

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
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

C Name of organization
MPB INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1300 SENTARA PARK

City or town, state or province, country, and ZIP or foreign postal code
VIRGINIA BEACH, VA 23464

D Employer identification number
54-1346393

E Telephone number
(757) 455-7020

G Gross receipts \$ 74,148,306

F Name and address of principal officer:
AUBREY L LAYNE
1300 SENTARA PARK
VIRGINIA BEACH, VA 23464

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

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

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (2) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
MPB IS ORGANIZED SOLELY TO HOLD TITLE TO PROPERTY AND TURNS NET INCOME OVER TO SENTARA ENTERPRISES.

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 2022 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	378,748
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	232,980

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	58,529,425	72,949,803
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-185,859	425,919
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	524,884	578,418
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,868,450	73,954,140
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	0	0
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)	46,152,471	69,171,718
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	46,152,471	69,171,718
19 Revenue less expenses. Subtract line 18 from line 12	12,715,979	4,782,422
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	396,978,838	497,563,189
21 Total liabilities (Part X, line 26)	20,081,802	31,647,742
22 Net assets or fund balances. Subtract line 21 from line 20	376,897,036	465,915,447

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 2023-11-06

ROBERT A BROERMANN TREASURER
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.			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O. AS PART OF SENTARA HEALTH'S INTEGRATED HEALTH CARE SYSTEM, MPB, INC. WAS ORGANIZED PURSUANT TO IRC SECTION 501(C)(2) FOR THE EXCLUSIVE PURPOSE OF HOLDING TITLE TO PROPERTY, COLLECTING INCOME THERE FROM, AND TURNING OVER THE ENTIRE AMOUNT THEREOF, LESS EXPENSES, TO SENTARA ENTERPRISES, INC., ITS SECTION 501(C)(3) TAX EXEMPT PARENT.

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 [X] 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 [X] 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 \$ 56,975,360 including grants of \$) (Revenue \$ 73,149,473) 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 56,975,360

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 through f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 17 main rows (2a-17) and sub-rows (a, b, c, etc.). Columns include question text, a grid for 'Yes/No' answers, and a grid for numerical values. Rows cover topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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:
CORPORATE OFFICERS 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 (757) 455-7020

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
List all of the organization's current officers, directors, trustees...
List all of the organization's current key employees...
List the organization's five current highest compensated employees...
List all of the organization's former officers, key employees...
List all of the organization's former directors or trustees...

See the 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.

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation from the organization and related organizations.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like HOURIGAN CONSTRUCTION CORPORATION and BUILDING MAINTENANCE SERVICE LLC.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 28

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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				
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				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	2,872,195	2,872,195		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,977	1,977		
12 Advertising and promotion	19,175	19,175		
13 Office expenses	5,102,736	5,102,736		
14 Information technology	7,680	7,680		
15 Royalties				
16 Occupancy	10,754,152	10,754,152		
17 Travel	5,344	5,344		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,088,192	21,088,192		
23 Insurance	1,160,825	1,160,825		
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 SENTARA SERVICE EXPENSE	12,196,358	0	12,196,358	
b PURCHASED & CONTRACTED	10,040,590	10,040,590		
c TAXES & LICENSES	6,034,065	6,034,065		
d MEDICAL SUPPLIES	6,577	6,577		
e All other expenses	-118,148	-118,148		
25 Total functional expenses. Add lines 1 through 24e	69,171,718	56,975,360	12,196,358	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	0	1	1,970,297
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	521,817	4	280,701
	5 Loans and other receivables from 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,977	9	31,297
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 715,792,942		
	b Less: accumulated depreciation	10b 247,403,536	375,337,216	10c 468,389,406
	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	17,153,535	14	26,439,452
	15 Other assets. See Part IV, line 11	3,927,293	15	452,036
16 Total assets. Add lines 1 through 15 (must equal line 33)	396,978,838	16	497,563,189	
Liabilities	17 Accounts payable and accrued expenses	730,063	17	3,075,047
	18 Grants payable		18	
	19 Deferred revenue	931,278	19	376,926
	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	18,420,461	25	28,195,769
	26 Total liabilities. Add lines 17 through 25	20,081,802	26	31,647,742
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	376,897,036	27	465,915,447
	28 Net assets with donor restrictions		28	
	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	376,897,036	32	465,915,447	
33 Total liabilities and net assets/fund balances	396,978,838	33	497,563,189	

