See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SENTARA HEALTHCARE

Doing Business As

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

City or town, state or country, and ZIP + 4
NORFOLK, VA 23502

D Employer identification number
52-1271901

E Telephone number
(757) 455-7020

G Gross receipts $ 1,027,022,443

F Name and address of principal officer
DAVID L BERND
6015 POPLAR HALL DRIVE
NORFOLK, VA 23502

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SENTARA COM

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

L Year of formation 1982

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE IMPROVE HEALTH EVERY DAY THROUGH coordinatING, promotING and planNING for the provision of health services AND the promotion of health, medical education, and the social, cultural, educational, and economic development of the community

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of employees (Part V, line 2a)	**5**	519
6	Total number of volunteers (estimate if necessary)	**6**	62
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,203,983
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	593,217

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	34,121,648	35,320,786
	9 Program service revenue (Part VIII, line 2g)	38,992,414	44,182,503
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,880,637	8,357,771
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,798,632	1,840,316
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,793,331	89,701,376
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,187,295	1,058,426
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,549,466	48,640,049
	16a Professional fundraising fees (Part IX, column (A), line 11e)	31,571	60,455
	b Total fundraising expenses (Part IX, column (D), line 25) ▶563,827		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	15,299,036	19,820,061
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,067,368	69,578,991
	19 Revenue less expenses Subtract line 18 from line 12	76,725,963	20,122,385

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,269,555,964	1,524,102,388
	21 Total liabilities (Part X, line 26)	1,152,496,075	1,051,689,287
	22 Net assets or fund balances Subtract line 21 from line 20	117,059,889	472,413,101

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: 2010-11-11

▶ ROBERT BROERMANN SR VP/CFO/TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

WE IMPROVE HEALTH EVERY DAY THROUGH coordinatING, promotING and planNING for the provision of health services AND the promotion of health, medical education, and the social, cultural, educational, and economic development of the community

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 56,339,833 including grants of $ 1,058,426) (Revenue $ 41,941,133)

Sentara Healthcare is the parent corporation of an integrated health care delivery system which provides services to more than two million Hampton Roads residents and 370,000 residents of northern Virginia Sentara's mission is to provide patients with innovative services to treat illness and disease and to promote the improvement of their personal health "Modern Healthcare" magazine has consistently ranked Sentara Healthcare as one of the nation's top ten integrated healthcare organizations SEE SCHEDULE O FOR A DESCRIPTION OF PROGRAMS AND ACCOMPLISHMENTS OF THE SENTARA HEALTHCARE SYSTEM FOR 2009

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** ▶ $ 56,339,833

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	114		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	519		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		No
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		No
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	20		
b	Enter the number of voting members that are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CORPORATE OFFICERS
6015 POPLAR HALL DR
NORFOLK, VA 23502
(757) 455-7020

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	15,071,545	2,985,693	5,406,150

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 79

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NAVIGANT CONSULTING INC 4511 PAYSPHERE CIRCLE CHICAGO, IL 60674	PROFESSIONAL SVCS	593,330
MCCANDLISH HOLTON PC PO BOX 796 RICHMOND, VA 23218	PROFESSIONAL SVCS	436,338
KPMG LLP PO BOX 120001 DALLAS, TX 75312	PROFESSIONAL SVCS	865,701
ERNST AND YOUNG LLP PO BOX 828135 PHILADELPHIA, PA 191828135	PROFESSIONAL SVCS	474,649
ALIQUANT CORPORATION 440 WHEELERS FARM ROAD MILFORD, CT 06460	PROFESSIONAL SVCS	500,013
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 30		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	35,039,784			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	281,002			
	g	Noncash contributions included in lines 1a-1f $ 2,050					
	h	**Total.** Add lines 1a-1f		35,320,786			
Program Service Revenue			Business Code				
	2a	SUPPORT SERVICES	900,099	44,182,503	42,638,650	1,543,853	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		44,182,503			
	3	Investment income (including dividends, interest and other similar amounts)		28,278,663			28,278,663
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	913,043,179	4,356,996			
	b	Less cost or other basis and sales expenses	936,030,155	1,290,912			
	c	Gain or (loss)	-22,986,976	3,066,084			
	d	Net gain or (loss)		-19,920,892			-19,920,892
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	SUBPART F INCOME	524,298	1,060,757		686,353	374,404
	b	DEEMED DISTR FR CFC	524,298	442,542			442,542
	c	DEEMED DISTR FR CFC	524,298	1,060,757			1,060,757
	d	All other revenue		-723,740	-697,517	-26,223	
	e	**Total.** Add lines 11a–11d		1,840,316			
	12	**Total revenue.** See Instructions		89,701,376	41,941,133	2,203,983	10,235,474

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	855,685	855,685		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	202,741	202,741		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	15,941,493	12,912,609	3,028,884	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	642,650	520,546	122,104	
7 Other salaries and wages	27,631,851	22,202,911	5,208,090	220,850
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,846,033	2,298,924	539,254	7,855
9 Other employee benefits	-971,236	-790,380	-185,398	4,542
10 Payroll taxes	2,549,258	2,051,698	481,263	16,297
11 Fees for services (non-employees)				
a Management	1,330,506	1,077,710	252,796	
b Legal	1,358,331	1,100,248	258,083	
c Accounting	579,238	469,183	110,055	
d Lobbying	124,015	100,452	23,563	
e Professional fundraising *See Part IV, line 17*	60,455			60,455
f Investment management fees	4,514,701	3,656,908	857,793	
g Other	3,250,781	2,815,878	368,603	66,300
12 Advertising and promotion	3,594,112	2,875,915	674,597	43,600
13 Office expenses	2,605,564	2,079,979	487,896	37,689
14 Information technology	429,720	348,073	81,647	
15 Royalties	0			
16 Occupancy	900,228	729,185	171,043	
17 Travel	278,291	225,416	52,875	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	50,879	41,212	9,667	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	512,665	414,734	97,283	648
23 Insurance	-2,104,372	-1,704,541	-399,831	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UNRELATED BUSINESS INCOME TAX	683,958	554,006	129,952	
b PURCHASED AND CONTRACTED SVCS	1,597,776	1,218,238	285,759	93,779
c OTHER TAXES & LICENSES	169,527	137,317	32,210	
d ORGANIZATION DUES	661,787	536,047	125,740	
e BAD DEBT PROVISION	150,814	122,159	28,655	
f All other expenses	-868,460	-713,020	-167,252	11,812
25 **Total functional expenses.** Add lines 1 through 24f	69,578,991	56,339,833	12,675,331	563,827
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		158,795,985	2	321,647,852
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		1,026,771	4	411,700
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		4,000,301	9	5,069,965
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 17,808,081			
	b	Less accumulated depreciation	10b 13,790,581	4,380,714	10c	4,017,500
	11	Investments—publicly traded securities		749,432,010	11	878,858,820
	12	Investments—other securities See Part IV, line 11		88,567,752	12	71,233,310
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		263,352,431	15	242,863,241
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,269,555,964	16	1,524,102,388
Liabilities	17	Accounts payable and accrued expenses		102,677,743	17	126,470,840
	18	Grants payable		540,000	18	170,000
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		424,810,000	20	545,440,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		123,800,000	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		500,668,332	25	379,608,447
	26	**Total liabilities.** Add lines 17 through 25		1,152,496,075	26	1,051,689,287
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		115,473,202	27	470,905,559
	28	Temporarily restricted net assets		1,586,687	28	1,507,542
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		117,059,889	33	472,413,101
	34	Total liabilities and net assets/fund balances		1,269,555,964	34	1,524,102,388

