
54-1917649

Part I Questions Regarding Compensation

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

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 3	SENTARA HEALTHCARE, THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION STUDY, AND APPROVAL BY SENTARA HEALTHCARE'S COMPENSATION COMMITTEE.
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: JEFFREY P. KING (\$218,939) AND MONICA HULLINGER (\$61,362). HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS. VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH. EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE. HOWARD KERN, ROBERT BROERMANN, MICHAEL GENTRY, TERESA EDWARDS, JEFFREY KING AND LINDA HUFFER PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN. PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE. UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE). DURING 2019, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN (\$154,711); TERESA EDWARDS (\$70,094); MICHAEL GENTRY (\$116,632); HOWARD KERN (\$721,088); JEFFREY KING (\$228,358); AND LINDA HUFFER (\$5,287). THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II.
PART I, LINE 7	DURING THE CURRENT TAX YEAR, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS: ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE. BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL. PERFORMANCE PLUS - ELIGIBLE FULL-TIME AND PART-TIME EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN MAY EARN ADDITIONAL COMPENSATION IF THEIR BUSINESS UNIT MEETS FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE GOALS, AND THE SYSTEM NET OPERATING MARGIN GOAL HAS BEEN MET. INDIVIDUAL PAYOUT IS BASED ON JOB CLASSIFICATION, BUSINESS UNIT GOAL SUCCESS AND PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION. GOALS AND THE PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN. AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD; BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE; AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE. SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION.

Additional Data

Software ID:
Software Version:
EIN: 54-1917649
Name: SENTARA ENTERPRISES

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HOWARD P KERN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,721,005	1,718,080	814,246	3,776,265	24,149	8,053,745	81,692
1ROBERT A BROERMANN DIRECTOR/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	865,809	603,561	205,278	132,432	17,154	1,824,234	0
2MICHAEL V GENTRY DIRECTOR/CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	820,035	555,458	149,099	198,191	20,736	1,743,519	0
3JEFFREY P KING SECRETARY (THRU 6/19)	(i)	0	0	0	0	0	0	0
	(ii)	274,339	156,153	539,781	82,095	24,650	1,077,018	165,897
4TERESA L EDWARDS DIRECTOR/PRESIDENT (EFFEC 10/19)	(i)	0	0	0	0	0	0	0
	(ii)	473,209	271,870	104,279	108,676	19,403	977,437	0
5LINDA R HUFFER PRESIDENT (THRU 10/19)	(i)	218,524	83,006	47,373	58,075	3,265	410,243	4,375
	(ii)	0	0	0	0	0	0	0
6MONICA S HULLINGER KE (VP, HOME CARE), TERMED 2019	(i)	113,739	56,037	25,404	44,894	20,332	260,406	0
	(ii)	0	0	61,588	0	5,553	67,141	0
7JAMES R SCHWAMBURGER KE (DIRECTOR, PHARMACY OPS. SE)	(i)	164,267	26,612	26,815	70,030	14,785	302,509	0
	(ii)	0	0	0	0	0	0	0
8LAURA E BOROWSKI TEAM COORDINATOR, PHARMACY	(i)	139,063	13,329	1,413	119,752	10,986	284,543	0
	(ii)	0	0	0	0	0	0	0
9EARL D MORRIS MANAGER, PHARMACY	(i)	155,158	22,346	5,580	80,431	9,449	272,964	0
	(ii)	0	0	0	0	0	0	0
10CHERISE P WELDON APC - SE HOSPICE	(i)	199,560	2,408	6,991	26,706	27,432	263,097	0
	(ii)	0	0	0	0	0	0	0
11SAMUEL J HAWLEY SECRETARY (EFFEC 6/19)	(i)	0	0	0	0	0	0	0
	(ii)	176,744	20,980	131	34,469	12,129	244,453	0
12KIM S BRADLEY DIR, CLINICAL SERVICES - SE	(i)	132,870	19,258	1,022	67,307	23,828	244,285	0
	(ii)	0	0	0	0	0	0	0
13MELISSA GALLEGOS FORMER TOP FIVE	(i)	0	0	0	0	0	0	0
	(ii)	152,044	23,849	7,418	27,330	31,123	241,764	0
14HELENA T HUNT CLINICAL PHARMACIST	(i)	44,122	750	293	19,383	4,485	69,033	0
	(ii)	103,177	750	659	43,620	10,092	158,298	0