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	73,954,140
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,171,718
3	Revenue less expenses. Subtract line 2 from line 1	3	4,782,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	376,897,036
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	84,235,989
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	465,915,447

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 on 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: 54-1346393

Name: MPB INC

Form 990 (2022)

Form 990, Part III, Line 4a:

MPB, INC. HOLDS TITLE TO PROPERTY, COLLECTS RENT, AND TURNS OVER THE ENTIRE AMOUNT, LESS EXPENSES, TO IT'S SECTION 501(C)(3) TAX EXEMPT PARENT, SENTARA ENTERPRISES.

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization: MPB INC Employer identification number: 54-1346393

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 1-4 for total number and aggregate values. Rows 5-6 for donor and grantee notification questions.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements... 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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** Term endowment ▶

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	10,564,112	59,263,573		69,827,685
b Buildings		487,997,123	165,158,304	322,838,819
c Leasehold improvements		18,838,098	4,930,075	13,908,023
d Equipment		69,083,258	47,682,635	21,400,623
e Other		70,046,778	29,632,522	40,414,256
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				468,389,406

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(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)		
(10)		
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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
DUE TO AFFILIATES	168,371
ROU LIABILITY	27,850,544
OTHER MISCELLANEOUS LIABILITIES	176,854
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	28,195,769

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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MPB INC

Employer identification number
54-1346393

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a									
	5b									
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a									
	6b									
<p>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.</p>	7									
<p>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.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1 HOWARD P KERN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	2,184,653	2,627,694	5,356,446	-331,126	20,268	9,857,935	2,438,903
2 MICHAEL V GENTRY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,135,214	943,662	1,400,508	-71,826	31,611	3,439,169	904,144
3 ROBERT A BROERMANN DIRECTOR/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	1,136,501	969,392	295,536	-115,045	28,777	2,315,161	0
4 AUBREY L LAYNE PRESIDENT & CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	983,672	304,056	48,044	129,540	10,508	1,475,820	0
5 LOUIS PATALANO IV FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,103,191	-17,502	1,206	1,086,895	0
6 MEGAN R PERRY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	687,067	542,372	208,572	-388,488	30,588	1,080,111	0
7 EARL J BARNES II SECRETARY (EFF 6/22)	(i)	0	0	0	0	0	0	0
	(ii)	339,835	116,099	46,603	62,617	11,257	576,411	0
8 KURT HOFELICH FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	422,863	146,579	17,872	-295,107	33,763	325,970	0
9 SAMUEL J HAWLEY ASST SECRETARY (THROUGH 6/22)	(i)	0	0	0	0	0	0	0
	(ii)	100,573	37,816	90,719	-51,443	9,973	187,638	50,475

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	<p>SENTARA HEALTH, 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 HEALTH'S COMPENSATION COMMITTEE. SENTARA HEALTH RECOGNIZES THAT PROVIDING THE BEST POSSIBLE CARE REQUIRES US TO ATTRACT AND RETAIN THE VERY BEST EMPLOYEES. OUR ORGANIZATION IS COMMITTED TO INVESTING IN OUR PEOPLE BY OFFERING COMPETITIVE COMPENSATION OPPORTUNITIES AND A STRONG WORKPLACE ENVIRONMENT. THE SENTARA HEALTH BOARD HAS DIRECTED A COMMITTEE OF INDEPENDENT, CONFLICT-FREE BOARD MEMBERS TO DEVOTE THEIR TIME AND ATTENTION TO THE OVERSIGHT OF SENTARA HEALTH'S EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS. THE COMPENSATION COMMITTEE CONSISTS OF PROFESSIONAL, EXPERIENCED, AND DEDICATED BOARD MEMBERS WHO TAKE THIS RESPONSIBILITY VERY SERIOUSLY. THE COMPENSATION COMMITTEE FOLLOWS GOVERNANCE BEST PRACTICES IN THE REVIEW AND APPROVAL OF EXECUTIVE COMPENSATION. THE COMPENSATION COMMITTEE IS ASSISTED BY OUTSIDE ADVISORS WHO ARE ENGAGED BY THE COMMITTEE.</p>