Part XI Financial Statements and Reporting

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	22,306,072	27,910,653	27,010,949	34,121,648	35,320,786	146,670,108
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	22,306,072	27,910,653	27,010,949	34,121,648	35,320,786	146,670,108
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)						106,129,788
6 **Public Support.** Subtract line 5 from line 4						40,540,320

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	22,306,072	17,785,581	27,010,949	34,121,648	35,320,786	146,670,108
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,428,210	17,785,581	23,007,467	60,262,969	29,713,824	141,198,051
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,505,106	1,050,717	1,148,721	1,379,382	391,523	5,475,449
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						0
11 **Total support** (Add lines 7 through 10)						293,343,608

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 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	13 820 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	16 940 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☑

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

Part II, Line 17a--The organization meets the facts and circumstances test under Temp Reg Sec 1 170A-9(T)(f)(3) as follows (i) The organization normally receives at least 10% of its total support from governmental units, from contributions made directly or indirectly by the general public, or from a combination of these sources In 2009, the organization received 13 8% of its total support from such sources (ii) The organization is so organized and operated as to attract new and additional public and/or governmental support on a continuous basis by maintaining a continuous and bona fide program for solicitation of funds from the general public and the community and by carrying on activities designed to attract support from its wholly-owned hospital organizations described in section 170(b)(1)(A)(iii) The Sentara Foundation, a division of the organization, is actively involved in the solicitation of funds from the general public and the community, in support of the organization's exempt purpose of coordinating, promoting and planning for the provision of health services, and the promotion of health, medical education, and the social, cultural, educational, and economic development of the community (iii) The organization is in the nature of an organization that is publicly supported, taking into account all relevant facts and circumstances, including the factors which are described below --The governing body of the organization represents the broad interests of the public It is a community-based board comprised of 20 voting members, 18 of which are considered independent, as defined in the Form 990 instructions In order to serve on the governing body, individuals must demonstrate a commitment to the improvement and development of the health and welfare of the Commonwealth of Virginia and a willingness to learn about the health care environment and the issues confronting the organization Care is taken to balance various personalities, qualifications and professions to provide a socially as well as professionally forceful and dynamic governing body --Through its 501(c)(3) wholly-owned subsidiaries, the organization provides health care facilities and services directly for the benefit of the general public on a continuing basis Such facilities and services include eight acute care hospitals, nine outpatient care facilities, seven nursing facilities, three assisted living facilities, a PACE program, a senior adult health care center, nine advanced imaging centers, and 380 primary care and multi-specialty physicians The organization also offers a full range of award-winning health coverage plans, home health and hospice services, physical therapy and rehabilitation services, urgent care facilities, ground medical transport services, and mobile diagnostic vans -- Its 501(c)(3) wholly-owned subsidiaries, which provide the community health care facilities and services described above, are the primary sources of public support for the organization

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

A Check ☐ if the filing organization belongs to an affiliated group

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		74,262
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV	Yes		124,015
j	Total lines 1c through 1i			198,277
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?		No	

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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	70,232,826	70,961,613			
b Contributions	1,592,765	4,830,492			
c Investment earnings or losses	6,496,683	-5,043,974			
d Grants or scholarships	202,741	200,000			
e Other expenditures for facilities and programs	218,105	315,305			
f Administrative expenses					
g End of year balance	77,901,428	70,232,826			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 98 060 % %
- b Permanent endowment ▶ %
- c Term endowment ▶ 1 940 % %

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,493,820		2,493,820
b Buildings		3,852,108	3,440,465	411,643
c Leasehold improvements		162,873	142,088	20,785
d Equipment		10,839,989	9,876,733	963,256
e Other		459,291	331,295	127,996
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,017,500

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
CADOGAN	15,147,000	F
POINTER OFFSHORE	15,958,440	F
SANTE HEALTH VENTURES	729,750	F
HEALTH ENTERPRISES	863,276	F
OAKTREE REAL ESTATE FD	52,541,118	F
GOLDMAN SACHS ALT	919,125	F
OCM FUND II	4,492,259	F
AUSTIN CAPITAL	1,538,400	F
CHASE MULTI STRATEGY	20,053,692	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER LONG TERM ASSETS	20,016,241
OTHER ASSETS	8,500
INVESTMENTS IN AFFILIATES	50,000
DUE FROM AFFILIATES	220,682,267
BOND ISSUANCE COSTS, NET	2,106,233
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	242,863,241

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	470,591
OTHER LT LIABILITIES	141,846,807
OTHER CURRENT LIABILITIES	41,748,829
DUE TO AFFILIATES	195,542,220
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	379,608,447

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The board designated endowment fund is set aside for the Sentara Foundation's use The Foundation assists the community with filling the health care gaps, developing new programs, and building consensus around current health issues In 2009, the Foundation awarded $574,000 in grants to 501(c)(3) organizations within the community The temporarily restricted endowment funds are used predominantly for Education & Research, Heart funds and Sentara's Hope Fund, which is an emergency financial resource for Sentara employees that are experiencing catastrophic hardship or loss through no fault of their own

Additional Data

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

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

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
CADOGAN	15,147,000	F
POINTER OFFSHORE	15,958,440	F
SANTE HEALTH VENTURES	729,750	F
HEALTH ENTERPRISES	863,276	F
OAKTREE REAL ESTATE FD	52,541,118	F
GOLDMAN SACHS ALT	919,125	F
OCM FUND II	4,492,259	F
AUSTIN CAPITAL	1,538,400	F
CHASE MULTI STRATEGY	20,053,692	F