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
SENTARA ENTERPRISES

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**

Employer identification number

54-1917649

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 EVERY DAY. NAMED TO IBM WATSON HEALTH'S 2018 "TOP 15 HEALTH SYSTEMS," SENTARA IS AN INTEGRATED, NOT-FOR-PROFIT SYSTEM OF 12 HOSPITALS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA, INCLUDING A LEVEL I TRAUMA CENTER, THE NATIONALLY RANKED SENTARA HEART HOSPITAL, TWO ORTHOPEDIC HOSPITALS, ACCREDITED SENTARA CANCER NETWORK AND THE SENTARA NEUROSCIENCES INSTITUTE. THE SENTARA FAMILY ALSO INCLUDES FOUR MEDICAL GROUPS, NIGHTINGALE REGIONAL AIR AMBULANCE AND GROUND MEDICAL TRANSPORT, SENIOR CARE, HOME CARE AND HOSPICE, NURSING REHABILITATION CENTERS, AMBULATORY OUTPATIENT CAMPUSES, ADVANCED IMAGING AND DIAGNOSTIC CENTERS, A CLINICALLY INTEGRATED NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES AND THE OPTIMA HEALTH PLAN SERVING 450,000 MEMBERS IN VIRGINIA, NORTH CAROLINA AND OHIO. WITH NEARLY 28,000 EMPLOYEES AND RANKED ONE OF FORBES "AMERICA'S BEST EMPLOYERS" IN 2018, SENTARA IS STRATEGICALLY FOCUSED ON CLINICAL QUALITY AND SAFETY, INNOVATION AND CREATING AN EXTRAORDINARY HEALTHCARE EXPERIENCE 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 STRIVE TO SERVE ALL OF OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS.</p> <p>II. COMMITMENT TO THE COMMUNITY A. SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY 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 PROGRAMS. IN 2019, AN AVERAGE OF 34 INDIVIDUALS SOUGHT CARE AT SENTARA HOSPITALS WHO HAVE NO ABILITY TO PAY FOR CARE. THESE SERVICES RANGE FROM EMERGENCY VISITS TO LIFE SAVING TRAUMA CARE. B. SENTARA DEVELOPED A CORPORATE SOCIAL RESPONSIBILITY (CSR) PROGRAM TO SUPPORT THE NEEDS 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 AND OPTIMA HEALTH, IN PARTNERSHIP WITH THE LOCAL INITIATIVES SUPPORT CORPORATION (LISC), THE NATION'S LARGEST COMMUNITY DEVELOPMENT ORGANIZATION, ANNOUNCED A \$100 MILLION INVESTMENT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN UNDERSERVED COMMUNITIES ACROSS THE COMMONWEALTH OF VIRGINIA. THIS INVESTMENT, WHICH IS PART OF OUR CORPORATE SOCIAL RESPONSIBILITY PROGRAM, BUILDS UPON SENTARA'S COMMITMENT TO CREATE HEALTHIER COMMUNITIES AND IMPROVE THE QUALITY OF LIFE FOR VIRGINIANS MOST</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>T IN NEED. SENTARA WILL CONTRIBUTE \$50M TO ADVANCE THESE GOALS IN PARTNERSHIP WITH LISC, WHO HAS COMMITTED TO ASSEMBLING AN ADDITIONAL \$50M FROM PUBLIC AND PRIVATE SOURCES TO COMPLETE 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 FOR OUR DIVERSE PATIENT POPULATION AND TO DEVELOP STRONG RELATIONSHIPS WITH DIVERSE COMMUNITY POPULATIONS. ADDITIONALLY, WE HIRED OUR FIRST DIRECTOR OF HEALTH EQUITY. THE HEALTH EQUITY DIVISION WAS CREATED WITH THE GOAL TO IDENTIFY AND REMOVE BARRIERS SO PEOPLE CAN RECEIVE THE CARE THEY NEED. THE TEAM IDENTIFIES HEALTH DISPARITIES AND RESEARCHES POSSIBLE CAUSES. 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 AT THE VIRGINIA BEACH MUNICIPAL CENTER IN MAY 2019, SENTARA COLLABORATED WITH THE CITY OF VIRGINIA 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 RECEIVE PERSONALIZED CARE. SERVICES INCLUDE INDIVIDUAL COUNSELING, GROUP THERAPY, ART, YOGA, MEDITATION, MENTAL HEALTH COUNSELING, INTAKE AND CASE COORDINATION, AND OTHER SERVICES AS DIRECTED BY A LICENSED MENTAL HEALTH CLINICIAN. F. SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATIONS. THESE FOUNDATIONS RAISED MONEY TO SUPPORT THE CLINICAL NEEDS OF THE SYSTEM AND PROVIDED FUNDING THROUGH GRANTS AND DIRECT CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT HAVE SIMILAR INTERESTS IN SUPPORTING COMMUNITY HEALTH NEEDS. G. SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN. SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED DEVASTATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNESS. IN 2019, THE HOPE FUND AWARDED \$151,124 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM.</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	<p>H. COMMUNITY HEALTH INITIATIVES SENTARA AND OPTIMA HEALTH HAVE LONG BEEN COMMITTED TO PROVIDING HEALTH AND PREVENTION SERVICES TO THE COMMUNITIES WE SERVE THROUGH MANY CHANNELS INCLUDING THE SENTARA HEALTHCARE COMMUNITY HEALTH AND PREVENTION ORGANIZATION WITHIN SENTARA. BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2019: I. HEALTH IMPROVEMENT 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. SENTARA HOSTS A NUMBER OF COMMUNITY EVENTS RAISING AWARENESS AROUND KEY HEALTH AWARENESS MONTHS. ONE GOOD EXAMPLE IS THE FOCUS ON COLON CANCER PREVENTION: DON'T SIT ON COLON CANCER. THROUGH THE SENTARA CANCER NETWORK, SENTARA HOSTED A 5K AT SENTARA PRINCESS ANNE HOSPITAL IN VIRGINIA BEACH. THROUGH SENTARA HEART, WE PROMOTED THE "28 (+1) DAYS OF HEART" IN FEBRUARY 2019 IN SUPPORT OF HEART HEALTH AWARENESS. ONLINE PROMOTIONS, RADIO ADS, VIDEOS, SCREENINGS AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DISEASE THROUGHOUT THE COMMUNITIES WE SERVE IN VIRGINIA AND NORTH CAROLINA. III. GROWTH IN SENTARA HEALTHCARE SENTARA HAS REACHED OUT TO OTHER INDUSTRY LEADERS AND JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVICES TO MORE PEOPLE. IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND IN OTHER STATES - NORTH CAROLINA AND OHIO - BY SEEKING PARTNERSHIPS WITH SUCCESSFUL HOSPITALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY AND CUSTOMER FOCUS. OUR GROWTH IN 2019 INCLUDED THE FOLLOWING: A. SENTARA ANNOUNCED THE INTENT TO PURCHASE 80% OF VIRGINIA PREMIER, AN INSURANCE COMPANY AFFILIATED WITH VCU HEALTH IN RICHMOND, VIRGINIA. OPTIMA HEALTH AND VIRGINIA PREMIER WILL CONTINUE AS TWO SEPARATE COMPANIES AND RETAIN THEIR RESPECTIVE 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 SERVED OVER 400,000 ELIGIBLE VIRGINIANS WHO QUALIFIED FOR MEDICAID EXPANSION. C. SENTARA DEVELOPED NEWLY DESIGNED RETAIL AND AMBULATORY SERVICES. SENTARA WAS PROUD TO INTRODUCE TWO SITES 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 SITE 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 CONSUMERS HAD ACTIVATED THEIR ACCOUNTS IN EITHER THE SENTARA OR OPTIMA APP. OUR AIM IS TO CONTINUOUSLY IMPROVE THE VIRTUAL EXPERIENCE, ENABLE VOICE OF THE CUSTOMER DRIVE CHANGE TO THE EXPERIENCE, AND ALLOW FOR A MORE F</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.</p>	<p>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-MAKING 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 CONFERENCE FEATURED NATIONAL EXPERTS SPEAKING ON THE BENEFITS OF A PLANT-BASED LIFESTYLE AND HOW IT CAN BE USED TO TREAT, REVERSE, OR PREVENT WIDESPREAD CHRONIC DISEASE SUCH AS HEART DISEASE, DIABETES, AND OBESITY. D. A "BEYOND CANCER" CONFERENCE SURVIVORSHIP EVENT TOOK PLACE 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 REMISSION. V. OFFERING NEW PROCEDURES AND TECHNOLOGIES A. CLINICAL BREAKTHROUGHS AND ADVANCEMENTS: 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, VIRGINIA WAS THE FIRST HOSPITAL IN VIRGINIA TO INTRODUCE THE PROCESS THAT IDENTIFIES APPARENTLY HEALTHY INFANTS WITH SERIOUS INHERITED DISORDERS, GENERALLY METABOLIC IN ORIGIN, THAT ARE USUALLY CORRECTABLE BY DIETARY OR DRUG INTERVENTIONS BEFORE THEY SUFFER SIGNIFICANT MORBIDITY OR MORTALITY. II. HEPATITIS C TRANSPLANT: SENTARA NORFOLK GENERAL HOSPITAL PERFORMED THE FIRST KIDNEY TRANSPLANT FROM A DONOR WITH HEPATITIS C IN THE SOUTHEAST VIRGINIA REGION. THIS CREATES ORGAN AVAILABILITY THAT IS MUCH NEEDED. III. LUTATHERA NEUROENDOCRINE RADIODIOTOP TUMOR THERAPY: SENTARA NORFOLK GENERAL HOSPITAL WAS THE FIRST IN SOUTHEASTERN VIRGINIA TO INTRODUCE THIS THERAPY. IV. CAR-T CELL THERAPY: SENTARA NORFOLK GENERAL HOSPITAL 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 COMMITTED TO ALWAYS IMPROVING--INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONAL OPPORTUNITIES. CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS. IN 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 LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN.</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	<p>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 INSTITUTE 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 RESEARCH COORDINATORS AND CARDIOLOGISTS COLLABORATE WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOMEDICAL COMPANIES TO PERFORM CLINICAL RESEARCH TRIALS. ULTIMATELY, THE WORK OF SCRI 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 MANAGEMENT, AMONG OTHERS. RESEARCH NURSES EDUCATE AND FOLLOW RESEARCH PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS. THEY COORDINATE ALL ASPECTS OF THE PATIENT'S EXPERIENCE AND ADVOCATE FOR 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 COORDINATE 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 METHODS AND PROTOCOLS, WHILE AT THE SAME TIME ELIMINATE THERAPIES AND APPROACHES TO CLINICAL CARE THAT ARE NOT AS EFFECTIVE OR MAY HAVE BEEN SHOWN TO BE HARMFUL. II. CANCER: THE SENTARA CANCER NETWORK CONTINUES TO EXPAND ITS RESEARCH CAPABILITIES IN CONJUNCTION WITH VIRGINIA ONCOLOGY ASSOCIATES, EASTERN VIRGINIA MEDICAL SCHOOL, AND OTHER NATIONAL AND LOCAL ORGANIZATIONS IN ORDER TO CHANGE THE FUTURE OF CANCER. FOR TODAY'S PATIENTS, PHYSICIANS IN THE 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 CANCER, 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 LOOKING 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 PATIENTS NOW, THE SENTARA CANCER NETWORK ALSO PARTICIPATES IN RESEARCH THAT COULD LEAD TO MORE AND BETTER OPTIONS FOR PREVENTION, DIAGNOSIS AND TREATMENT IN THE FUTURE. EXAMPLES OF OTHER RESEARCH INCLUDE FINDING WAYS TO IMPROVE QUALITY OF LIFE FOR OUR PATIENTS, COMPARING COMMON CHARACTERISTICS FOR A SPECIFIC TYPE OF CANCER, AND IMPROVING PROCESSES AND TECHNOLOGY. VII. BUILDING FOR TOMORROW AND STRENGTHENING OUR COMMUNITIES A. SENTARA HEALTHCARE COMMITTED TO INCREASING ITS MINIMUM</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.	<p>M WAGE FOR ALL SENTARA AND OPTIMA HEALTH EMPLOYEES WITH A PLAN TO REACH A \$15 PER HOUR MINIMUM WAGE BY JANUARY 2022. THIS SIGNIFICANT INCREASE APPLIES TO ALL POSITIONS IN THE COMMUNITIES SENTARA SERVES ACROSS VIRGINIA AND NORTH CAROLINA AND IS MORE THAN DOUBLE THE FEDERALLY MANDATED MINIMUM WAGE OF \$7.25 PER HOUR. B. SENTARA CAREPLEX HOSPITAL, HAMPTON, VIRGINIA, ADDED NEUROSURGERY SERVICES. WITH THE ADDITION OF THESE SERVICES, PATIENTS ON THE PENINSULA WILL BE ABLE TO RECEIVE SURGICAL TREATMENT FOR BRAIN AND SPINE DISORDERS, INCLUDING NEUROONCOLOGY AND NEUROTRAUMA. C. SENTARA MARTHA JEFFERSON HOSPITAL'S PHILIPS CANCER CENTER, 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 CENTER, HARRISONBURG, VIRGINIA, INSTALLED A NEW, STATE-OF-THE-ART LINEAR ACCELERATOR, THE VIRGINIAN TRUEBEAM RADIOTHERAPY SYSTEM, FOR TREATING CANCER PATIENTS. E. SENTARA HOSPICE HAS COORDINATED CAMP LIGHTHOUSE, WHICH IS A CAMP FOR BEREAVED FAMILIES, FOR 10 YEARS. THROUGHOUT THE CAMP, SPECIALLY TRAINED SENTARA EMPLOYEES VOLUNTEER ALONG WITH COMMUNITY MEMBERS. ABOUT 50 VOLUNTEERS MAKE THE CAMPS POSSIBLE AFTER MONTHS OF PLANNING. F. SENTARA NORTHERN VIRGINIA MEDICAL CENTER, WOODBRIDGE, VIRGINIA, INTRODUCED A SENTARA FOOT & ANKLE CENTER FEATURING 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 RIGHT CARE FOR THEIR FOOT AND ANKLE HEALTH CONCERNS, ALL WHILE STAYING CLOSE TO HOME FOR TREATMENT. 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 LIFE ENRICHMENT ACTIVITIES PROGRAM (LEAP) AT SENTARA LIFE CARE VIRGINIA BEACH. H. FIVE SENTARA HOSPITALS INCLUDING SENTARA CAREPLEX HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA OBICHI HOSPITAL, SENTARA PRINCESS ANNE HOSPITAL AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER HAVE 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 BACKPACKS WERE FILLED WITH CRAYONS, PENCILS, FOLDERS, NOTEBOOKS, A FIRST AID KIT AND MUCH MORE. THERE 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 ALBEMARLE MEDICAL CENTER, ELIZABETH</p>