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, LINES 4A-B	<p>LOUIS PATALANO, IV RECEIVED \$1,103,191 IN COMPENSATION RELATED TO HIS SEPARATION FROM SERVICE. THIS AMOUNT HAS BEEN INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II. HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND HAS ATTAINED NORMAL RETIREMENT AGE UNDER THE PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE SENTARA HEALTH'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS. THE PLAN IS A DEFINED BENEFIT ARRANGEMENT UNDER WHICH MEMBERS ACCRUE AN ANNUAL FORMULA-BASED BENEFIT DURING EACH YEAR OF COVERED EMPLOYMENT, WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE FOR FEDERAL INCOME TAX PURPOSES UNTIL THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION OR UPON DEATH. FICA AND FUTA TAXATION OF PORTIONS OF THE ACCRUED BENEFIT MAY OCCUR EARLIER THAN FEDERAL INCOME TAXATION IN ACCORDANCE WITH APPLICABLE LAW. DISTRIBUTION OF PLAN BENEFITS MAY OCCUR AT THE DATE OF APPLICABLE TAXATION (TO THE EXTENT REQUIRED TO COVER APPLICABLE TAXES) AND IN ACCORDANCE WITH THE PARTICIPANT'S ELECTED INSTALLMENT DISTRIBUTION SCHEDULE FOLLOWING TERMINATION OF EMPLOYMENT, SUBJECT TO ADHERENCE WITH THE NON-COMPETE RESTRICTIONS. IN THE CURRENT YEAR, MR. KERN WAS EMPLOYED AND ACTIVELY ACCRUING PLAN BENEFITS IN ACCORDANCE WITH THE PLAN'S TERMS. MR. KERN WAS SUBJECT TO FICA AND FUTA TAXATION ON HIS ACCRUED PLAN BENEFITS IN 2022 AND RECEIVED TAXABLE PLAN DISTRIBUTIONS OF \$181,970 TO COVER APPLICABLE TAXES FOR 2022. HOWARD KERN, ROBERT BROERMANN, MICHAEL GENTRY, MEGAN PERRY, AUBREY LANE, AND EARL BARNES PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN. THE CAPITAL ACCUMULATION PLAN IS A NONQUALIFIED DEFERRED COMPENSATION PROGRAM. SUCH PLANS ARE COMMONLY OFFERED TO NOT-FOR-PROFIT HEALTH CARE EXECUTIVES TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO SUPPLEMENT LIMITATIONS IN QUALIFIED PLANS. PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTH'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 2022, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN (\$202,592); MICHAEL GENTRY (\$172,528); HOWARD KERN (\$812,849); AND MEGAN PERRY (\$127,468). THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II.</p>

Additional Data

Software ID:
Software Version:
EIN: 54-1346393
Name: MPB INC

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1 HOWARD P KERN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	2,184,653	2,627,694	5,356,446	-331,126	20,268	9,857,935	2,438,903
1 MICHAEL V GENTRY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,135,214	943,662	1,400,508	-71,826	31,611	3,439,169	904,144
2 ROBERT A BROERMANN DIRECTOR/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	1,136,501	969,392	295,536	-115,045	28,777	2,315,161	0
3 AUBREY L LAYNE PRESIDENT & CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	983,672	304,056	48,044	129,540	10,508	1,475,820	0
4 LOUIS PATALANO IV FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,103,191	-17,502	1,206	1,086,895	0
5 MEGAN R PERRY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	687,067	542,372	208,572	-388,488	30,588	1,080,111	0
6 EARL J BARNES II SECRETARY (EFF 6/22)	(i)	0	0	0	0	0	0	0
	(ii)	339,835	116,099	46,603	62,617	11,257	576,411	0
7 KURT HOFELICH FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	422,863	146,579	17,872	-295,107	33,763	325,970	0
8 SAMUEL J HAWLEY ASST SECRETARY (THROUGH 6/22)	(i)	0	0	0	0	0	0	0
	(ii)	100,573	37,816	90,719	-51,443	9,973	187,638	50,475

