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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
SENTARA HEALTHCARE

Doing Business As

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

Room/suite

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 $ 402,443,254

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SENTARA COM

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

L Year of formation 1982

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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 individuals employed in calendar year 2010 (Part V, line 2a)	**5**	504
6	Total number of volunteers (estimate if necessary)	**6**	62
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,749,256
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	44,511

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	35,320,786	13,489,023
9	Program service revenue (Part VIII, line 2g)	44,182,503	57,371,284
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,357,771	10,442,469
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,840,316	784,146
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,701,376	82,086,922
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,058,426	1,181,501
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)	48,640,049	53,138,165
16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,455	66,225
b	Total fundraising expenses (Part IX, column (D), line 25) ▶595,297		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	19,820,061	30,742,822
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	69,578,991	85,128,713
19	Revenue less expenses Subtract line 18 from line 12	20,122,385	-3,041,791

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,524,102,388	1,742,443,036
21	Total liabilities (Part X, line 26)	1,051,689,287	1,235,963,289
22	Net assets or fund balances Subtract line 21 from line 20	472,413,101	506,479,747

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: 2011-12-13

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

Paid Preparer Use Only

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

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 69,023,525 including grants of $ 1,181,501) (Revenue $ 53,767,421)

Sentara Healthcare is the parent corporation of an integrated health care delivery system which provides services to more than two million Hampton Roads, Virginia and Northeastern North Carolina residents, as well as 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 2010

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** ▶ $ 69,023,525

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	147		
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	504		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	No

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	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
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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		No

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								14,383,385	5,944,407	4,872,358

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 ▶89

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIRGINIAN PILOT PO BOX 79917 BALTIMORE, MD 212790917	MEDIA ADVERTISING	560,679
MERCER HUMAN RESOURCE CONSULTING PO BOX 905234 CHARLOTTE, NC 28290	PROFESSIONAL SVCS	544,808
MCMAHON CREATIVE INC 117 PINEWOOD RD VIRGINIA BEACH, VA 23451	MEDIA ADVERTISING	622,896
KPMG LLP PO BOX 120001 DEPT 0566 DALLAS, TX 75312	PROFESSIONAL SVCS	707,065
ERNST AND YOUNG LLP PO BOX 640382 PITTSBURGH, PA 152640382	PROFESSIONAL SVCS	664,990

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 ▶35

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	13,173,193			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	315,830			
	g Noncash contributions included in lines 1a-1f $		1,819			
	h **Total.** Add lines 1a-1f . . . . . ▶		13,489,023			
Program Service Revenue		Business Code				
	2a SUPPORT SERVICES	900099	57,371,284	55,672,485	1,698,799	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		57,371,284			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		34,932,425			34,932,425
	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	295,862,656				
	b Less cost or other basis and sales expenses	320,352,612				
	c Gain or (loss)	-24,489,956				
	d Net gain or (loss) . . . . . ▶		-24,489,956			-24,489,956
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a	16,598				
	b Less direct expenses . . . b	3,720				
	c Net income or (loss) from fundraising events . . ▶		12,878			12,878
	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	524298	751,969		49,512	702,457
	b DEEMED DISTR FR CFC	524298	751,969			751,969
	c DEEMED DISTR FR CFC	524298	1,171,449			1,171,449
	d All other revenue		-1,904,119	-1,905,064	945	
	e **Total.** Add lines 11a–11d . . . . . ▶		771,268			
	12 **Total revenue.** See Instructions . . . ▶		82,086,922	53,767,421	1,749,256	13,081,222

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	1,023,595	1,023,595		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	157,906	157,906		
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	14,859,462	12,036,164	2,823,298	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	147,952	119,841	28,111	
7 Other salaries and wages	30,663,590	24,627,583	5,776,840	259,167
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,398,687	1,925,532	451,668	21,487
9 Other employee benefits	2,883,073	2,325,224	545,423	12,426
10 Payroll taxes	2,185,401	1,755,038	411,675	18,688
a Fees for services (non-employees) Management	1,924,695	1,559,003	365,692	
b Legal	885,729	715,346	167,797	2,586
c Accounting	622,623	504,325	118,298	
d Lobbying	34,906	28,274	6,632	
e Professional fundraising services *See Part IV, line 17*	66,225			66,225
f Investment management fees	4,404,492	3,567,639	836,853	
g Other	4,709,301	4,101,085	558,316	49,900
12 Advertising and promotion	4,930,525	3,963,721	929,762	37,042
13 Office expenses	2,878,835	2,271,389	532,795	74,651
14 Information technology	616,290	499,195	117,095	
15 Royalties	0			
16 Occupancy	918,169	743,717	174,452	
17 Travel	633,537	513,165	120,372	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	68,350	55,364	12,986	
20 Interest	3,345,312	2,709,703	635,609	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	448,858	363,575	85,283	
23 Insurance	4,538	3,676	862	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED AND CONTRACTED SVCS	2,399,074	1,907,035	447,329	44,710
b OTHER TAXES & LICENSES	236,558	191,612	44,946	
c OTHER EXPENSES	709,091	567,548	133,128	8,415
d ORGANIZATION DUES	1,007,530	816,099	191,431	
e BAD DEBT PROVISION	75,000	60,750	14,250	
f All other expenses	-110,591	-89,579	-21,012	
25 **Total functional expenses.** Add lines 1 through 24f	85,128,713	69,023,525	15,509,891	595,297
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		321,647,852	2	476,687,965
	3	Pledges and grants receivable, net			3	924,298
	4	Accounts receivable, net		411,700	4	0
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		5,069,965	9	4,951,743
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 20,106,767			
	b	Less accumulated depreciation	10b 14,216,728	4,017,500	10c	5,890,039
	11	Investments—publicly traded securities		878,858,820	11	1,068,063,283
	12	Investments—other securities See Part IV, line 11		71,233,310	12	116,837,387
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		242,863,241	15	69,088,321
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,524,102,388	16	1,742,443,036
Liabilities	17	Accounts payable and accrued expenses		126,470,840	17	120,111,785
	18	Grants payable		170,000	18	90,000
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		545,440,000	20	769,214,033
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		379,608,447	25	346,547,471
	26	**Total liabilities.** Add lines 17 through 25		1,051,689,287	26	1,235,963,289
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		470,905,559	27	505,103,016
	28	Temporarily restricted net assets		1,507,542	28	1,376,731
	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		472,413,101	33	506,479,747
	34	Total liabilities and net assets/fund balances		1,524,102,388	34	1,742,443,036

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	82,086,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,128,713
3	Revenue less expenses Subtract line 2 from line 1	3	-3,041,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	472,413,101
5	Other changes in net assets or fund balances (explain in Schedule O)	5	37,108,437
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	506,479,747

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated 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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

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 described in **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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	27,910,653	27,010,949	34,121,648	35,320,786	13,489,023	137,853,059
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	27,910,653	27,010,949	34,121,648	35,320,786	13,489,023	137,853,059
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)						34,316,671
6 **Public Support.** Subtract line 5 from line 4						103,536,388

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	27,910,653	27,010,949	34,121,648	35,320,786	13,489,023	137,853,059
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,785,581	23,007,467	60,262,969	29,713,824	36,386,851	167,156,692
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,050,717	1,148,721	1,379,382	391,523	29,377	3,999,720
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support** (Add lines 7 through 10)						309,009,471

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 2010 (line 6 column (f) divided by line 11 column (f))	**14**	33 510 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	13 820 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
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	31,603	8,138
WILLIAM K BUTLER II Trustee	1 00	X						100	0	0
WILLIAM K BARLOW 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		354,381	0	82,432
VICKY GRAY SR VP	40 00			X				736,136	0	114,907
VERNON M GEDDY II Trustee	1 00	X						0	0	0
TOY D SAVAGE JR 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
SUSAN MAYO Trustee	1 00	X						0	0	0
RONY THOMAS Trustee	1 00	X						0	0	0
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	639,730	105,165
ROBERT C FORT Dir/Trus/VChair	3 00	X		X				0	0	0
ROBERT BROERMANN CFO/TREAS/SR VP	40 00			X				1,063,115	0	241,687
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
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