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Schedule F-1 (Form 990) if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Additional Supplemental Information		PART I LINE 3, CENTRAL AMERICA AND THE CARIBBEAN, UNRELATED TRADE OR BUSINESS - The organization owns Bay Primex Insurance Company, Ltd , a captive insurance company whose sole activity is the reinsurance, on a facultative basis, of the claims-made professional and managed care liability insurance policies, and the occurrence-based general liability policy issued by Lexington Insurance Company to the organization and its related entities Coverage includes the employees of the organization, its controlled subsidiaries, its affiliated joint ventures, certain physicians on the medical staff of its related facilities, and some non-employed physicians Provision of insurance to non-employed physicians is considered an unrelated trade or business and is reported as such on Form 990 Part VIII line 11

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶				1,101,400	60,455	1,040,945

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

VA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 36

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
UTILITIES	189	62,732			
TEMPORARY LODGING	1	648			
STRUCTURE REPAIR	1	1,000			
RENT	115	93,845			
MORTGAGE PAYMENTS	40	39,521			
HOUSEHOLD ITEMS	5	2,795			
FOOD	22	2,200			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The Sentara Health Foundation, a division of the organization, is responsible for awarding and monitoring the use of grant and sponsorship funds donated to other organizations in the community who share the same mission as the organization IMPROVING HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY Community Recognition Grants are awarded annually by the Foundation's Grant Committee to other 501(c)(3) organizations within the community after a rigorous application and review process Once awarded, the grants are distributed the following year in two payments - at the beginning of the year, then after an interim report has been filed with the Foundation The interim report must include the grant objectives, any changes in status of the organization's 501(c)(3) status, details of the grant outcomes to date and compliance with submitted financial budget Grantees are required to submit with the report a detailed listing of measurements including the number of people served, genders, age ranges, and income levels Further, a plan of program sustainability must be completed to promote the initiative's goals for the future Community Benefit Sponsorships are awarded quarterly based on the recommendation of the Foundation's Sponsorship Review Committee Applicants must submit a proposal in writing demonstrating how funds will be used to improve the health status of the community Sponsorships are generally awarded to other 501(c)(3) organizations with active community boards who oversee the expenditure of such funds THE SENTARA HEALTH FOUNDATION ALSO ADMINISTERS The H O P E (Helping Overcome Personal Emergency) Fund, a program for employees of the Sentara Healthcare system who are in need of emergency assistance This program is funded by DONATIONS FROM employees and managed by The Planning Council, a human services agency used to process all H O P E Fund applications to maintain confidentiality Employees who experience catastrophic events through no fault of their own such as fire, death in the family, flooding, hurricane, tornado, current personal illness or serious personal family illness that result in hardship may apply for assistance Applicants must complete an Employee Assistance Program consent form and a 3-page application form Applicants submit these forms along with their latest pay stub, copies of the bills being submitted for payment, and official documentation of the catastrophic event The Planning Council then interviews the applicant and determines if the guidelines are met for assistance IN THE EVENT OF A NATURAL DISASTER, APPLICANTS MUST FIRST APPLY TO OTHER EMERGENCY ASSISTANCE PROGRAMS, SUCH AS THE AMERICAN RED CROSS, SALVATION ARMY, OR F E M A , BEFORE BECOMING ELIGIBLE FOR ASSISTANCE FROM THE H O P E FUND A REVIEW COMMITTEE EVALUATES EACH APPLICATION AND DETERMINES ASSISTANCE LEVELS BASED ON DOCUMENTED,APPROPRIATE NEED FUNDS MAY ONLY BE USED TO PAY EXISTING BILLS OR ANTICIPATED EXTRAORDINARY EXPENSES RELATED TO A CATASTROPHIC EVENT BILLS THAT ARE NOT NECESSARY FOR THE PRESERVATION OF DAILY LIVING, INCLUDING NON-ESSENTIAL UTILITIES (I E , WIRELESS PHONES, CABLE TV, ETC), ARE NOT COVERED PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS RATHER THAN TO INDIVIDUAL RECIPIENTS FUNDS ARE ONLY DISTRIBUTED PROVIDED ADEQUATE EMPLOYEE DONATIONS HAVE BEEN MADE BY EMPLOYEES FOR EMPLOYEES ASSISTANCE IS PROVIDED AS THE AVAILABILITY OF FUNDS PERMIT, DECISIONS ARE MADE IN THE ORDER IN WHICH COMPLETED APPLICATIONS REQUESTS ARE RECEIVED ASSISTANCE FOR AN INDIVIDUAL EMPLOYEE IS LIMITED TO ONCE PER 12-MONTH PERIOD AND MAY NOT EXCEED $1,000 DURING 2009, 202 INDIVIDUAL EMPLOYEES WERE ASSISTED BY THE HOPE FUND