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
MPB INC

Employer identification number

54-1346393

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A: FORM 1096:	SENTARA HEALTH, 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 HEALTH 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 HAD ONE CLASS OF STOCK, THE SOLE SHAREHOLDER BEING SENTARA ENTERPRISES, 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 SHAREHOLDER, SENTARA ENTERPRISES, A VIRGINIA NON-STOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE SHAREHOLDER, SENTARA ENTERPRISES, A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT ENTITY, 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 CAPITAL EXPENDITURE EXCEEDING \$100,000; APPROVE ALL BORROWING OR INDEBTEDNESS WHICH IN ANY ONE TRANSACTION OR RELATED SERIES OF TRANSACTIONS EXCEEDS \$100,000; 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; 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 ENTERPRISES; APPROVE ANY SIGNIFICANT CHANGE IN THE SCOPE OF SERVICES OR PROGRAMS PROVIDED BY THE ORGANIZATION; AND ADOPT OR CHANGE THE MISSION STATEMENT, PURPOSES OR STRATEGIC GOALS OF THE ORGANIZATION.

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 HEALTH, 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 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, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<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 ORGANIZATION IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, 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 ORGANIZATION PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES. THE COMPENSATION COMMITTEE, WHICH CONSISTS OF INDEPENDENT BOARD MEMBERS WITHOUT CONFLICTS OF INTEREST, 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 ORGANIZATION'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM PUBLISHED SURVEY SOURCES BASED ON EACH 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 EVERY YEAR. THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 28 NOT-FOR-PROFIT HEALTHCARE SYSTEMS, AND 36 INDEPENDENT AND INTEGRATED DELIVERY SYSTEM-OWNED HEALTH PLANS 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 ORGANIZATION'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 MEETINGS AND THEN CIRCULATED FOR REVIEW AND APPROVAL. ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF INDEPENDENT BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS. THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT/CHAIRMAN, SECRETARY, AND TREASURER; WHO ALSO SERVED AS SENIOR VICE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT AND CHIEF OF STAFF, CORPORATE VICE PRESIDENT AND CLO, 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 HEALTH 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:	BOARD MEMBERS ARE ELECTED ANNUALLY BY SENTARA ENTERPRISES, A VIRGINIA NONSTOCK CORPORATION. THE BOARD MEMBERS OF SENTARA ENTERPRISES ARE ELECTED ANNUALLY BY ITS SOLE MEMBER, SENTARA HEALTH, A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM. SENTARA HEALTH'S GOVERNING BOARD IS A COMMUNITY-BASED BOARD COMPRISED OF 16 VOTING MEMBERS, 15 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	BOOK RECLASS OF INTERCOMPANY ACCOUNT BALANCES TO EQUITY 84,235,989.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**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
MPB INC

Employer identification number

54-1346393

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) OPACC I LLC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 39-2021431	RE RENTAL	VA	1,617,328	9,733,444	MPB INC
(2) PORT WARWICK II LLC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 20-2739075	RE RENTAL	VA	1,513,358	9,948,908	MPB INC
(3) PORT WARWICK III LLC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 61-1499371	RE RENTAL	VA	1,245,467	9,441,663	MPB INC

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.

(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
See Additional Data Table							

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.

(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	
See Additional Data Table												

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

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

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

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

	Yes	No
1 During the tax year, did the 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)		No
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)	Yes	
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)		No
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)		No
s Other transfer of cash or property from related organization(s)		No