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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 CAN RECEIVE PRESCRIPTIONS FOR MEDICINE TO HELP THEM ONCE THEY LEAVE THE HOSPITAL, AND A PRESCRIPTION TO EAT WELL, WITH THE HEALTHY FOOD TO DO SO. THEIR GOAL IS HELP 100 PATIENTS THIS YEAR. IN ADDITION TO OFFERING THE SPECIALLY STOCKED FOOD BOXES TO PATIENTS MONTHLY, SENTARA ALBEMARLE MEDICAL CENTER EDUCATORS MAKE REFERRALS TO HEALTHY COOKING AND BUDGETING CLASSES RUN THROUGH THE FOOD BANK AND PASQUOTANK CENTER OF NORTH CAROLINA COOPERATIVE EXTENSION. THEY ALSO ENCOURAGE VISITS TO THE LOCAL HEALTH DEPARTMENT, WHICH CAN OFFER EXTRA RESOURCES TO OVERCOME FOOD AND FINANCIAL CONCERNS. K. SENTARA BELLEHARBOUR, AN OUTPATIENT CAMPUS OF SENTARA OBICI HOSPITAL, SUFFOLK, VIRGINIA, CONTINUES TO GROW. A NEWLY OPENED SECOND MEDICAL 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
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONT.</p>	<p>L. SENTARA PRINCESS ANNE HOSPITAL AGAIN HOSTED THE "DON'T SIT ON COLON CANCER 5K" TO PROVIDE COLON CANCER AWARENESS AND EDUCATION. RUNNERS THROUGHOUT THE REGION CAME OUT TO PARTICIPATE 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 WITHDRAWAL SYMPTOMS FROM DRUG AND ALCOHOL ADDICTIONS. ADULTS ARE MEDICALLY SUPERVISED FOR INPATIENT STABILIZATION THAT LASTS ABOUT THREE DAYS. UPON DISCHARGE, PATIENTS ARE REFERRED TO COMMUNITY BASED TREATMENT PROGRAMS TO CONTINUE WITH THEIR TREATMENT AND TO PREVENT RELAPSE. N. SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, WILLIAMSBURG, VIRGINIA, PARTICIPATED IN THE HEARTSAFE ALLIANCE, WHICH IS A PUBLIC-PRIVATE PARTNERSHIP WORKING TO IMPROVE SUDDEN 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 HEARTSAFE 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 RECEIVE 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 EXTRAORDINARY RANKING, 43RD IN THE NATION, IS DUE TO THE GREAT PARTNERSHIP AND COLLABORATION WITH EASTERN VIRGINIA MEDICAL SCHOOL (EVMS) AND THE SENTARA CANCER NETWORK. II. NURSING MAGNET STATUS: SENTARA VIRGINIA BEACH GENERAL HOSPITAL IS THE NINTH SENTARA HOSPITAL TO ACHIEVE MAGNET DESIGNATION. ONLY 8% OF U.S. HOSPITALS HAVE SUCH A DESIGNATION. IX. OPTIMA HEALTH A. GROWTH 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 MAKING 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 OF NORTHERN VIRGINIA AND HALIFAX WITH BOTH MEDICARE ADVANTAGE AND MEDICAID PLANS. CONCLUSION: SENTARA HEALTHCARE IS COMMITTED TO OUR MISSION - WE IMPROVE HEALTH EVERY DAY. WE PROVIDE QUALITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE ALL WITH A CONSTANT FOCUS ON INNOVATION. AND, WE ARE COMMITTED TO SUPPORTING THE COMMUNITIES WE SERVE THROUGH OUR CORPORATE SOCIAL RESPONSIBILITY PROGRAM,</p>