Additional Data

Return to Form

Software ID: 09000047
Software Version: 2009v1.3
EIN: 52-1271901
Name: SENTARA HEALTHCARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VA SUPPORTIVE HOUSING P O Box 8585 RICHMOND,VA 23226	54-1444564	501(C)(3)	30,000	0			RESIDENT ACHIEVEMENT PROGRAM
VA BEACH EVENTS UNLIMITED265 KINGS GRANT RD STE 102 VIRGINIA BEACH,VA 23452	52-1372330	501(C)(3)	25,000	0			NEPTUNE FESTIVAL
UP CENTER222 W 19TH ST NORFOLK,VA 23517	54-0674774	501(C)(3)	10,000	0			MENTORING PRG FOR AT RISK YOUTH
UNITED WAY OF THE VA PENINSULA739 Thimble Shoals Blvd Suite 400 NEWPORT NEWS,VA 23606	54-0535602	501(C)(3)	7,000	0			SPONSORSHIP
UNITED WAY OF SOUTH HAMPTON ROADS2515 WALMER ROAD PO BOX 41069 NORFOLK,VA 23513	54-0506322	501(C)(3)	15,800	0			SPONSORSHIP
UNITED WAY GREATER WILLIAMSBURG312 Waller Mill Road Suite 100 WILLIAMSBURG,VA 23185	54-0844073	501(C)(3)	5,300	0			SPONSORSHIP
UNION MISSION MINISTRIESP O Box 3203 NORFOLK,VA 23514	54-0506427	501(C)(3)	31,551	0			HEALTHCARE TO HOMELESS
TIDEWATER PASTORAL COUNSELING7305 B HAMPTON BLVD NORFOLK,VA 23505	54-1025282	501(C)(3)	15,000	0			MENTAL HEALTH COUNSELING
SETON YOUTH SHELTERS 3333 Virginia Beach Blvd STE 28 VIRGINIA BEACH,VA 23452	54-1250483	501(C)(3)	15,000	0			HIGH-RISK TEEN MENTAL HEALTHCARE
RESOURCE MOTHERS2410 WICKHAM AVE NEWPORT NEWS,VA 23607	23-7014485	501(C)(3)	20,000	0			TEEN PREGNANCY MENTORING PRG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POTOMAC HOSPITAL FOUNDATION2300 OPITZ BLVD WOODBRIDGE,VA 22191	52-1340920	501(C)(3)	7,500	0			SPONSORSHIP
PORTSMOUTH COMMUNITY HEALTH CENTER INC664 Lincoln St PORTSMOUTH,VA 23704	54-1626757	501(C)(3)	50,000	0			HEALTHCARE ACCESS FOR INDIGENTS
PENINSULA INST FR COMMUNITY HLTH1033 28TH ST NEWPORT NEWS,VA 23607	54-1083954	501(C)(3)	125,000	0			HEALTHCARE ACCESS FOR INDIGENTS
PENINSULA COMMUNITY FOUNDATION11742 JEFFERSON AVE STE 350 NEWPORT NEWS,VA 23606	54-2057957	501(C)(3)	6,000	0			BEST FOOT FORWARD 8K
PENINSULA AGENCY ON AGING739 Thimble Shoals Blvd Ste 1006 NEWPORT NEWS,VA 23606	51-0151069	501(C)(3)	8,000	0			SENIOR OUTREACH TO SERVICES
ORAL HEALTH IMPROVEMENT COALITIONP O Box 41093 NORFOLK,VA 23541	20-1830252	501(C)(3)	10,000	0			IMPROVE DELIVERY OF DENTAL CARE
OLDE TOWN MEDICAL CTR 5249 OLDE TOWNE RD STE D WILLIAMSBURG,VA 23188	54-1663905	501(C)(3)	30,000	0			PEDIATRIC DENTIST FOR INIDIGENT
NATIONAL KIDNEY FOUNDATION1742 E PARHAM RD RICHMOND,VA 23228	54-1287606	501(C)(3)	6,000	0			KIDNEY WALK
MARY BUCKLEY FOUNDATION3901 Coverdale Circle VIRGINIA BEACH,VA 23452	20-3609232	501(C)(3)	5,750	0			TRAUMATIC BRAIN INJURY PROGRAM
MARCH OF DIMES860 GREENBRIER CIRCLE STE 502 CHEASPEAKE,VA 23320	13-1846366	501(C)(3)	25,000	0			MARCH FOR BABIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LACKEY FREE CLINIC1620 OLD WILLIAMSBURG RD YORKTOWN,VA 23690	54-1850915	501(C)(3)	15,000	0			HEALTHCARE FOR INDIGENTS
INTL BLACK WOMENS CONGRESS645 Church St Ste 200 NORFOLK,VA 23523	22-2587281	501(C)(3)	25,000	0			INTERVENTION FOR PREGNANT TEENS
H E L P INCP O Box 190 HAMPTON,VA 23669	54-1209213	501(C)(3)	15,000	0			PROVIDE FREE DENTAL CARE
GLOUCESTER-MATHEWS FREE CLINIC2276 GEORGE WASHINGTON MEM HWY HAYES,VA 23072	54-1875619	501(C)(3)	32,150	0			HEALTHCARE FOR INDIGENTS
FORKIDS INCP O Box 6044 NORFOLK,VA 23508	54-1477799	501(C)(3)	30,000	0			HEALTHCARE FOR HOMELESS SHELTER
CHIPHEALTH FAMILIES OF CHESAPEA1302 JEFFERSON ST CHESAPEAKE,VA 23324	54-1893166	501(C)(3)	14,000	0			PRENATAL SVCS FOR INDIGENT
CHESAPEAKE CARE INC 2145 S Military Hwy CHESAPEAKE,VA 23320	54-1642754	501(C)(3)	25,000	0			DENTAL PRGRM SUPPORT & SUPPLIES
CATHOLIC CHARITIES OF EASTERN VA5361 A VIRGINIA BEACH BLVD VIRGINIA BEACH,VA 23462	54-0505879	501(C)(3)	30,000	0			GUARDIANSHIP SVCS FOR INDIGENT
BEACH HEALTH CLINIC 3396 Holland Rd Ste 102 VIRGINIA BEACH,VA 23452	54-1366960	501(C)(3)	20,000	0			PHARMACY SVS FOR DONATED MEDICATIONS
AMERICAN RED CROSS611 W Brambleton Avenue NORFOLK,VA 23510	54-0505864	501(C)(3)	10,500	0			ADULT DENTAL CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION500 E PLUME ST STE 110 NORFOLK,VA 23510	13-5613797	501(C)(3)	15,000	0			HEART WALKS & GALAS
AMERICAN DIABETES ASSOC - SE DIV870 GREENBRIER CIR STE 404 CHESAPEAKE,VA 23320	13-1623888	501(C)(3)	17,500	0			STEP OUT WALK & DIABETES EDUCATION
AMERICAN CANCER SOCIETY4416 EXPRESSWAY DR VIRGINIA BEACH,VA 23452	58-0659875	501(C)(3)	17,000	0			RELAYS FOR LIFE
ALZHEIMERS ASSOCIATION6350 CENTER DR STE 102 NORFOLK,VA 23502	54-1204329	501(C)(3)	6,000	0			ALZHEIMER'S EDUCATION & WALK
ACCESS PARTNERSHIPP O Box 41093 NORFOLK,VA 23541	20-1830252	501(C)(3)	70,500	0			HEALTHCARE ACCESS TO UNDERINSURED
ACCESS COLLEGE FOUNDATION7300 NEWPORT AVE STE 500 NORFOLK,VA 23505	54-1440734	501(C)(3)	6,500	0			ACCESS Health Careers Project