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

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: 54-1346393
Name: MPB INC

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
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1801459	HLTH/WELFARE	VA	501(C)(3)	LINE 7	HALIFAX REGIONAL HOSPITAL	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 52-1271901	HEALTHCARE	VA	501(C)(3)	LINE 7	N/A		No
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 27-3208969	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1547408	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1217184	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1917649	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTH		No
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1217183	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1283337	HMO	VA	501(C)(3)	LINE 12A, I	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-0853898	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-0506331	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 30-0041113	FUNDRAISING FOR SUPPORTED ORG	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-0261840	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 82-3623430	SUPPORTS MCAID HMO	NC	501(C)(3)	LINE 12A, I	SENTARA HEALTH	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
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 84-2066617	MEDICARE HMO	NC	501(C)(4)	LINE 12A, I	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1760974	MEDICAID HMO	VA	501(C)(3)	LINE 10	SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 85-1043564	SOCIAL WELFARE	NC	501(C)(4)		SENTARA HEALTH	Yes	
1300 SENTARA PARK VIRGINIA BEACH, VA 23464 86-3471400	SOCIAL WELFARE	VA	501(C)(4)		SENTARA HEALTH	Yes	
925 DOWNSHIRE CHASE VIRGINIA BEACH, VA 23452 86-3515192	POLITICAL	VA	527		SENTARA COMMUNITY HEALTH AND WELLNESS INITIATIVE		No
PO BOX 749 GAINSVILLE, FL 32627 59-2742907	MEDICARE HMO	FL	501(C)(4)		SENTARA HOLDINGS FLORIDA LLC	Yes	