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 COMMUNITY SUCCESS, GROWTH AND INNOVATION IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SENTARA ENTERPRISES PROVIDES A WIDE RANGE OF SERVICES FOR RECOVERING, DISABLED OR CHRONICALLY ILL PERSONS IN NEED OF SKILLED NURSING, PRIVATE DUTY NURSING, REHABILITATION SERVICES (I.E., PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY), INFUSION SERVICES, OR COMPANION SERVICES. SENTARA HOME CARE SERVICES ALSO OFFERS SPECIALTY PROGRAMS IN MENTAL HEALTH, HIGH-RISK OBSTETRICAL CARE, HIGH-RISK NEWBORN CARE, ASTHMA, DIABETES AND PEDIATRICS. SENTARA ENTERPRISES ALSO OPERATES MEDICAL TRANSPORT, A GROUND AMBULANCE AND WHEELCHAIR TRANSPORT SERVICE. MEDICAL TRANSPORT HAS 51 AMBULANCES AND PROVIDED 36,250 BASIC, ADVANCED LIFE SUPPORT TRANSPORTS DURING 2019. ALL SERVICES ARE PROVIDED TO THE COMMUNITY REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. THE COST OF UNCOMPENSATED CARE PROVIDED BY SENTARA ENTERPRISES TO THE COMMUNITY DURING 2019 WAS OVER \$3.9MILLION.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE MEMBER WAS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS, WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY, WAS ELECTED BY ITS SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, IS ENTITLED TO ONE VOTE ON ALL MATTERS AND HAS THE RIGHT TO ELECT AND REMOVE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY; APPROVE ANY ALTERATION, AMENDMENT OR REPEAL OF ITS GOVERNING DOCUMENTS; APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGET AND ALL FORMAL LONG-RANGE PLANS; APPROVE ANY SINGLE CAPITAL EXPENDITURE EXCEEDING \$1 MILLION; APPROVE ALL BORROWING OR INDEBTEDNESS WHICH IN ANY ONE TRANSACTION OR RELATED SERIES OF TRANSACTIONS EXCEEDS \$500,000; APPROVE ANY PLAN OF MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, THE VOLUNTARY DISSOLUTION OF THE ORGANIZATION, OR REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS; REVIEW THE BOOKS AND RECORDS, CONDUCT AUDITS, AND APPROVE THE SELECTION OF AUDITORS CHOSEN TO CONDUCT AUDITS OF THE ORGANIZATION; AND APPROVE THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OF THE ORGANIZATION, OR THE CREATION OF ANY OTHER CORPORATION OF WHICH THE ORGANIZATION IS TO BE A MEMBER, AND TO APPROVE ANY DISSOLUTION OR OTHER CHANGE IN ANY SUCH LEGAL RELATIONSHIP PREVIOUSLY APPROVED BY SENTARA HEALTHCARE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES 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, Organizational Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS PART OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION. SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS. THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION. IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES. THE SYSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES. THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY. IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY. FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED. THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEAR. THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 29 NOT-FOR-PROFIT HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION. OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE. THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A) ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD. THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL. ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS. THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, CHAIRMAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AND TREASURER. THE CHAIRMAN AND TREASURER ALSO SERVED AS PRESIDENT AND CEO AND EXECUTIVE VICE PRESIDENT AND CFO OF THE SYSTEM, RESPECTIVELY. THE PROCESS WAS LAST UNDERTAKEN DURING THE CURRENT TAX YEAR FOR THE POSITIONS LISTED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PT VI, LINES 1A AND B	THE ORGANIZATION'S BOARD OF DIRECTORS IS ELECTED ANNUALLY BY SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM. THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 17 VOTING MEMBERS, 16 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	BOOK RECLASS OF INTERCOMPANY ACCTS TO EQUITY -461,909. PARTNERSHIP INCOME TAX > BOOK -11,639. PRIOR PERIOD ADJUSTMENT 10,000.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA ENTERPRISES