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			
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				680,629	0	147,107
MICHAEL S IVES Trustee	1 00	X						0	0	0
MICHAEL GENTRY CORP VP	5 00			X				0	645,670	122,388
MICHAEL DUDLEY SR VP	10 00			X				821,526	0	639,581
MICHAEL D LUBELEY Trustee	1 00	X						0	0	0
MEGAN R PERRY CORP VP	5 00			X				445,776	0	139,543
MARY BLUNT CORP VP	5 00			X				0	847,464	154,326
MARK SZALWINSKI CORP VP	5 00			X				0	498,744	184,260
MARION WALL DIR/TRUSTEE	2 00	X						0	0	0
MARC SHARP DIR/TRUS/Chair	3 00	X		X				0	0	0
LESTER ELJAIEK VP, HOSP FINANCE	40 00					X		361,432	0	33,444
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				929,277	0	132,253
JOHN F MALBON DIR/TRUSTEE	2 00	X						0	0	0
JOAN BROCK Dir/Trustee	2 00	X						0	0	0
JERRY A BRIDGES Dir/Trustee	2 00	X						0	0	0
JEFFREY P KING SEC/GEN COUNSEL	40 00			X				486,551	0	84,087
JEAN BRUCE Trustee	1 00	X						0	0	0
JAMES R MESSNER 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			
JAMES CROCKER Trustee	1 00	X						100	0	0
JAMES A SQUIRES Trustee	1 00	X						0	0	0
JAMES A JOSEPH 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				1,431,118	0	733,973
HENRY U HARRIS III Dir/Trustee	2 00	X						0	0	0
GRACE R HINES VP, STRAT SUPPORT	40 00					X		337,112	0	158,271
GENEMARIE MCGEE CHIEF NURSE EXC	5 00			X				0	225,602	103,952
GARY YATES SR VP/CMO	40 00			X				1,088,200	0	287,717
GARY T MCCOLLUM Trustee	1 00	X						0	0	0
GAIL HEAGEN FORMER OFFICER	0 00						X	170,070	0	81,613
FREDERICK C COBLE Trustee	1 00	X						0	0	0
F DUDLEY FULTON Trustee	1 00	X						0	0	0
EDWARD L HAMM JR Trustee	1 00	X						0	0	0
DOUGLAS THOMPSON CORP VP	40 00			X				450,589	0	92,008
DOUGLAS JOHNSON MD FORMER KEY EMPLOYEE	0 00						X	1,002,067	0	17,426
DONALD V JELLIG FORMER OFFICER	0 00						X	0	1,679,083	0
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
DAVID MAIZEL CORP VP	5 00			X				0	579,180	174,097
DAVID L BERND CEO/DIR/TRUSTEE	40 00	X		X				3,444,338	0	669,144
CLARENCE A HOLLAND MD Trustee	1 00	X						0	22,589	3,971

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			
CHARLES R BIRDSONG Trustee	1 00	X						0	0	0
CHARLES F LOVELL JR MD Dir/Trustee	2 00	X						0	1,600	0
C EDWARD RUSSELL JR Trustee	1 00	X						0	0	0
BRUCE S ROBERTSON VP & ADMINISTRATOR	5 00					X		303,193	0	122,751
BERTRAM S REESE CIO/SR VP	10 00			X				0	773,142	173,627
BARBARA B STOLTZFUS 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
ANN E C HOMAN DIR/TRUSTEE	2 00	X						0	0	0
ANDREW WEDDLE VP, REVENUE CYCLE	40 00					X		277,675	0	64,490
ALLAN G DONN Dir/Trustee	2 00	X						0	0	0

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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

2010

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

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

If the organization answered "Yes," 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, Part V, line 35a (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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		81,964
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV	Yes		185,349
j	Total lines 1c through 1i			267,313
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

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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

2010

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	77,901,428	70,232,826	70,961,613		
b Contributions	324,828	1,592,765	4,830,492		
c Investment earnings or losses	-3,720,513	6,496,683	-5,043,974		
d Grants or scholarships	157,906	202,741	200,000		
e Other expenditures for facilities and programs	436,283	218,105	315,305		
f Administrative expenses					
g End of year balance	73,911,554	77,901,428	70,232,826		

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

- a Board designated or quasi-endowment ▶ 98 140 %
- b Permanent endowment ▶
- c Term endowment ▶ 1 860 %

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	3,483,798	368,310
c Leasehold improvements		162,873	146,885	15,988
d Equipment		11,051,404	10,249,013	802,391
e Other		2,546,562	337,032	2,209,530
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,890,039

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	116,837,387	

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	200,000
OTHER LT LIABILITIES	162,504,474
OTHER CURRENT LIABILITIES	43,331,110
DUE TO AFFILIATES	140,511,887
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	346,547,471

2. Fin 48 (ASC 740) 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 (ASC740)

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 XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CAPITAL DISTRIBUTION FROM SUB $18000000 RECLASS OF INTERCOMPANY BALANCES TO EQUITY $ -29529961 RESTRICTED ASSET TRANSFER TO RELATED ENTITY $ -21878 PARTNERSHIP INCOME TAX BOOK $ -945 SUBPART F LOSS NOT ON BOOKS $ -751969 DEEMED DISTRIBUTION FROM CFC NOT ON BOOKS $ -1923418 PENSION LIABILITY TRANSFERRED FROM SUB $ -20924029 MISCELLANEOUS ADJUSTMENT $ -2346 CAPITAL CONTRIBUTION TO SUB $ -10000000 UNFUNDED PENSION LIABILITY $ -1172449
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 2010, the Foundation awarded $629,486 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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE	0	0	INVESTMENTS		488,245
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		72,954,435
CENTRAL AMERICA AND THE CARIBBEAN	0	0	UNRELATED TRADE OR BUSINESS		0
3a Sub-total					73,442,680
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					73,442,680

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 Part V 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 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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) 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

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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

2010

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.

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 services? ☑ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
CORPORATE DEVEL	CPTL CMPGN FUND		No	853,963	66,225	787,738
Total . . . . . ▶				853,963	66,225	787,738

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 NERD GOLF TOURNAMENT (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	16,598			16,598
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	16,598			16,598
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	134			134
	6 Rent/facility costs	2,819			2,819
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	767			767
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				3,720
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				12,878

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Part I, Line 2b - Fundraiser Additional Information		As the parent organization, Sentara Healthcare performs fundraising activities for all of its 501(C)(3) subsidiaries Contributions raised are reported on the applicable Form 990, depending on donor specifications

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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 . . . ▶ 34

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
(1) UTILITIES	141	44,620			
(2) RENT	105	89,078			
(3) MORTGAGE PAYMENTS	26	21,658			
(4) FOOD	23	2,550			

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 2010, 295 INDIVIDUAL EMPLOYEES WERE ASSISTED BY THE HOPE FUND

Additional Data Return to Form

Software ID: 10000105
Software Version: 2010v3.2
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
WESTERN TIDEWATER FREE CLINIC2019 MEADE PKWY SUFFOLK,VA 23434	26-3302837	501(C)(3)	32,000	0			PROVIDE DENTAL PRG ACCESS
W&M ATHLETIC EDU FOUNDPO Box 399 WILLIAMSBURG,VA 23187	54-6056480	501(C)(3)	15,500	0			SPONSORSHIP
VA SUPPORTIVE HOUSING P O Box 8585 RICHMOND,VA 23226	54-1444564	501(C)(3)	10,000	0			HLTH & MNTL HLTH SCREENINGS
VA HEALTH CARE FOUNDAT707 E MAIN ST STE 1350 RICHMOND,VA 23219	54-1639924	501(C)(3)	50,000	0			SPONSORSHIP
VA BEACH EVENTS UNLIMITED265 KINGS GRANT RD STE 102 VIRGINIA BEACH,VA 23452	52-1372330	501(C)(3)	26,750	0			NEPTUNE FESTIVAL
UNITED WAY OF THE VA PENINSULA739 Thimble Shoals Blvd Suite 400 NEWPORT NEWS,VA 23606	54-0535602	501(C)(3)	8,000	0			SPONSORSHIP
UNITED WAY OF SOUTH HAMPTON ROADS2515 WALMER ROAD PO BOX 41069 NORFOLK,VA 23513	54-0506322	501(C)(3)	13,500	0			SPONSORSHIP
UNITED WAY GREATER WILLIAMSBURG312 Waller Mill Road Suite 100 WILLIAMSBURG,VA 23185	54-0844073	501(C)(3)	6,500	0			SPONSORSHIP
UNION MISSION MINISTRIESP O Box 3203 NORFOLK,VA 23514	54-0506427	501(C)(3)	35,000	0			HEALTHCARE FOR HOMELESS
ST MARYS HOME6171 KEMPSVILLE CR NORFOLK,VA 23502	54-0505952	501(C)(3)	100,700	0			CARE FOR DISABLED CHILDREN
SETON YOUTH SHELTERS 3333 Virginia Beach Blvd STE 28 VIRGINIA BEACH,VA 23452	54-1250483	501(C)(3)	15,000	0			HIGH-RISK TEEN MNTL HLTHCR
SENIOR SRVCS OF SE VA 6350 CENTER DR BLDG 5 STE 101 NORFOLK,VA 23502	54-6069786	501(C)(3)	10,000	0			TRANSPORT SVC FOR SENIORS

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
SALVATION ARMYPO BOX 388 NORFOLK,VA 23501	13-2923701	501(C)(3)	100,000	0			EDUCATIONAL & RECR PRGRMS
RESOURCE MOTHERS2410 WICKHAM AVE NEWPORT NEWS,VA 23607	23-7014485	501(C)(3)	36,861	0			TEEN PREGNANCY SUPPORT
PORTSMOUTH COMMUNITY HEALTH CENTER INC664 Lincoln St PORTSMOUTH,VA 23704	54-1626757	501(C)(3)	60,000	0			HLTHCR ACCESS FOR INDIGENTS
PENINSULA INST FR COMMUNITY HLTH4714 MARSHALL AVE NEWPORT NEWS,VA 23607	54-1083954	501(C)(3)	35,000	0			PEDIATRIC HLTHCR FOR INDIGENTS
OLDE TOWN MEDICAL CTR 5249 OLDE TOWNE RD STE D WILLIAMSBURG,VA 23188	54-1663905	501(C)(3)	15,000	0			PEDIATRIC DENTAL SVCS
NORFOLK COMMUNITY SERVICES BOARD225 W OLNEY RD NORFOLK,VA 23510	54-1093798	501(C)(3)	23,000	0			MENTAL HLTH SVCS FOR HMLSS
MEDICAL SOC OF VA FOUN 2924 EMERYWOOD PKWY STE 300 RICHMOND,VA 23294	52-1394768	501(C)(3)	10,000	0			SPONSORSHIP
MARY BUCKLEY FOUNDATION3808C Virginia Beach Blvd VIRGINIA BEACH,VA 23452	20-3609232	501(C)(3)	10,000	0			TRAUMATIC BRAIN INJ PRGRM
LACKEY FREE CLINIC1620 OLD WILLIAMSBURG RD YORKTOWN,VA 23690	54-1850915	501(C)(3)	15,000	0			HEALTHCARE FOR INDIGENTS
H E L P INCP O Box 190 HAMPTON,VA 23669	54-1209213	501(C)(3)	10,000	0			DENTAL CARE FOR INDIGENTS
GLOUCESTER-MATHEWS FREE CLINIC2276 GEORGE WASHINGTON MEM HWY HAYES,VA 23072	54-1875619	501(C)(3)	12,000	0			HEALTHCARE FOR INDIGENTS
FORKIDS INCP O Box 6044 NORFOLK,VA 23508	54-1477799	501(C)(3)	27,500	0			HEALTHCARE FOR HMLSS SHLTR