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Sch J, Part I, Line 7	Part I, Line 7 Non-Fixed payments not listed above	During 2009, 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 Target and maximum opportunities vary by level Top Hat- Within the annual incentive program, executives and senior leaders may receive additional incentive pay to reward exceptional individual performance Long term incentive program - Executives and senior leaders are eligible for long-term incentive awards based on achieving system mission and strategic imperatives and values in the areas of financial performance, patient safety, clinical quality, and other key metrics over 3-year periods Award opportunities vary by level Prior to 2009, a new cycle began every other year Awards were made in two installments with the first payment occurring within 90 days of the end of the performance period and the second payment, equal to the first payment plus interest, paid one year later In 2009, the first payment associated with the 2006-2008 cycle was paid Effective in 2009, the plan design was changed so that a new 3-year cycle begins each year Ecare incentive - An incentive to the select individuals for their roles in the successful implementation and operation of Sentara's electronic medical care system Individual incentive levels vary by position
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	The indicated benefits are provided to certain senior executives of the organization as part of overall compensation packages and are considered in evaluating the reasonableness of compensation (see Form 990, Part VI, line 15, for a description of the process used to determine executive compensation) Charter travel provided to certain Board members and officers in connection with hospital site visits was 100% business related and did not generate any taxable compensation Companion travel and financial planning (i e , personal services) expenses paid by or on behalf of the organization's senior executives are treated as additional compensation and reported on Form W-2 as taxable wages Social club dues paid on behalf of the organization's senior executives are allocated between business and personal use, the personal use of which is treated as additional compensation and reported on Form W-2 as taxable wages In limited circumstances, housing allowances are provided for temporary housing in connection with recruitment or retention of executives or key employees and are treated as additional taxable compensation and reported on Form W-2 as taxable wages The organization also provides gross-up payments to senior executives on dental and medical premiums paid, thereby creating additional compensation which is reported on Form W-2 as taxable wages

Additional Data

Return to Form

Software ID: 09000047
Software Version: 2009v1.3
EIN: 52-1271901
Name: SENTARA HEALTHCARE

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
VIKKI LORENZ	(I) (II)	183,952	68,484	8,556	72,726	3,940	337,658	
VICKY GRAY	(I) (II)	294,579	217,828	22,673	199,367	25,375	759,822	
RODNEY F HOCHMAN MD	(I) (II)			498,003		9,326	507,329	498,003
ROBERT GRAVES	(I) (II)	270,486	164,606	173,595	134,119	21,841	764,647	29,513
ROBERT BROERMANN	(I) (II)	527,931	381,801	20,806	339,771	22,324	1,292,633	
MICHAEL V TAYLOR	(I) (II)	320,052	252,287	20,249	202,520	22,844	817,952	
MICHAEL GENTRY	(I) (II)	17,570 439,257	2,633 65,815	990 24,745	3,240 81,001	415 10,367	24,848 621,185	
MICHAEL DUDLEY SCHD O	(I) (II)	384,847	278,687	28,014	467,116	20,175	1,178,839	
MEGAN R PERRY	(I) (II)	225,048	77,817	210	86,509	19,538	409,122	
MARY BLUNT	(I) (II)	325,144	261,450	43,382	261,516	18,163	909,655	
MARK SZALWINSKI	(I) (II)	11,087 277,166	4,723 118,066	916 22,908	5,977 149,428	910 22,756	23,613 590,324	
LEO J DELEON	(I) (II)	173,379	60,318	1,197	56,375	18,160	309,429	
KENNETH M KRAKAUR	(I) (II)	411,562	301,066	141,391	205,880	28,319	1,088,218	
JEFFREY P KING	(I) (II)	142,975		20,077	10,063	11,350	184,465	
HOWARD P KERN	(I) (II)	657,048	593,842	33,586	676,222	18,825	1,979,523	
GRACE HINES	(I) (II)	211,021	90,091	22,029	127,293	14,792	465,226	
GARY YATES	(I) (II)	526,484	382,852	68,123	367,783	26,610	1,371,852	
GAIL HEAGEN	(I) (II)		42,232	178,197	96,477		316,906	
EDWARD L TORCOM	(I) (II)	171,637	63,008	149	30,434	14,365	279,593	
DOUGLAS THOMPSON	(I) (II)	202,975	162,260	96,787	102,425	23,615	588,062	
DOUGLAS JOHNSON MD	(I) (II)			1,012,949	29,624		1,042,573	1,012,949
DAVID L BERND	(I) (II)	971,152	1,026,160	3,216,467	931,334	21,327	6,166,440	2,680,431
BRUCE S ROBERTSON	(I) (II)	179,052	61,380	356	105,238	7,538	353,564	
BERTRAM S REESE	(I) (II)	328,952	321,346	87,198	238,303	26,708	1,002,507	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	EDA OF THE CITY OF NORFOLK	23-7253445		07-16-2003	53,100,000	FINANCING FOR FIXED ASSETS		X		X
B	EDA OF THE CITY OF SUFFOLK	54-1131047	86481QAA7	06-25-2008	156,615,000	REFUNDED BONDS ISSUED 10/06		X		X
C	EDA OF THE CITY OF NORFOLK	23-7253445	65588TAK5	03-18-2009	201,370,000	REFUNDED BONDS ISSUED 05/04		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	53,100,000	156,615,000	201,370,000		
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	156,615,000	156,615,000	200,125,000		