(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	
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE STE H CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	N/A					No			No	
OBICI REAL ESTATE HOLDINGS LLC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 26-1749881	RE RENTAL	VA	N/A					No			No	
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	N/A					No			No	
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	N/A					No			No	
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	N/A					No			No	
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	N/A					No			No	
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE H CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	N/A					No			No	
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	N/A					No			No	
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTH CARE	VA	N/A					No			No	
CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	N/A					No			No	
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	N/A					No			No	
MNS SUPPLY CHAIN NETWORK LLC 290 E JOHN CARPENTER FREEWAY IRVING, TX 75062 45-4235238	GPO	DE	N/A					No			No	
LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBIDGE, VA 22192 45-5347932	HEALTH CARE	VA	N/A					No			No	
CAHABA PARTNERS CORE FIXED INCOME FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4618533	POOLED INV FD	DE	N/A				Yes				No	
CAHABA PARTNERS PUBLIC INFLATION HEDGES FD C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4601867	POOLED INV FD	DE	N/A				Yes				No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LEIGH ORTHOPEDIC SURGERY CENTER LLC 830 KEMPSVILLE ROAD NORFOLK, VA 23502 83-2402528	HEALTH CARE	VA	N/A					No			No	
SURGICAL SUITES OF COASTAL VIRGINIA LLC 400 SENTARA CIRCLE WILLIAMSBURG, VA 23188 83-3205375	HEALTH CARE	VA	N/A					No			No	
PORT WARWICK SURGERY CENTER LLC 1031 LOFTIS BOULEVARD NEWPORT NEWS, VA 23606 83-2749039	HEALTH CARE	VA	N/A					No			No	
CAHABA PARTNERS EQUITY PLUS FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 61-1865746	POOLED INV FD	DE	N/A				Yes				No	
CAHABA PARTNERS TACTICAL EQUITY FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 37-1939267	POOLED INV FD	DE	N/A				Yes				No	
HA INTL EQUITY CEF FD CL-A C/O BNY MELLON TRUST 4005 KENNET PI GREENVILLE, DE 19807 84-5176311	POOLED INV FD	DE	N/A				Yes				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
SENTARA HOLDINGS INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH ADMINISTRATION INC (FORMERLY SENTARA HEALTH PLANS INC) 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 52-2368125	TPA	VA	N/A	C				Yes	
OPTIMA HEALTH GROUP 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1473382	HMO	VA	N/A	C				Yes	
SENTARA HEALTH INSURANCE COMPANY (FORMERLY OPTIMA HEALTH INSURANCE COMPANY) 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
SENTARA BEHAVIORAL HEALTH SERVICES (FKA OPTIMA BEHAVIORAL HEALTH SERVICES) 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
SENTARA VENTURES INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH INSURANCE CO OF NC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
SENTARA HEALTH PLANS OF NC INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 46-5510421	TPA	NC	N/A	C				Yes	
MANAGED CARE SERVICES INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C				Yes	
SENTARA SOUTHSIDE HEALTH SERVICES INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
SMG INNOVATIONS INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
POTOMAC VENTURES CORP 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1441420	HOLDING COMPANY	VA	N/A	C				Yes	
ROCKINGHAM HEALTH SERVICES INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	OTHER INSURANCE FUNDS	CJ	N/A	C				Yes	
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	
THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 1300 SENTARA PARK VIRGINIA BEACH, VA 23464 56-2295574	BUILDING ASSOCIATION	VA	N/A	C				Yes	
MEDSTREAMING EGYPT SOFTWARE 5A-ELNASRROADDELTA BUILDING8TH FL CAIRO EG	CONSULTING	EG	N/A	C				Yes	
CAHABA PARTNERS TOTAL RETURN FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	POOLED INV FD	CJ	N/A	C					No
FIVOS INC 8 COMMERCE AVE WEST LEBANON, NH 03784 45-1573625	HEALTHCARE IT	DE	N/A	C				Yes	
MEDICAL METRX HOLDING INC 8 COMMERCE AVE WEST LEBANON, NH 03784 20-4195631	HOLDING COMPANY	DE	N/A	C				Yes	
M2S INC 8 COMMERCE AVE WEST LEBANON, NH 03784 13-3978513	DATA COLLECTION/AGGREGATION	DE	N/A	C				Yes	
AVMED ADMINISTRATORS INC PO BOX 749 GAINSVILLE, FL 32627 84-2931956	TPA SERVICES	FL	N/A	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC	A	87,645	CORP BOOK/REC
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC	G	115,935	CORP BOOK/REC
HALIFAX REGIONAL HOSPITAL INC	B	302,506	CORP BOOK/REC
HALIFAX REGIONAL HOSPITAL INC	C	554,491	CORP BOOK/REC
MARTHA JEFFERSON HOSPITAL	A	4,416,420	CORP BOOK/REC
MARTHA JEFFERSON HOSPITAL	B	3,019,536	CORP BOOK/REC
LEIGH ORTHOPEDIC SURGERY CENTER LLC	A	681,749	CORP BOOK/REC
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM	A	1,034,653	CORP BOOK/REC
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM	B	378,325	CORP BOOK/REC
PORT WARWICK SURGERY CENTER LLC	A	473,092	CORP BOOK/REC
PRINCESS ANNE AMBULATORY SURGERY MGT LLC	A	530,311	CORP BOOK/REC
SURGICAL SUITES OF COASTAL VIRGINIA LLC	A	685,930	CORP BOOK/REC
SENTARA ENTERPRISES	A	19,977	CORP BOOK/REC
SENTARA HALIFAX REGIONAL PROPERTIES INC	B	586,068	CORP BOOK/REC
SENTARA HALIFAX REGIONAL PROPERTIES INC	C	386,922	CORP BOOK/REC
SENTARA HALIFAX REGIONAL PROPERTIES INC	Q	137,660	CORP BOOK/REC
SENTARA HEALTH ADMINISTRATION INC	A	1,816,211	CORP BOOK/REC
SENTARA HOSPITALS	A	32,225,820	CORP BOOK/REC
SENTARA HOSPITALS	B	64,785,171	CORP BOOK/REC
SENTARA HOSPITALS	C	48,324,831	CORP BOOK/REC
SENTARA HOSPITALS	K	343,939	CORP BOOK/REC
SENTARA LIFE CARE CORPORATION	A	108,281	CORP BOOK/REC
SENTARA LIFE CARE CORPORATION	B	74,039	CORP BOOK/REC
SENTARA MEDICAL GROUP	A	3,887,271	CORP BOOK/REC
SENTARA MEDICAL GROUP	B	2,721,373	CORP BOOK/REC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SENTARA PRINCESS ANNE HOSPITAL	A	2,358,751	CORP BOOK/REC
SENTARA RMH MEDICAL CENTER	A	5,313,500	CORP BOOK/REC
SENTARA RMH MEDICAL CENTER	B	3,965,634	CORP BOOK/REC
SMG INNOVATIONS INC	A	373,187	CORP BOOK/REC