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
CHESP HEALTH INVESTMENT PROGRAM 1302 Jefferson St CHESAPEAKE,VA 23324	54-1893166	501(C)(3)	25,000	0			CASEMGT TO PRENATAL HISPANICS
CHESAPEAKE CARE INC 2145 S Military Hwy CHESAPEAKE,VA 23320	54-1642754	501(C)(3)	25,000	0			HEALTHCARE FOR UNINSURED
BEACH HEALTH CLINIC 3396 Holland Rd Ste 102 VIRGINIA BEACH,VA 23452	54-1366960	501(C)(3)	20,000	0			PHARMACY SVS FOR INDIGENT
AMERICAN RED CROSS606 W 29th St NORFOLK,VA 23510	54-0505864	501(C)(3)	19,000	0			ADULT DENTAL CLINIC & AUCTION
AMERICAN HEART ASSOCIATION500 E PLUME ST STE 110 NORFOLK,VA 23510	13-5613797	501(C)(3)	10,000	0			HEART WALKS
AMERICAN DIABETES ASSOC - SE DIV870 GREENBRIER CIR STE 404 CHESAPEAKE,VA 23320	13-1623888	501(C)(3)	7,500	0			DIABETES EDUCATION
AMERICAN CANCER SOCIETY4416 EXPRESSWAY DR VIRGINIA BEACH,VA 23452	58-0659875	501(C)(3)	30,000	0			MEN'S HEALTH & RELAYS FOR LIFE
ALZHEIMERS ASSOCIATION6350 CENTER DR STE 102 NORFOLK,VA 23502	54-1204329	501(C)(3)	13,500	0			ALZHEIMER'S EDUCATION & HEALTHCARE
ACCESS PARTNERSHIPP O Box 41093 NORFOLK,VA 23541	20-1830252	501(C)(3)	60,000	0			HEALTHCARE ACCESS TO UNDERINSURED
ACCESS AIDS CARE222 W 21ST ST STE F-308 NORFOLK,VA 23517	54-1545157	501(C)(3)	12,500	0			TRANSPORTATION ASSISTANCE

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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

2010

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 from the organization or a related organization?	**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 duplicate copies if additional space is 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							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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 III, Additional Information	Part III, Additional Information	(Part I, line 4 continued)The organization owns a Supplemental Survivor Split-Dollar Life Insurance Policy for Douglas Johnson The organization also owns Spousal Survivor Split-Dollar Life Insurance Policies for Mary Blunt, Michael Dudley (through April 30, 2010), Kenneth Krakaur, and Douglas Thompson The Split Dollar Plans provide for transfer of the policies to the participant upon certain events At transfer (or the participant's death), the organization recovers the premiums that it has paid Effective May 1, 2010, ownership of Michael Dudley's policy rolled over to him The policy value remaining after reduction for corporate recovery of premiums and after tax ART amounts was $4,749 This amount was treated as additional taxable compensation and has been reported in Column(B) (iii) of Schedule J Part II Douglas Johnson also owns Whole Life and Split Dollar Insurance Policies which are collaterally assigned to the organization and are subject to the terms of the organization's Supplemental Survivor Split-Dollar Life Insurance Policies
Sch J, Part I, Line 7	Part I, Line 7 Non-Fixed payments not listed above	During 2010, the organization made non-fixed payments of compensation under the following incentive programs Annual incentive program - Executives and senior leaders are eligible for annual awards based on system and individual performance Both system and individual scores are determined after year-end, at which point awards may be paid and reported as compensation Target and maximum opportunities vary by level Top Hat- Within the annual incentive program, executives and senior leaders may receive additional incentive pay to reward exceptional individual performance 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 2010, the second 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 For Form 990 purposes, estimated annual earnings under each active cycle are reported as deferred compensation in the year earned, and actual earnings for each 3-year cycle are reported as incentive compensation in the year paid
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 was provided to certain Board members and officers of the organization in connection with business purposes only and was not included in taxable income 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 taxable 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: 10000105
Software Version: 2010v3.2
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)	233,764	115,650	4,967	79,541	2,891	436,813	28,143
VICKY GRAY	(I) (II)	305,802	302,479	127,855	87,121	27,786	851,043	167,640
ROBERT GRAVES	(I) (II)	282,359	200,515	156,856	86,168	18,997	744,895	168,067
ROBERT BROERMANN	(I) (II)	540,744	501,389	20,982	213,639	28,048	1,304,802	215,688
MICHAEL V TAYLOR	(I) (II)	332,186	331,076	17,367	126,169	20,938	827,736	132,421
MICHAEL GENTRY	(I) (II)	366,637	177,105	101,928	108,866	13,522	768,058	734 18,346
MICHAEL DUDLEY	(I) (II)	395,785	358,604	67,137	615,696	23,885	1,461,107	193,022
MEGAN R PERRY	(I) (II)	281,573	124,761	39,442	120,826	18,717	585,319	36,513
MARY BLUNT	(I) (II)	337,838	318,608	191,018	133,934	20,392	1,001,790	190,525
MARK SZALWINSKI	(I) (II)	300,216	179,485	19,043	157,992	26,268	683,004	2,136 53,400
LESTER ELJAIEK	(I) (II)	196,087	152,483	12,862	16,519	16,925	394,876	
KENNETH M KRAKAUR	(I) (II)	425,528	395,520	108,229	110,469	21,784	1,061,530	185,786
JEFFREY P KING	(I) (II)	351,336	41,419	93,796	66,558	17,529	570,638	
HOWARD P KERN	(I) (II)	674,814	729,038	27,266	714,210	19,763	2,165,091	322,495
GRACE R HINES	(I) (II)	218,466	95,391	23,255	142,668	15,603	495,383	34,654
GENEMARIE MCGEE	(I) (II)	160,797	64,540	265	86,947	17,005	329,554	
GARY YATES	(I) (II)	543,039	502,990	42,171	260,462	27,255	1,375,917	215,444
GAIL HEAGEN	(I) (II)			170,070	81,613		251,683	
DOUGLAS THOMPSON	(I) (II)	211,041	183,553	55,995	69,322	22,686	542,597	67,947
DOUGLAS JOHNSON MD	(I) (II)			1,002,067	17,426		1,019,493	1,002,067
DONALD V JELLIG	(I) (II)			1,679,083			1,679,083	1,014,311
DAVID MAIZEL	(I) (II)	351,745	150,147	77,288	150,341	23,756	753,277	
DAVID L BERND	(I) (II)	994,709	1,306,738	1,142,891	643,792	25,352	4,113,482	634,843
BRUCE S ROBERTSON	(I) (II)	194,969	96,181	12,043	114,894	7,857	425,944	29,051
BERTRAM S REESE	(I) (II)	341,306	356,782	75,054	150,156	23,471	946,769	136,406
ANDREW WEDDLE	(I) (II)	179,979	90,353	7,343	49,482	15,008	342,165	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part 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

2010

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	VA SMALL BUS FIN AUTH	54-1300845	928105AV7	01-28-2010	296,243,684	FINANCING OF ACUTE CARE FAC		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,635,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	296,243,684			
4	Gross proceeds in reserve funds	230,000,000			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	63,496,188			
7	Issuance costs from proceeds	2,747,496			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	230,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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							
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							

Part IV Arbitrage

		A		B		C		D	
		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						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	NA							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	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						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part 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

2010

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA THE CITY OF NORFOLK	23-7253445		07-16-2003	53,100,000	FINANCING FOR FIXED ASSETS		X		X		X
B	EDA THE CITY OF NORFOLK	23-7253445	65588TAL3	03-03-2010	132,480,000	REFUNDED BONDS ISSUED 5/04		X		X		X
C	EDA THE CITY OF NORFOLK	23-7253445	65588TAH2	03-18-2009	68,890,000	REFUNDED BONDS ISSUED 5/04		X		X		X
D	EDA THE CITY OF SUFFOLK	54-1131047	86481QAA7	06-25-2008	156,615,000	REFUNDED BONDS ISSUED 10/06		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	53,100,000	132,480,000	68,890,000	156,615,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	132,480,000	132,480,000	68,890,000	156,615,000
7	Issuance costs from proceeds	434,772		434,772	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	53,100,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2003	2010	2009	2008
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	No: X	Yes: X	Yes: X	Yes: X
15	Were the bonds issued as part of an advance refunding issue?	No: X	Yes: X	No: X	No: X
16	Has the final allocation of proceeds been made?	Yes: X	Yes: X	Yes: X	Yes: X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes: X	Yes: X	Yes: X	Yes: X