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,245,000		1,245,000		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	53,100,000				
8	Year of substantial completion	2003	2008	2009		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X		X				
2	Is the bond issue a variable rate issue?	X		X			X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X		X					
b	Name of provider	NA		CITIGROUP		CITIGROUP					
c	Term of hedge		10 0000		10 0000		29 8000				
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider	NA		NA		NA					
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
PATIENT FIRST CT LLC	SEE SCHED O		LOAN GUARANTEE-SEE SCHED O		No
OPACCI I LLC	SEE SCHED O	174,562	RENT EXPENSE		No
WILLCOX & SAVAGE	SEE SCHED O	196,397	LEGAL SERVICES		No
USI INSURANCE SERVICES	SEE SCHED O	2,140,139	INSURANCE SERVICES		No
ALLISON K KRAKAUR	SEE SCHED O	69,305	EMPLOYMENT		No
DIANA ROSS	SEE SCHED O	66,015	EMPLOYMENT		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The consolidated financial statements for Sentara Healthcare and Subsidiaries are 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
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	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 market comparables, adjusted as applied to each executive, taking into consideration the individual skills 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 Board members without conflicts of interests, engaged an outside consultant 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 the senior executive's functional responsibility In conducting the study, the consultant targeted other health systems of similar size based on net revenue, premiums, or members, where possible 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 two to three years, the organization's financial performance based on measures such as net revenue growth and operating margin was in the top quartile relative to the comparison group in the most recent study conducted in early 2008 The compensation study was discussed with the organization's Compensation Committee, which made its 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 from an external expert in the compensation 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 Board members without conflict of interests This process was used to establish compensation for the organization's CEO,COO/President, CFO/Treasurer, CIO and Senior Vice Presidents The process was last undertaken during 2009 for all positions listed
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	TRUSTEES, DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES SUBMIT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED THE ORGANIZATION'S LEGAL DEPARTMENT MONITORS TRANSACTIONS INVOLVING POTENTIAL CONFLICTS OF INTEREST, TO ENSURE THAT THEY ARE REASONABLE AND AT ARM'S LENGTH REPORTS ON SUCH TRANSACTIONS ARE MADE TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD AS NECESSARY
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The organization uses its own in-house Tax Department, headed by a licensed certified public accountant, to both prepare and review its Form 990 During the preparation and review process, the Tax Department works closely with other departments, such as Legal, Compensation and Benefits, Compliance, Finance, and Marketing, to ensure that a complete and accurate return is filed
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Trustees, including ex officio Trustees, elect/ratify the Board of Directors, which serves as the organization's governing body
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The organization has members who are individuals designated individually as Trustees and collectively as the Board of Trustees The Board of Trustees, except ex-officio Trustees, are divided into three (3) classes of approximately equal number and are elected for terms of three (3) years Directors of the organization serve as ex officio Trustees with the same vote as other Trustees
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	DAVID BERND, HOWARD KERN, AND BERTRAM REESE HAVE A BUSINESS RELATIONSHIP THROUGH COMMOM OWNERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION DAVID BERND, RICHARD F CLARK, M D , AND ROBERT SHUFORD HAVE A BUSINESS RELATIONSHIP THROUGH COMMON BOARD MEMBERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION THOMAS C BROYLES, R SCOTT MORGAN, LAWRENCE A CUMMING, AUBREY L LAYNE JR , W ANDREW DICKINSON, AND JOHN F MALBON HAVE A BUSINESS RELATIONSHIP THROUGH COMMON BOARD MEMBERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION C EDWARD RUSSELL, JR , THOMAS C BROYLES, AND LAWRENCE CUMMING HAVE A BUSINESS RELATIONSHIP ALL THREE ARE PARTNERS IN A LAW FIRM UNRELATED TO THE ORGANIZATION TOY D SAVAGE, JR AND ALLAN G DONN HAVE A BUSINESS RELATIONSHIP THROUGH COMMON MEMBERSHIP OF A LAW FIRM UNRELATED TO THE ORGANIZATION HOWARD KERN AND GARY YATES HAVE A BUSINESS RELATIONSHIP THROUGH COMMON BOARD MEMBERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION THE ORGANIZATION'S OFFICERS AND DIRECTORS SERVE TOGETHER ON THE BOARDS OF OTHER TAXABLE ORGANIZATIONS WITHIN THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AS WELL AS JOINT VENTURES IN WHICH THE SYSTEM HAS AN OWNERSHIP INTEREST SEE SCHEDULE R FOR A LISTING OF SUCH ENTITIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316027390