Employer identification number

54-1917649

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) MEDICAL TRANSPORT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-4510710	MEDICAL TRANSPORT	VA	15,327,882	7,447,416	SENTARA ENTERPRISES

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-1917649
Name: SENTARA ENTERPRISES

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 52-1271901	HEALTH CARE	VA	501(C)(3)	LINE 7	N/A		No
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 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	N/A	C					No
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C					No
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C					No
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C					No
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C					No
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C					No
SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C					No
SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C					No
MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C					No
SENTARA SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1417772	HEALTH SERVICES	VA	N/A	C					No
DOMINION HEALTH MEDICAL ASSOCIATES LTD 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1060357	PHYS PRACTICE	VA	N/A	C					No
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C					No
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	N/A	C					No
ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	N/A	C					No
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C					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	N/A	C						No
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	N/A	C						No
THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 56-2295574	BUILDING ASSOCIATION	VA	N/A	C						No
MEDSTREAMING EGYPT SOFTWARE 15 ANMAR IBN YASSER ST CAIRO EG	CONSULTING	EG	N/A	C						No
HIGHLAND DIRECT HEDGED EQUITY FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	INVESTMENT	CJ	N/A	C						No
MEDSTREAMING INC 9840 WILLOWS ROAD NE SUITE 200 REDMOND, WA 98052 45-1573625	SOFTWARE DEVELOPMENT	WA	N/A	C						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
SENTARA HOSPITALS	C	0	CORP BOOKS/REC
SENTARA HOSPITALS	B	773,436	CORP BOOKS/REC
SENTARA HOSPITALS	L	7,006,594	CORP BOOKS/REC
SENTARA HOSPITALS	M	7,083,042	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	B	1,083,926	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	1,041,934	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	L	540,413	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	Q	645,284	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	317,010	CORP BOOKS/REC
SENTARA LIFE CARE CORP	C	229,925	CORP BOOKS/REC
SENTARA LIFE CARE CORP	K	215,512	CORP BOOKS/REC
OPTIMA HEALTH PLAN	L	101,248,710	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	A	292,808	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	D	5,561,082	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	B	591,369	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	L	665,886	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	B	950,312	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	L	932,636	CORP BOOKS/REC
MPB	R	0	CORP BOOKS/REC
MPB	B	0	CORP BOOKS/REC
MPB	C	224,658	CORP BOOKS/REC
MPB	K	303,890	CORP BOOKS/REC