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	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		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		X	

Part IV Arbitrage

		A		B		C		D	
		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		X
2	Is the bond issue a variable rate issue?	X		X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X		X		X	
b	Name of provider	NA		CITIGROUPGOLDMAN		CITIGROUP			
c	Term of hedge		29 8000		29 8000		29 8000		10 0000
d	Was the hedge superintegrated?	X		X		X			X
e	Was a hedge terminated?		X		X		X		X
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider	NA		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		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
		Bond B (EDA of the City of Norfolk) The original 2009 refunding issue consisted of 3 Series (A, B, and C) for a total issue price of $201,370,000 In 2010, Series B and C were refunded leaving Series A with an issue price of $68,890,000 Due to this refunding, the 8038 for Series 2009A does not agree to Schedule Bond A (VA Small Business Financing Authority) Part II, Line 13 - Three projects were included in this issuance, by which two were competed in 2010 The third and final project is due for completion in 2011

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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

2010

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	(c) Corrected? 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	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		PART IV, TRANSACTIONS WITH INTERESTED PERSONSBoard/officer overlap with related taxable entitiesAllison Krakaur is a family member of Officer Kenneth Krakaur Diana Ross is a family member of Trustee Thomas Ross Karen Weddle is a family member of Highest Compensated Employee Andrew Weddle Trustee Gary McCollum is the SVP & General Manager of Cox Communications Trustee F Dudley Fulton is an executive of USI Insurance Services Director and trustee Allan G Donn and trustee Toy D Savage Jr are partial owners of Willcox & Savage OFFICER KENNETH KRAKAUR IS A BOARD MEMBER OF OPACC I, LLC, A JOINT VENTURE OF SENTARA VENTURES, INC , A TAXABLE SUBSIDIARY OF SENTARA HOLDINGS, INC , WHICH IS A TAXABLE SUBSIDIARY OF THE ORGANIZATION The organization pays various expenses on behalf of affiliated joint ventures, for which it is later reimbursed For Schedule L purposes, expense reimbursements were not considered "business transactions" and accordingly, have not been reported Directors/trustees/officers/key employees of the organization may also serve as directors/trustees/officers of related taxable entities within the Sentara Healthcare System See Schedule R for a listing of transactions the organization had with these related taxable entities

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 52-1271901
Name: SENTARA HEALTHCARE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
COX COMMUNICATIONS	SEE BELOW	165,546	COMMUNICATION SERVICES		No
KAREN L WEDDLE	SEE BELOW	132,445	EMPLOYMENT		No
OPACCI I LLC	SEE BELOW	183,036	RENT EXPENSE		No
WILLCOX & SAVAGE	SEE BELOW	288,263	LEGAL SERVICES		No
USI INSURANCE SERVICES	SEE BELOW	1,140,592	INSURANCE SERVICES		No
ALLISON K KRAKAUR	SEE BELOW	74,160	EMPLOYMENT		No
DIANA ROSS	SEE BELOW	73,793	EMPLOYMENT		No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)VI COMMITMENT TO THE COMMUNITY SENTARA'S BEDROCK INSTITUTION WAS FOUNDED IN 1888 IN NORFOLK AS A 25-BED RETREAT FOR THE SICK TODAY'S ORGANIZATION IS TRULY AN INTEGRATED HEALTHCARE SYSTEM THAT PROVIDES PATIENTS WITH A COHESIVE AND INTERLOCKING NETWORK OF CAREGIVING THAT SPANS FROM BIRTH THROUGH THE END OF LIFE AS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, SENTARA CONTINUOUSLY REINVESTS IN THE COMMUNITY--WITH THE PURCHASE OF THE MOST MEDICALLY ADVANCED TECHNOLOGY, IN NEW, STATE-OF-THE-ART HEALTHCARE FACILITIES, WITH TRAINING MEDICAL PROFESSIONALS AND WITH PROVIDING THE HIGHEST QUALITY HEALTHCARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY IT'S NOT JUST OUR MISSION, IT'S OUR COMMITMENT TO THE COMMUNITY A THE SENTARA HEALTH FOUNDATIONTHE SENTARA HEALTH FOUNDATION WAS ESTABLISHED IN 1998 TO IMPROVE HEALTH AND QUALITY OF LIFE THROUGHOUT SOUTHEASTERN VIRGINIA AND NORTH CAROLINA, AND TO FURTHER DEMONSTRATE THE SENTARA NOT-FOR-PROFIT MISSION THE FOUNDATION HAS TOUCHED THE LIVES OF MANY VIRGINIA RESIDENTS FROM THE EASTERN SHORE TO GREATER HAMPTON ROADS THROUGH GRANTS SUPPORTING COMMUNITY PROGRAMS SPECIFICALLY, IT HAS AWARDED OVER $8 MILLION IN GRANTS ($629,500 in 2010) PROGRAMS INCLUDE MOBILE DENTAL CARE, PRENATAL SUPPORT, MEDICATION ASSISTANCE AND REDUCED-COST PRIMARY CARE THE FOUNDATION ALSO SPONSORS COMMUNITY EVENTS, SUCH AS THE SUSAN G KOMEN TIDEWATER RACE FOR THE CURE, THE AMERICAN HEART ASSOCIATION HEART GALA AND HEART WALK AND THE AMERICAN CANCER SOCIETY RELAY FOR LIFE THE FOUNDATION'S CHARGE IS TO IDENTIFY COMMUNITY HEALTH-RELATED NEEDS AND ENABLE SOLUTIONS, WITH A PRIMARY FOCUS ON ACCESS TO BASIC HEALTH CARE SERVICES, IMPROVED PREGNANCY OUTCOMES, COALITION BUILDING AND SERVICES FOR FRAIL AND AT-RISK ELDERLY B IN SUPPORT OF THE COMMUNITY LED BY A VOLUNTEER COMMUNITY BOARD OF DIRECTORS, SENTARA PROUDLY PROVIDES CARE TO ALL, AND REINVESTS IN THE COMMUNITY IN NUMEROUS WAYS 1 CONTRIBUTIONSEACH YEAR, SENTARA PROVIDES MILLIONS OF DOLLARS IN BENEFITS TO THE COMMUNITY IN 2010, SENTARA REINVESTED APPROXIMATELY $179 4 MILLION INTO THE COMMUNITIES IT SERVES THAT EQUALS MORE THAN $490,000 FOR EACH DAY IN 2010 THE MAJORITY OF THAT--$162 5 MILLION--WENT TOWARD UNCOMPENSATED PATIENT CARE SERVICES, SERVING 178,000 UNINSURED AND UNDERINSURED PATIENTS IN 2010 THAT BREAKS DOWN TO PROVIDING APPROXIMATELY 488 PEOPLE EACH DAY WITH FREE SERVICES SENTARA INVESTED ANOTHER $14 7 MILLION IN HEALTH CARE TEACHING PROGRAMS TO ENSURE A QUALIFIED POOL OF PHYSICIANS AND NURSES OVER $2 2 MILLION WENT TOWARD LOCAL COMMUNITY PROGRAMS, WHICH EXTENDED HEALTH EVENTS AND HEALTH SCREENINGS TO MORE THAN 39,000 INDIVIDUALS IN 2010 IN ADDITION, SENTARA EMPLOYEES PROVIDE ANNUAL CONTRIBUTIONS TO THE UNITED WAY, AND NUMEROUS EMPLOYEES VOLUNTEER FOR "WORK CREWS" AT UNITED WAY AGENCIES FOR THE ANNUAL DAY OF CARING SENTARA IS COMMITTED TO PROVIDING QUALITY HEALTH CARE TO ALL, REGARDLESS OF ABILITY TO PAY UNDER SENTARA'S CHARITY CARE POLICIES, PATIENTS MEETING CERTAIN FINANCIAL CRITERIA RECEIVE CARE WITHOUT CHARGE OR WITH A SIGNIFICANT DISCOUNT PATIENTS WITH FAMILY INCOMES AT LESS THAN 200% OF THE FEDERAL POVERTY LEVEL RECEIVE CARE WITHOUT CHARGE PATIENTS WITH FAMILY INCOMES GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL RECEIVE SIGNIFICANT SLIDING DISCOUNTS IN 2010, SENTARA COVERED BILLS FOR OVER 178,000 PATIENTS WHO COULD NOT PAY THEIR MOUNTING MEDICAL EXPENSES 2 MEDICALLY UNDERSERVEDSENTARA MEDICAL GROUP'S PHYSICIANS AND MEDICAL STAFF VOLUNTEER THOUSANDS OF HOURS TO EASTERN VIRGINIA MEDICAL SCHOOL, AREA FREE CLINICS, COMMUNITY EDUCATION AND CIVIC AND CHARITABLE PROGRAMS SENTARA'S PRIORITY IS TO OPEN DOORS OF ACCESS TO BASIC HEALTH CARE THAT MANY AMERICANS TAKE FOR GRANTED