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

(a) Name, address, and EIN 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

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

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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
See Additional Data Table							

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID: 09000047
Software Version: 2009v1.3
EIN: 52-1271901
Name: SENTARA HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-0853898	HEALTH CARE	VA	501(C)(3)	3	NA
OPTIMA HEALTH PLAN 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1283337	HMO	VA	501(C)(3)	11A - I	NA
MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES
SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1217183	HEALTH CARE	VA	501(C)(3)	9	NA
SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1917649	HEALTH CARE	VA	501(C)(3)	9	NA
SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1217184	HEALTH CARE	VA	501(C)(3)	9	NA
SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1547408	HEALTH CARE	VA	501(C)(3)	3	NA
TIDEWATER HEALTH CARE 6015 POPLAR HALL DRIVE NORFOLK, VA23502 52-1277419	HEALTH CARE	VA	501(C)(3)	11C - III-FI	NA

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? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
TIDEWATER CARDIOVASCULAR INSTITUTE 1060 FIRST COLONIAL ROAD VA BEACH, VA23454 54-1942862	HEALTH CARE	VA	SH	RELATED	-175,178			No			No
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA23434 26-0144898	HEALTH CARE	VA	SH	RELATED	-263,105	998,188		No			No
RADIOLOGY SERVICES 814 GREENBRIER CIRCLE CHESAPEAKE, VA23320 54-1774472	HEALTH CARE	VA	SE	UNRELATED	385,047	771,896		No			No
RADIOLOGY SERVICES 814 GREENBRIER CIRCLE CHESAPEAKE, VA23320 54-1774472	HEALTH CARE	VA	SH	UNRELATED	385,047	771,896		No			No
HEALTHCARE PERFORMANCE IMPROVEMENT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 20-4024074	CONSULTING	VA	SVI	UNRELATED	394,457	430,039		No			No
HAMPTON ROADS LITHOTRIPSY LLC 6333 CENTER DRIVE BLDG 16 NORFOLK, VA23502 20-0942600	HEALTH CARE	VA	SVI	UNRELATED	1,024,054	255,419		No			No
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA23502 20-1338518	HEALTH CARE	VA	SH	RELATED	3,067,130	8,405,715		No			No
AMER HEALTH EVAL CTR-WMSBG LLC 411 SCOTLAND STREET WILLIAMSBURG, VA23187 26-3761741	HEALTH CARE	VA	SVI	UNRELATED	-116,977	446,218		No			No
VA BEACH AMBULATORY SERVICE CENTER 1700 WILL O WISP DRIVE VA BEACH, VA23454 54-1448218	HEALTH CARE	VA	CHS	RELATED	268,422	700,125		No			No
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA23454 54-1448218	HEALTH CARE	VA	SH	RELATED	1,288,896	3,148,627		No			No
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL SUITE 300 VA BEACH, VA23456 20-4920880	HEALTH CARE	VA	SH	RELATED	371,915	1,775,557		No			No
PATIENT FIRST CT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 20-3443100	HEALTH CARE	VA	SH	RELATED	-1,008,753	197,563		No			No
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 26-1749881	RE RENTAL	VA	SH	RELATED	55,392	3,507,707		No			No
MANAGEMENT SERVICES 814 GREENBRIER CIRCLE CHESAPEAKE, VA23320 54-1365012	HLTH MGT SV	VA	SH	UNRELATED	5,837	194,538		No			No
MANAGEMENT SERVICES LLC 815 GREENBRIER CIRCLE CHESAPEAKE, VA23320 54-1365012	HLTH MGT SV	VA	SVI	UNRELATED	11,673	389,071		No			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
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 99-9999999	INSURANCE	CJ	NA	C CORP	11,828,419	57,341,432	100 000 %
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C CORP	329,067	816,583	
SENTARA OBICI MED MGT SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1020941	HEALTH CARE	VA	SENTARA OBICI PROFESSIONAL CENTER	C CORP		48,825	100 000 %
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1445865	RE RENTAL	VA	SENTARA HOLDINGS INC	C CORP	303,721	1,748,642	100 000 %
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 20-3730331	HEALTH CARE	VA	SENTARA MEDICAL GROUP	C CORP	5,741,613	1,194,801	100 000 %
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1688615	HOLDING COMPANY	VA	SENTARA HOLDINGS INC	C CORP	9,968,612	14,905,573	100 000 %
SENTARA HAMPTON SERVICES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1682025	FITNESS CENTER	VA	SENTARA HOLDINGS INC	C CORP	11,302		100 000 %
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA23502 62-1382666	MENTAL HEALTH SVCS	VA	SENTARA HEALTH PLANS INC	C CORP	29,594,064	10,618,882	100 000 %
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1642752	HEALTH INSURANCE	VA	SENTARA HEALTH PLANS INC	C CORP	155,954,165	46,241,300	100 000 %
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1473382	HMO	VA	SENTARA HEALTH PLANS INC	C CORP	204,325	2,536,269	100 000 %
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 52-2368125	TPA	VA	SENTARA HOLDINGS INC	C CORP	18,436,103	56,495,452	100 000 %
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1555638	HOLDING COMPANY	VA	N/A	C CORP		1,912,474	100 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	BAY PRIMEX INSURANCE COMPANY LTD	r	1,503,299
(2)	SMG INNOVATIONS INC	r	189,472
(3)	SMG INNOVATIONS INC	p	136,922
(4)	SENTARA VENTURES INC	p	933,603
(5)	SENTARA VENTURES INC	o	609,831
(6)	SENTARA HEALTH PLANS INC	p	24,121,547
(7)	SENTARA HEALTH PLANS INC	o	636,439
(8)	SENTARA HEALTH PLANS INC	n	599,540
(9)	SENTARA HEALTH PLANS INC	l	3,887,602
(10)	SENTARA HEALTH PLANS INC	k	18,054,772
(11)	SENTARA HOLDINGS INC	q	2,797,211
(12)	SENTARA HOLDINGS INC	c	7,982,869
(13)	PATIENT FIRST CT LLC	r	1,722,499
(14)	PATIENT FIRST CT LLC	p	136,067
(15)	OPTIMA HEALTH PLAN	c	43,000,000
(16)	MPB INC	j	90,839
(17)	MPB INC	b	10,945,861
(18)	SENTARA LIFE CARE CORP	r	71,927,247
(19)	SENTARA LIFE CARE CORP	k	4,201,512
(20)	SENTARA LIFE CARE CORP	c	9,421,478
(21)	SENTARA ENTERPRISES	r	76,305,654
(22)	SENTARA ENTERPRISES	p	6,684,015
(23)	SENTARA ENTERPRISES	o	3,274,839
(24)	SENTARA ENTERPRISES	l	50,578
(25)	SENTARA ENTERPRISES	k	7,629,935
(26)	SENTARA ENTERPRISES	c	2,760,870
(27)	SENTARA MEDICAL GROUP	r	209,570,155
(28)	SENTARA MEDICAL GROUP	n	110,608
(29)	SENTARA MEDICAL GROUP	l	130,237
(30)	SENTARA MEDICAL GROUP	k	7,378,976
(31)	SENTARA MEDICAL GROUP	c	11,929,332
(32)	SENTARA MEDICAL GROUP	b	71,181,560
(33)	SENTARA HOSPITALS	r	1,618,515,033
(34)	SENTARA HOSPITALS	q	671,804
(35)	SENTARA HOSPITALS	p	99,663
(36)	SENTARA HOSPITALS	o	783,376
(37)	SENTARA HOSPITALS	m	271,087
(38)	SENTARA HOSPITALS	l	940,770
(39)	SENTARA HOSPITALS	k	11,628,559
(40)	SENTARA HOSPITALS	c	209,978,581
(41)	TIDEWATER HEALTH CARE	r	1,859,452

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316027390

TY 2009 Earnings and Profits Other Adjustments Statement

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 09000047
Software Version: 2009v1.3

Description	Amount
UNEARNED PREMIUM ADJUSTMENTS	55,213
RELATED PARTY PREMIUMS	-6,962,630
RELATED CLAIMS PAID & MOVEM IN LOSS RES	9,941,879
DEFERRED ACQUISITION COSTS	-1,480

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316027390

TY 2009 Itemized Other Current Assets Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 09000047
Software Version: 2009v1.3

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	9,146	68,665
		INTEREST RECEIVABLE	255,823	406,875
		INSURANCE BALANCES RECEIVABLE	4,429,381	4,742,311
		FUNDS HELD IN ESCROW	91,616	70,497
		DEFERRED ACQUISITION COSTS	74,000	75,480

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316027390

TY 2009 Other Deductions Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 09000047
Software Version: 2009v1.3

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING EXPENSES	11,419,977	
Total in Dollars		11,828,419
PROFESSIONAL FEES	38,330	
MISCELLANEOUS EXPENSES	1,444	
MEETING EXPENSES	11,214	
MANAGEMENT FEES	57,750	
LICENSE FEES	11,202	
LEGAL FEES	38,937	
INVESTMENT MANAGEMENT FEES	147,553	
Foreign Currency Total	11,828,419	
BANK CHARGES	512	
ACTUARIAL FEES	101,500	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316027390

TY 2009 Itemized Other Investments Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 09000047
Software Version: 2009v1.3

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		INVESTMENTS - TRADING	44,101,847	51,915,268

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316027390

TY 2009 Itemized Other Liabilities Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 09000047
Software Version: 2009v1.3

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		UNEARNED PREMIUMS	4,406,490	4,476,525
		PROV FOR OUTSTANDING LOSSES & RETRO ADJ	38,901,384	47,033,669

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316027390

TY 2009 Paid-In or Capital Surplus Reconciliation Statement

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 09000047
Software Version: 2009v1.3

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID-IN CAPITAL	5,000,000	5,000,000