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	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)SERVING A POPULATION OF MORE THAN 200,000, THE HOSPITAL ADMITS MORE THAN 15,500 INPATIENTS ANNUALLY AND DELIVERS CLOSE TO 1,750 BABIES EACH YEAR IN ADDITION, RMH AVERAGES MORE THAN 18,000 SURGICAL PROCEDURES ANNUALLY, WHILE THE RMH HAHN CENTER PROVIDES MORE THAN 16,000 CANCER TREATMENTS PER YEAR AND THE RMH EMERGENCY DEPARTMENT TREATS MORE THAN 70,000 PATIENTS PER YEAR SIGNATURE SERVICES INCLUDE A COMPREHENSIVE HEART AND VASCULAR CENTER, FAMILY BIRTHPLACE, CENTER FOR SLEEP MEDICINE, IMAGING SERVICES, BEHAVIORAL HEALTH SERVICES, WOMEN'S CENTER, AND WELLNESS CENTER THE RMH MEDICAL GROUP EMPLOYS 77 PHYSICIANS IN 13 SPECIALTIES THE RMH MEDICAL STAFF HAS 289 PHYSICIANS IN 40 SPECIALTIES THE AFFILIATION WAS FINALIZED IN MAY OF 2011 2 MARTHA JEFFERSON HOSPITALIN SEPTEMBER 2010, MARTHA JEFFERSON HOSPITAL (MJH) SIGNED A LETTER OF INTENT TO AFFILIATE WITH SENTARA HEALTHCARE MJH IS A 176-BED, NOT-FOR-PROFIT COMMUNITY HOSPITAL LOCATED IN CHARLOTTESVILLE, VA, THAT SHARES THE SAME MISSION AS SENTARA TO STRIVE TO IMPROVE THE HEALTH OF THE COMMUNITIES THEY SERVE TOGETHER THEY WILL CONTINUE PROVIDING PERSONALIZED HEALTH CARE TO THE RESIDENTS OF CHARLOTTESVILLE AND CENTRAL VIRGINIA THE HOSPITAL ADMITS MORE THAN 11,000 INPATIENTS AND TREATS MORE THAN 214,000 OUTPATIENTS ANNUALLY, AND DELIVERS CLOSE TO 1,800 BABIES EACH YEAR IN ADDITION, MJH PERFORMS MORE THAN 2,700 INPATIENT AND MORE THAN 3,600 OUTPATIENT SURGICAL PROCEDURES ANNUALLY, WHILE THE EMERGENCY DEPARTMENT TREATS MORE THAN 48,700 PATIENTS PER YEAR MAJOR SERVICES INCLUDE A CANCER CARE CENTER, DIGESTIVE CARE CENTER, CARDIOLOGY CARE CENTER, ORTHOPAEDICS INCLUDING SPINE SURGERY & JOINT REPLACEMENT SURGERY, WEIGHT LOSS SURGERY, STROKE CENTER SURGERY, THORACIC SURGERY, VASCULAR MEDICINE & SURGERY, AND A WOMEN'S HEALTH CENTER MJH EMPLOYS 1,600 STAFF MEMBERS, INCLUDING 470 PHYSICIANS REPRESENTING MORE THAN 40 SPECIALTIES MJH WILL BE THE TENTH HOSPITAL IN THE SENTARA HEALTHCARE SYSTEM OF NOT-FOR-PROFIT HOSPITALS THE ATTRIBUTES OF THE COMBINED SYSTEMS WILL BETTER POSITION THE HOSPITAL TO ACHIEVE BEST PRACTICES IN HEALTHCARE DELIVERY THROUGH UTILIZATION OF TECHNOLOGIES AND INTEGRATED INFORMATION SYSTEMS WHILE ADDRESSING HEALTHCARE REFORM AND OTHER PROFOUND CHANGES AFFECTING THE HEALTHCARE ENVIROMENT THE AFFILIATION WAS FINALIZED JUNE 1, 2011 III CONSTANTLY LOOKING AHEADKNOWING HOW IMPORTANT IT IS TO KEEP UP WITH THE CHANGING TIMES, SENTARA CONSTANTLY SEEKS WAYS TO EXPAND AND ENHANCE ITS SERVICES IT'S WHY WE AGGRESSIVELY RECRUIT PHYSICIANS AND STAFF WITH EXCEPTIONAL SKILLS AND STANDARDS IT MEANS PURSUING RESEARCH AND CLINICAL TRIALS, SO THE LATEST METHODS WILL BE AVAILABLE TO OUR PATIENTS FIRST SENTARA HAS A COMMITMENT TO GROW AS ONE OF THE NATION'S LEADING HEALTHCARE ORGANIZATIONS BY CREATING INNOVATIVE SYSTEMS OF CARE THAT HELP PEOPLE ACHIEVE AND MAINTAIN THEIR BEST POSSIBLE STATE OF HEALTH WE FOCUS, PLAN AND ACT ON OUR COMMITMENT TO OUR COMMUNITY MISSION, TO OUR CUSTOMERS AND TO THE HIGHEST QUALITY STANDARDS OF HEALTHCARE TO ACHIEVE OUR VISION FOR THE FUTURE A EXPANSION OF SERVICE AREAS MEDICAL TRANSPORT, THE PREMIER COMMERCIAL EMS AGENCY AND AMBULANCE TRANSPORT SERVICE IN SOUTHEASTERN VIRGINIA, WITH ITS HOME OFFICE LOCATED IN VIRGINIA BEACH, VA, EXPANDED TO CHARLOTTESVILLE AND PETERSBURG, VA IN 2008, TO CHRISTIANBURG AND ROANOKE, VA IN 2009 AND TO THE PRINCE WILLIAM AREA IN 2010 MEDICAL TRANSPORT IS DEDICATED TO SERVING ITS PATIENTS WITH OUTSTANDING CUSTOMER SERVICE UTILIZING THE LARGEST FLEET OF AMBULANCES IN THE STATE OF VIRGINIA SENTARA HOME CARE HAS BEEN BRINGING HIGH QUALITY HEALTHCARE HOME TO OUR PATIENTS SINCE 1982 TODAY, SENTARA HOME CARE SERVES PATIENTS THROUGHOUT MOST OF VIRGINIA AND BEYOND INCLUDING HAMPTON ROADS, RICHMOND, AND SEVERAL NORTHEASTERN NORTH CAROLINA COUNTIES IN 2008 HOME CARE'S SERVICE AREA GREW TO INCLUDE CHARLOTTESVILLE AND COVINGTON, VA, AND IN 2009 IT EXPANDED EVEN FURTHER INTO BATH COUNTY IN WESTERN VIRGINIA

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	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)SENTARA SUPPORTS AND OPERATES UNCOMPENSATED CARE CLINICS THROUGHOUT THE REGION SUCH AS THE SENTARA AMBULATORY CARE CENTER (ACC) THE ACC IS A COLLABORATIVE EFFORT WITH EASTERN VIRGINIA MEDICAL SCHOOL AND IS LOCATED NEAR SENTARA NORFOLK GENERAL HOSPITAL IT FEATURES AN APPOINTED SIDE, WHICH FUNCTIONS JUST LIKE A DOCTOR'S OFFICE AND A SAME-DAY "WALK-IN" SERVICE SIDE FOR MORE PRESSING AND IMMEDIATE HEALTH CONCERNS THE APPOINTED SIDE OFFERS A HOST OF CLINICS AVAILABLE ON A ROTATING BASIS THROUGHOUT THE WEEK THE WALK-IN SIDE FUNCTIONS LIKE AN URGENT CARE CENTER C IN SUPPORT OF EDUCATIONAS PART OF OUR COMMITMENT TO PROVIDE THE LATEST IN HEALTH INFORMATION, SENTARA OFFERS EXPLOREHEALTH WITH SENTARA, AN EDUCATIONAL PROGRAM THAT EXPLORES MEDICAL BREAKTHROUGHS, INNOVATIVE TREATMENT OPTIONS AND CONTEMPORARY HEALTH ISSUES IN OUR COMMUNITY D IN SUPPORT OF COMMUNITY HEALTH INITIATIVES1 SENTARA COMMUNITY HEALTH AND PREVENTIONAS PART OF SENTARA'S COMMITMENT TO PREVENTIVE HEALTH MEASURES, SENTARA PRESENTS SPECIAL COMMUNITY INITIATIVES THAT ARE DESIGNED TO EDUCATE THE COMMUNITY ABOUT ISSUES AFFECTING HEALTH SENTARA PROMOTES INFORMATION CAMPAIGNS SUCH AS --EATING FOR LIFE, AN AWARD-WINNING NUTRITION AND HEALTHY EATING PROGRAM--KNOW YOUR NUMBERS, A CARDIOVASCULAR RISK REDUCTION AND HEALTH IMPROVEMENT PROGRAM--WALK-ABOUT WITH HEALTHY EDGE, A WALKING PROGRAM THAT ENCOURAGES WALKING FOR CARDIOVASCULAR HEALTH--GET OFF YOUR BUTT STAY SMOKELESS FOR LIFE, A SMOKING CESSATION PROGRAM--HEALTHY HEART PROGRAM, A CARDIOVASCULAR DISEASE REDUCTION PROGRAM--SENTARA LIVING, A COMPREHENSIVE WELLNESS PROGRAM FOR SENIORS --SENTARA'S MOBILE MAMMOGRAPHY UNIT VISITS NUMEROUS WORK SITES EVERY YEAR TO ENCOURAGE WELLNESS --CAMP LIGHTHOUSE, A GRIEF CAMP FOR KIDS AGES 5-16 WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE 2 TOBACCO FREE ENVIRONMENTSHOSPITALS SEE THE EFFECTS OF TOBACCO EVERY DAY IN HEART DISEASE, RESPIRATORY AILMENTS AND CANCERS IN RESPONSE SENTARA HAS IMPLEMENTED ITS TOBACCO FREE ENVIRONMENT (TFE) CAMPAIGN NO ONE IS ALLOWED TO SMOKE, CHEW OR DIP ANYWHERE ON CAMPUS, NOT EVEN IN CARS THE GOAL IS NOT JUST TO AVOID THE AESTHETIC AND HEALTH ISSUES OF SECOND-HAND SMOKE, BUT TO PUT SENTARA'S MISSION INTO PRACTICE BY ENCOURAGING AND HELPING STAFF, PATIENTS AND VISITORS TO QUIT THIS HABIT AS OF JANUARY 1, 2010, ALL SENTARA FACILITIES SYSTEM-WIDE HAVE ADOPTED THE TOBACCO FREE ENVIRONMENT INITIATIVES, WITH THE EXCEPTION OF SENTARA POTOMAC HOSPITAL WHICH WILL BE TOBACCO FREE IN 2011 IN ADDITION, SENTARA HEALTHCARE HAS EARNED THE AMERICAN CANCER SOCIETY "EXCELLENCE IN THE WORKPLACE TOBACCO CONTROL" AWARD FOR ITS EFFORTS VII OPTIMA HEALTH PLANA IMPROVING HEALTHOPERATING WITH THE SAME MISSION IN MIND--TO IMPROVE HEALTH EVERYDAY--IS SENTARA'S HEALTH PLAN, OPTIMA HEALTH WITH MORE THAN 25 YEARS OF HEALTH INSURANCE EXPERIENCE, OPTIMA HEALTH PROVIDES HEALTH PLAN COVERAGE TO MORE THAN 415,000 MEMBERS THROUGHOUT THE STATE OUR QUALITY PROVIDER NETWORK FEATURES MORE THAN 15,000 PROVIDERS INCLUDING SPECIALISTS, PRIMARY CARE PHYSICIANS AND HOSPITALS ACROSS VIRGINIA

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	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)OPTIMA OFFERS ASSISTANCE IN REDUCING HEALTH RISKS, IMPROVING HEALTH AND PREVENTING DISEASE THIS IS ACCOMPLISHED THROUGH HEALTH SCREENINGS, DIRECT MAILINGS AND COMMUNITY PARTNERSHIPS EFFORTS FOR "AT RISK" POPULATIONS INCLUDE SPECIFIC INTERVENTIONS TO INCREASE PRENATAL CARE, CANCER SCREENINGS, IMMUNIZATIONS AND PREVENTIVE HEALTH VISITS WITH PHYSICIANS OPTIMA ALSO OFFERS PREVENTION PROGRAMS TO REDUCE HEALTH RISKS THAT CONTRIBUTE TO CARDIOVASCULAR AND RESPIRATORY DISEASE B SUPPORTING THE COMMUNITY IN PARTNERSHIP WITH THE NORFOLK DEPARTMENT OF NEIGHBORHOOD & LEISURE SERVICES, OPTIMA ALSO SPONSORS A GIRLS COMMUNITY BASKETBALL PROGRAM WHICH SERVES MORE THAN 1,400 AT-RISK MIDDLE SCHOOL GIRLS THROUGHOUT VIRGINIA THIS PROGRAM COMBINES HEALTH EDUCATION WITH SPORTS TO PROMOTE HEALTHY LIFESTYLE DECISIONS PARTICIPANTS MUST ATTEND MANDATORY HEALTH EDUCATION CLASSES BEFORE GAMES, AS WELL AS PARTICIPATE IN PROGRAMS ON TOPICS SUCH AS CARDIOVASCULAR HEALTH, ASTHMA, DIABETES, HEALTHY EATING, AVOIDING TOBACCO AND DRUGS AND SEXUAL HEALTH THIS PROGRAM WAS AWARDED THE 2008 COMMUNITY LEADERSHIP AWARD FROM AMERICA'S HEALTH INSURANCE PLANS (AHIP) C ACCREDITATION AND AWARDSTHE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HAS RECOGNIZED OUR QUEST FOR EXCELLENCE BY AWARDING OUR COMMERCIAL HMO AND MEDICAID HMO PRODUCTS WITH AN "EXCELLENT" ACCREDITATION STATUS THIS RATING HAS BEEN MAINTAINED SINCE 1998, A CLAIM NO OTHER HEALTH PLAN IN THE REGION CAN MAKE OPTIMA HEALTH RECEIVED AN A+ RATING FROM THE STREET (WEISS RATINGS, INC) FOR FINANCIAL SOUNDNESS, RECOGNIZING ITS ABILITY TO WITHSTAND SEVERE ECONOMIC ADVERSITY AND SHOWING EXCEPTIONAL FINANCIAL STRENGTH THESTREET COM IS THE NATION'S LEADING INDEPENDENT PROVIDER OF RATINGS AND ANALYSES OF FINANCIAL SERVICE COMPANIES, MUTUAL FUNDS, AND STOCKS THE RATING RECOGNIZES OPTIMA HEALTH AS AN OUTSTANDING INSURER OFFERING EXCELLENT FINANCIAL STABILITY FOR ITS CUSTOMERS, VENDORS, AND EMPLOYEES FEWER THAN FIVE PERCENT OF THE NATION'S HMO'S AND HEALTH INSURERS MEET THESTREET COM RATING'S CRITERIA FOR EXCEPTIONAL FINANCIAL STRENGTH WHILE OFFERING PROGRAMS TO PREVENT DISEASE AND HELP FAMILIES STAY WELL, OPTIMA STANDS OUT THROUGH SENTARA'S PASSION FOR HEALTH AND SERVICE EXCELLENCE OPTIMA HEALTH WAS NAMED THE 2006/2007 CUSTOMER CARE AWARD WINNER FOR THE STATE OF VIRGINIA BY THE NATIONAL RESEARCH CORPORATION AT SENTARA HEALTHCARE OUR MISSION IS TO IMPROVE HEALTH EVERYDAY FROM OUR DEDICATION TO QUALITY TO OUR COMMITMENT TO THE COMMUNITY WE STRIVE TO FULFILL THIS MISSION FOR THE OVER TWO MILLION HAMPTON ROADS RESIDENTS AND THE OVER 370,000 NORTHERN VIRGINIA RESIDENTS WE SERVE

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	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)G SENTARA LEIGH TOWERAT THE END OF 2010, THE CERTIFICATE OF PUBLIC NEED FILED BY SENTARA HEALTHCARE TO BUILD A FIVE STORY STATE-OF-THE-ART REPLACEMENT BED TOWER AT SENTARA LEIGH HOSPITAL WAS APPROVED WITH BOOMING VOLUMES IN ORTHOPAEDICS, GYNECOLOGY AND GENERAL SURGERY AND MULTI-MILLION DOLLAR IMPROVEMENTS UNDERWAY TO THE EMERGENCY DEPARTMENT, OPERATING ROOMS AND STERILE SUPPORT AREAS, SENTARA LEIGH IS COMPLETING THE PACKAGE BY CONSTRUCTING A NEW TOWER TO SERVE THE FUTURE NEEDS OF ITS MANY PATIENTS FROM NORFOLK, VIRGINIA BEACH AND CHESAPEAKE GROUNDBREAKING IS EXPECTED IN THE FALL OF 2011 V SENTARA QUALITY & PATIENT SAFETY DISTINCTIONSA MEASURING QUALITY HEALTHCARESINCE OUR HEALTH SYSTEM'S EARLIEST YEARS, MORE THAN 120 YEARS AGO, WE HAVE BELIEVED THE COMMUNITY DESERVES HEALTHCARE THAT IS MEASURABLY BETTER SENTARA'S GOAL IS TO LEAD THE INDUSTRY TO ACHIEVE TOP 10 PERCENT PERFORMANCE WHEREVER NATIONAL BENCHMARKS EXIST THESE RESULTS ARE THE MEASURES THAT CAN BE EXAMINED THROUGHOUT OUR ORGANIZATION 1 TOP 100 INTEGRATED HEALTHCARE NETWORKSENTARA HAS CONSISTENTLY RANKED AMONG THE NATION'S TOP INTEGRATED HEALTHCARE NETWORKS AS PUBLISHED IN MODERN HEALTHCARE'S FACT-BASED RANKING THE ONLY HEALTHCARE SYSTEM IN THE COUNTRY TO BE AMONG THE NATION'S TOP 10 FOR ALL 14 YEARS OF THE SURVEY, SENTARA HAS LANDED AT NUMBER ONE IN 2001 AND AGAIN IN 2010 THE STUDY, PUBLISHED ANNUALLY, HIGHLIGHTS THE TOP 100 INTEGRATED HEALTH CARE NETWORKS ACROSS THE NATION AS SELECTED BY SDI, A HEALTH INFORMATION COMPANY 2 USING TECHNOLOGY TO IMPROVE CARESENTARA NORFOLK GENERAL HOSPITAL WAS NAMED AS ONE OF THE NATION'S MOST WIRED HOSPITALS DURING 2010, ACCORDING TO THE RESULTS OF THE 2010 MOST WIRED SURVEY AND BENCHMARKING STUDY THE "MOST WIRED" HOSPITALS USE COMPUTERS TO ENABLE PHYSICIANS TO CHECK OR ORDER PATIENT TESTS AND ENTER MEDICATION ORDERS ELECTRONICALLY, AND TO ENABLE PATIENTS TO PERFORM BILLING FUNCTIONS VIA COMPUTER HOSPITALS ARE NAMED TO THE LIST BASED ON HOW THEY USE TECHNOLOGY TO ADDRESS SAFETY AND QUALITY, CUSTOMER SERVICE, BUSINESS PROCESSES, WORKFORCE AND PUBLIC HEALTH AND SAFETY AMONG THE REASONS SENTARA NORFOLK GENERAL HOSPITAL WAS INCLUDED ON THE LIST WAS ITS INVESTMENT IN THE ELECTRONIC MEDICAL RECORD SYSTEM, SENTARA ECARE IN 2010, SENTARA HEALTHCARE WAS ALSO HONORED AS A RECIPIENT OF THE 2010 HIMSS (HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY) DAVIES AWARD HIMSS ANALYTICS, A COMPANY THAT COLLECTS AND ANALYZES HEALTHCARE DATA RELATED TO ITS PROCESSES AND ENVIRONMENTS, RECOGNIZES HEALTHCARE ORGANIZATIONS FOR SUCCESSFUL IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY SYSTEMS, SUCH AS SENTARA ECARE, AS WELL AS A PROVEN ABILITY TO DERIVE VALUE IN THE FORM OF IMPROVED PATIENT CARE SENTARA HEALTHCARE WAS HONORED WITH ITS STAGE 7 AWARD, A NATIONAL RECOGNITION WHICH REPRESENTS ATTAINMENT OF THE HIGHEST LEVEL OF ELECTRONIC MEDICAL RECORD ADOPTION MODEL-SM (EMRAM) WITH THIS AWARD, SENTARA JOINS A SELECT GROUP OF HEALTH SYSTEMS ACROSS THE COUNTRY TO HAVE ATTAINED THIS LEVEL OF ELECTRONIC MEDICAL RECORD IMPLEMENTATION 3 AWARD-WINING CARDIAC CARESENTARA HEART HOSPITAL IS A COMPREHENSIVE NETWORK OF PROVIDERS, FACILITIES AND SERVICES WORKING TOGETHER TO ENSURE THE HIGHEST LEVEL OF CARDIAC CARE TO PATIENTS THROUGHOUT THE REGION IT IS A REGIONAL AND NATIONAL LEADER IN CARDIAC CARE FOR THE 11TH YEAR, SENTARA HEART HOSPITAL/SENTARA NORFOLK GENERAL HOSPITAL RANKED AMONG THE NATION'S BEST HEART PROGRAMS IN U S NEWS & WORLD REPORT'S 2010-2011 BEST HOSPITALS ISSUE LISTED 43RD IN THE RANKING, SENTARA POSTS A MORTALITY SCORE THAT IS BETTER THAN FIVE OF THE TOP 10 PROGRAMS ON THE LIST SENTARA REMAINS THE ONLY HEART PROGRAM IN THE REGION AND ONLY ONE OF TWO HOSPITALS IN VIRGINIA TO BE RANKED BY U S NEWS & WORLD REPORT