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM P EDMONDSON JR MD Trustee	1 00	X						0	38,651	15,826
WILLIAM K BUTLER II Dir/Trustee	2 00	X						0	0	0
WILLIAM K BARLOW Trustee	1 00	X						0	0	0
WILLIAM H OAST III Trustee	1 00	X						0	0	0
W ANDREW DICKINSON MD Dir/Trustee	2 00	X						0	0	0
VINCENT A NAPOLITANO Trustee	1 00	X						0	0	0
VIKKI LORENZ VP, CORP FINANCE	40 00					X		260,992	0	76,666
VICKY GRAY SR VP	40 00			X				535,080	0	224,742
VERNON M GEDDY II Trustee	1 00	X						0	0	0
TOY D SAVAGE Trustee	1 00	X						0	0	0
THOMAS L WOODWARD DIR/TRUSTEE	2 00	X						0	0	0
THOMAS L ROSS Trustee	1 00	X						0	0	0
THOMAS C BROYLES Trustee	1 00	X						0	0	0
SUSAN MAYO Trustee	1 00	X						0	0	0
RONY THOMAS Trustee	1 00	X						0	0	0
RODNEY F HOCHMAN MD FORMER OFFICER	0						X	498,003	0	9,326
ROBIN D RAY Trustee	1 00	X						0	0	0
ROBERT SHUFORD Trustee	1 00	X						0	0	0
ROBERT MILLER Trustee	1 00	X						0	0	0
ROBERT GRAVES CORP VP	5 00			X				0	608,687	155,960
ROBERT C FORT Dir/Trus/VChair	3 00	X		X				0	0	0
ROBERT BROERMANN CFO/TREAS/SR VP	40 00			X				930,538	0	362,095
RICHARD F CLARK MD Dir/Trustee	2 00	X						0	0	0
RICHARD CHENG PHD Trustee	1 00	X						0	0	0
R SCOTT MORGAN Trustee	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
R P PETERSON Trustee	1 00	X						0	0	0
R MICHAEL SORENSON Trustee	1 00	X						0	0	0
R DAWSON TAYLOR Trustee	1 00	X						0	0	0
PETER D PRUDEN III Dir/Trustee	2 00	X						0	0	0
PAUL V MICHELS Trustee	1 00	X						0	0	0
PAUL DRESSER Trustee	1 00	X						0	0	0
NORMAN HOFFMAN Trustee	1 00	X						0	0	0
NANCY A BAGRANOFF Trustee	1 00	X						0	0	0
MICHAEL V TAYLOR SR VP	40 00			X				592,588	0	225,364
MICHAEL I IVES Trustee	1 00	X						0	0	0
MICHAEL GENTRY CORP VP	5 00			X				21,193	529,817	95,023
MICHAEL DUDLEY SCHD O SR VP	10 00			X				691,548	0	487,291
MICHAEL D LUBELEY Trustee	1 00	X						0	0	0
MEGAN R PERRY SVP, BUSINESS DVLP	40 00					X		303,075	0	106,047
MARY BLUNT CORP VP	5 00			X				0	629,976	279,679
MARK SZALWINSKI CORP VP	5 00			X				16,726	418,140	179,071
MARION WALL DIR/TRUSTEE	2 00	X						0	0	0
MARC SHARP DIR/TRUS/Chair	3 00	X		X				0	0	0
LEO J DELEON VP, HOSP FINANCE	40 00					X		234,894	0	74,535
LAWRENCE CUMMING Dir/Trustee	2 00	X						0	0	0
L ALVIN GARRISON JR Dir/Trustee	2 00	X						0	0	0
KENNETH M KRAKAUR SR VP	40 00			X				854,019	0	234,199
JOHN H FOSTER DD Trustee	1 00	X						0	0	0
JOHN F MALBON DIR/TRUST/CHAIR	3 00	X		X				0	0	0
JOAN BROCK Dir/Trustee	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JERRY A BRIDGES Dir/Trustee	2 00	X						0	0	0
JEFFREY P KING SEC/GEN COUNSEL	40 00			X				163,052	0	21,413
JEAN BRUCE Trustee	1 00	X						0	0	0
JAMES R JOSEPH Trustee	1 00	X						0	0	0
JAMES CROCKER Dir/Trustee	2 00	X						0	0	0
JAMES A SQUIRES Trustee	1 00	X						0	0	0
JACK G EZZELL JR Dir/Trustee	2 00	X						0	0	0
HOWARD P KERN COO/PRESIDENT	40 00			X				1,284,476	0	695,047
HENRY U HARRIS III Dir/Trustee	2 00	X						0	0	0
GWEN CUMMING Trustee	1 00	X						0	0	0
GRACE HINES ACTING SEC	40 00			X				323,141	0	142,085
GARY YATES SR VP/CMO	40 00			X				977,459	0	394,393
GARY T MCCOLLUM Trustee	1 00	X						0	0	0
GAIL HEAGEN FORMER OFFICER	0						X	220,429	0	96,477
FREDERICK C COBLE Trustee	1 00	X						0	0	0
F DUDLEY FULTON Trustee	1 00	X						0	0	0
EDWARD L TORCOM VP, MANAGED CARE	0					X		234,794	0	44,799
EDWARD L HAMM JR Trustee	1 00	X						0	0	0
DOUGLAS THOMPSON CORP VP	40 00			X				462,022	0	126,040
DOUGLAS JOHNSON MD FORMER KEY EMPLOYEE	0						X	1,012,949	0	29,624
DONALD S HOWELL MD Trustee	1 00	X						0	0	0
DONALD CLARK Dir/Trustee	2 00	X						0	0	0
DIAN T CALDERONE Trustee	1 00	X						0	0	0
DENNIS GARDNER Trustee	1 00	X						0	0	0
DEBORAH A DICROCE Dir/Trustee	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID L BERND CEO/DIR/TRUSTEE	40 00	X		X				5,213,779	0	952,661
CLARENCE A HOLLAND MD Trustee	1 00	X						0	21,526	0
CHARLES R BIRDSONG Trustee	1 00	X						0	0	0
CHARLES F LOVELL JR MD Dir/Trustee	2 00	X						0	1,400	0
C EDWARD RUSSELL JR Trustee	1 00	X						0	0	0
BRUCE S ROBERTSON VP & ADMINISTRATOR	40 00					X		240,788	0	112,776
BERTRAM S REESE CIO/SR VP	10 00			X				0	737,496	265,011
BERTON ASHMAN MD Trustee	1 00	X						0	0	0
BARCLAY C WINN Trustee	1 00	X						0	0	0
BARBARA HENLEY Trustee	1 00	X						0	0	0
AUBREY L LAYNE JR Trustee	1 00	X						0	0	0
AUBREY E LOVING JR Dir/Trustee	2 00	X						0	0	0
ALLAN G DONN Dir/Trustee	2 00	X						0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
UNRELATED BUSINESS INCOME TAX	683,958	554,006	129,952	
PURCHASED AND CONTRACTED SVCS	1,597,776	1,218,238	285,759	93,779
OTHER TAXES & LICENSES	169,527	137,317	32,210	
ORGANIZATION DUES	661,787	536,047	125,740	
BAD DEBT PROVISION	150,814	122,159	28,655	