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	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)B EXPANSION OF EDUCATIONAL SERVICES IN ADDITION TO EXPANDING OUR SERVICE AREA, SENTARA HAS ALSO EXPANDED ITS EDUCATIONAL SERVICES THE SENTARA SCHOOL OF HEALTH PROFESSIONALS HAS CHANGED ITS NAME TO THE SENTARA COLLEGE OF HEALTH SCIENCES (SCHS) TO COINCIDE WITH APPROVAL TO OFFER A BACCALAUREATE DEGREE IN NURSING THIS IS A BIG STEP IN PRESTIGE FOR THE SCHOOL, WHICH WILL QUALIFY GRADUATES TO APPLY FOR AN ADVANCED DEGREE PROGRAM SHOULD THEY WANT TO OBTAIN A MASTER OF SCIENCE DEGREE IN NURSING SCHS WILL CONTINUE TO OFFER PROGRAMS IN TECHNICAL SUPPORT POSITIONS AS WELL IV BUILDING FOR THE FUTUREDELIVERING SUPERIOR OUTCOMES FOR OUR PATIENTS IS SENTARA'S FOREMOST GOAL TO ASSURE THIS, WE SEEK WAYS TO EXPAND AND ENHANCE OUR SERVICES THE NEXT DECADE WILL BE CHARACTERIZED BY INSPIRING GROWTH AND CHANGE--ALL DEDICATED TO IMPROVING THE HEALTH OF OUR COMMUNITY AND OUR PATIENTS A SENTARA LAKE RIDGECONSTRUCTION WILL BEGIN IN AUGUST 2011 ON SENTARA LAKE RIDGE-AN INNOVATIVE AND MODERN OUTPATIENT CAMPUS THAT WILL OFFER CONVENIENT, HIGH QUALITY MEDICAL SERVICES AND A PATIENT-FOCUSED EXPERIENCE SENTARA LAKE RIDGE IS SENTARA HEALTHCARE'S FIRST OUTPATIENT FACILITY IN NORTHERN VIRGINIA TO PROVIDE 24-HOUR EMERGENCY CARE, AND ADVANCED IMAGING BY BOARD-CERTIFIED PHYSICIANS AND LABORATORY SERVICES THE 43,500 SQUARE-FOOT FACILITY IS EXPECTED TO OPEN IN SPRING 2012 B SENTARA PRINCESS ANNE HOSPITALIN PARTNERSHIP WITH BON SECOURS VIRGINIA, CONSTRUCTION BEGAN ON SENTARA PRINCESS ANNE HOSPITAL IN 2008 THE 5-STORY ACUTE CARE HOSPITAL OPENED ITS DOORS IN AUGUST, 2011 SOUTHERN VIRGINIA BEACH RESIDENTS HAVE ACCESS TO A STATE-OF-THE-ART ACUTE CARE HOSPITAL BUILT FOR THE FUTURE THIS 330,400-SQUARE-FOOT HOSPITAL WILL COMPLEMENT THE CONVENIENT OUTPATIENT SERVICES ALREADY BEING PROVIDED AT SENTARA PRINCESS ANNE HEALTH CAMPUS CURRENTLY LICENSED FOR 154 BEDS, THIS HOSPITAL WILL OFFER COMPREHENSIVE SURGICAL PROCEDURES, INTENSIVE CARE, ADVANCED CARDIAC CARE, AND A DEDICATED FAMILY MATERNITY CENTER C NEW PATIENT WING AT SENTARA OBICITHE ADDITION OF A NEW WING TO SENTARA OBICI HOSPITAL WAS COMPLETED IN JUNE OF 2010 THE NEW THREE-STORY, 63,480 SQUARE-FOOT WING INCLUDES ALL PRIVATE BEDS SERVING ORTHOPAEDIC, MEDICAL AND SURGICAL PATIENTS, AND WILL INCREASE THE HOSPITAL'S BED CAPACITY TO 168 BEDS THE GOAL IS TO IMPROVE CARE AND ACCESS FOR SENTARA OBICI HOSPITAL PATIENTS AND THE SURROUNDING COMMUNITY, WHICH IS EXPECTED TO GROW 10 PERCENT BETWEEN 2009 AND 2014 D ORTHOPAEDIC HOSPITAL AT SENTARA CAREPLEXSENTARA CAREPLEX HOSPITAL ALSO BEGAN AN EXPANSION IN 2008, DEDICATED EXCLUSIVELY TO ORTHOPAEDIC SERVICES THE ORTHOPAEDIC HOSPITAL AT SENTARA CAREPLEX, WHICH OPENED IN JULY 2010, IS THE AREA'S FIRST DEDICATED ORTHOPAEDIC HOSPITAL, TAKING SPECIALIZED ORTHOPAEDIC CARE TO A NEW LEVEL THE 55,000 SQUARE-FOOT, TWO-STORY FACILITY PROVIDES PATIENTS ACCESS TO THE FULL CONTINUUM OF ORTHOPAEDIC SERVICES, FROM THE PRE-OPERATIVE PHASE AND SURGERY TO REHABILITATION AND HOME CARE SERVICES E SENTARA ST LUKE'SIN OCTOBER 2008, CONSTRUCTION BEGAN ON A NEW CAMPUS AT SENTARA SAINT LUKE'S, AN OUTPATIENT HEALTH CAMPUS LOCATED IN ISLE OF WIGHT COUNTY FIRST TO OPEN IN 2010 WAS A TWO-STORY, 52,000 SQUARE-FOOT MEDICAL OFFICE BUILDING THAT FEATURES AN URGENT CARE CENTER, AN ADVANCED IMAGING CENTER, LABORATORY SERVICES, AND PHYSICAL THERAPY SERVICES IT ALSO HOUSES SEVERAL PRIMARY CARE AND SPECIALTY PHYSICIANS F SECOND PACE LOCATIONA SECOND LOCATION FOR THE PACE PROGRAM OPERATED BY SENTARA LIFE CARE CORPORATION, SENTARA'S LONG-TERM CARE DIVISION, OPENED IN PORTSMOUTH, VA IN MARCH OF 2010 PACE, OR PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY, IS AN ADULT DAY CARE PROGRAM THAT IS A NURSING HOME ALTERNATIVE THE FIRST OF ITS KIND IN VIRGINIA, THE PROGRAM IS A PREPAID HEALTH PLAN THAT PROVIDES TOTAL CARE FOR PARTICIPANTS, INCLUDING COMPREHENSIVE MEDICAL AND REHABILITATIVE SERVICES, IN-HOME SERVICES AND TRANSPORTATION

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)4 OUTSTANDING CANCER CARETHE SENTARA CANCER NETWORK WAS AWARDED AN OUTSTANDING ACHIEVEMENT AWARD FOR 2009 FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER ONLY 18 PERCENT OF 432 PROGRAMS SURVEYED DURING THE YEAR RECEIVED OUTSTANDING ACHIEVEMENT AWARDS-BASED ON FACTORS SUCH AS LEADERSHIP, RESEARCH AND QUALITY IMPROVEMENT THE ACCREDITED PORTION OF THE SENTARA CANCER NETWORK INCLUDES SENTARA NORFOLK GENERAL HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA CAREPLEX HOSPITAL AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER SENTARA LEIGH HOSPITAL WAS ADDED IN 2010 IN ADDITION, SENTARA POTOMAC HOSPITAL EARNED AN OUTSTANDING ACHIEVEMENT AWARD UNDER THE CATEGORY OF COMMUNITY HOSPITAL CANCER PROGRAMS THE SENTARA CANCER NETWORK AND SENTARA POTOMAC HOSPITAL ARE THE ONLY CANCER PROGRAMS IN VIRGINIA TO EARN OUTSTANDING ACHIEVEMENT AWARDS FOR 2009 5 COMPREHENSIVE BREAST HEALTH SERVICESSENTARA IS HOME TO SIX BREAST CENTERS THREE OF SENTARA'S COMPREHENSIVE BREAST CENTERS ARE ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS WITH THREE ADDITIONAL CENTERS ACCREDITED IN 2011 TO GAIN ACCREDITATION THE CENTERS MUST FOLLOW A MULTIDISCIPLINARY TEAM APPROACH, PROVIDE ACCESS TO CLINICAL TRIAL INFORMATION AND OFFER NEW TREATMENT OPTIONS, AMONG OTHER REQUIREMENTS THE BREAST CENTERS ARE ALSO AMONG THE ELITE GROUP DESIGNATED AS AN AMERICAN COLLEGE OF RADIOLOGY BREAST IMAGING CENTER OF EXCELLENCE AFTER RIGOROUS EVALUATION OF STAFF, EQUIPMENT, PHYSICIAN CREDENTIALS, TECHNIQUE AND IMAGE QUALITY, THE CENTERS ARE NOW FULLY ACCREDITED IN THE THREE MAJOR AREAS OF BREAST IMAGING AND CANCER DETECTION, MAMMOGRAPHY, STEREOTACTIC BREAST BIOPSY AND ULTRASOUND-GUIDED BIOPSY 6 WEIGHT LOSS SURGERY EXCELLENCEAFTER A DETAILED REVIEW OF CLINICAL QUALITY AND SAFETY, SURGICAL OUTCOMES, AND OVERALL PERFORMANCE, WEIGHT LOSS SURGERY PROGRAMS AT SENTARA CAREPLEX HOSPITAL, SENTARA NORFOLK GENERAL HOSPITAL AND SENTARA POTOMAC HOSPITAL HAVE RECEIVED DESIGNATION AS A WEIGHT LOSS SURGERY CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY OF METABOLIC AND BARIATRIC SURGERY 7 CLINICAL EXCELLENCESENTARA BAYSIDE HOSPITAL WAS AWARDED A 'VOLUNTARY HOSPITALS OF AMERICA (VHA) 2009 LEADERSHIP AWARD FOR CLINICAL EXCELLENCE' FOR ACHIEVING A HIGH LEVEL OF PERFORMANCE IN AMI (ACUTE MYOCARDIAL INFARCTION), HEART FAILURE, PNEUMONIA AND SURGICAL CARE IMPROVEMENT PROGRAM (SCIP) CLINICAL QUALITY INDICATORS AS MEASURED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND THE JOINT COMMISSION 8 GOLD SEAL OF APPROVALTHE JOINT COMMISSION HAS GIVEN SEVERAL SENTARA HOSPITALS ITS GOLD SEAL OF APPROVAL AND DISEASE SPECIFIC CARE CERTIFICATION SENTARA NORFOLK GENERAL EARNED VASCULAR CERTIFICATION THE JOINT COMMISSION ALSO RECOGNIZED SENTARA VIRGINIA BEACH GENERAL HOSPITAL FOR HEART FAILURE AND ACUTE MYOCARDIAL INFARCTION CARE 9 EXCELLENCE IN STROKE CARESENTARA IS THE FIRST HOSPITAL IN THE REGION TO OFFER NATIONALLY CERTIFIED LEVELS OF STROKE CARE AT FIVE DISTINCT LOCATIONS THE SENTARA PRIMARY STROKE CENTERS AT SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL AND SENTARA CAREPLEX HOSPITAL HAVE EARNED THE GOLD SEAL OF APPROVAL AND DISEASE SPECIFIC CARE CERTIFICATION FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER IS ACCREDITED BY THE DNVHC (DET NORSKE VERITAS HEALTHCARE, INC) AS A CERTIFIED PRIMARY STROKE CENTER BASED ON ITS CONTINUAL INTEGRATION OF QUALITY STANDARDS FOR MANAGEMENT OF STROKE PATIENTS 10 HMC TOP QUALITY AWARDTHE HEALTHCARE MANAGEMENT COUNCIL (HMC) ISSUED ITS FIRST TOP QUALITY AWARDS AMONG ITS MEMBER HOSPITALS IN 2010 HMC CLIENT HOSPITALS WORK AGAINST A COMPLEX MATRIX OF PERFORMANCE BENCHMARKS TO IMPROVE CLINICAL OUTCOMES, SAFETY, QUALITY, AND FINANCIALS ONLY SIX HOSPITALS RECEIVED PERFORMANCE AWARDS THIS YEAR AMONG THE FOUR HONORABLE MENTIONS WAS SENTARA LEIGH HOSPITAL

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)1 THE LEAPFROG HOSPITAL SURVEYTHE LEAPFROG HOSPITAL RECOGNITION PROGRAM (LHRP) RECOGNIZES AND REWARDS HOSPITALS THAT DEMONSTRATE EXCELLENCE OR IMPROVEMENT IN THE PERFORMANCE AREAS OF PATIENT SAFETY, QUALITY, AND RESOURCE UTILIZATION THE LHRP HAS RECOGNIZED SENTARA CAREPLEX HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA BAYSIDE HOSPITAL, AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER FOR TOP-LEVEL PERFORMANCE DURING 2010 THE ANNUAL SURVEY RECOGNIZED 65 OUT OF A FIELD OF NEARLY 1,200 HOSPITALS ACROSS 45 STATES THE 2010 LIST INCLUDES UNIVERSITY AND OTHER TEACHING HOSPITALS, CHILDREN'S HOSPITALS AND COMMUNITY HOSPITALS IN RURAL, SUBURBAN AND URBAN SETTINGS THE SELECTION IS BASED ON THE RESULTS OF THE LEAPFROG GROUP'S NATIONAL SURVEY THAT MEASURES HOSPITALS' PERFORMANCE IN CRUCIAL AREAS OF PATIENT SAFETY AND QUALITY 2 INFECTION PREVENTIONPREVENTION OF HEALTH CARE-ASSOCIATED INFECTIONS IS A NATIONAL CONCERN, AND SENTARA CONTINUALLY STRIVES TO REDUCE THESE CASES ALL SENTARA HOSPITALS HAVE BEEN WORKING DILIGENTLY TO REDUCE THE OCCURRENCE OF VENTILATOR-ASSOCIATED PNEUMONIA (VAP), WHICH CAN DEVELOP IN PATIENTS WHO HAVE BEEN ON MECHANICAL VENTILATION FOR 48 HOURS OR MORE IN 2010, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER MARKED SIX CONSECUTIVE YEARS WITH ZERO CASES OF VAP FURTHER EMPHASIZING THE SIGNIFICANCE OF THIS ACCOMPLISHMENT, VOLUNTARY HOSPITALS OF AMERICA (VHA), A VOLUNTARY NATIONAL ORGANIZATION FOCUSED ON HEALTH CARE FINANCIAL PERFORMANCE THROUGH CLINICAL EXCELLENCE AND SUPPLY CHAIN MANAGEMENT, PLANS TO "BLUEPRINT" THE PRACTICES AT SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS A MODEL FOR HOSPITALS ACROSS THE COUNTRY ADDITIONALLY, CENTRAL LINE BLOODSTREAM INFECTIONS HAVE ALSO BEEN SHARPLY REDUCED SENTARA BAYSIDE HOSPITAL IS ONE OF ONLY FIVE HOSPITALS IN VIRGINIA AND MENTIONED AMONG THE BEST IN THE COUNTRY FOR PROTECTING PATIENTS IN THE INTENSIVE CARE UNIT AGAINST LIFE-THREATENING CENTRAL LINE BLOODSTREAM INFECTIONS IN CONSUMER REPORTS MAGAZINE 3 FAMILY INITIATED RAPID RESPONSE SAFETY TEAMIN 2008, SENTARA CAREPLEX HOSPITAL INTRODUCED THE FAMILY INITIATED RAPID RESPONSE SAFETY TEAM (FIRRST), A TOOL WHICH ALLOWS PATIENTS OR FAMILY MEMBERS TO INITIATE AN EMERGENCY CALL TO THE SAFETY RESPONSE TEAM FROM WITHIN THE HOSPITAL IF THEY DETECT SUBTLE CHANGES IN A PATIENT'S CONDITION FIRRST CREATES A PARTNERSHIP BETWEEN PATIENTS, FAMILIES, VISITORS, NURSES AND PHYSICIANS AND HELPS HOSPITALS COMPLY WITH NATIONAL PATIENT SAFETY GOALS BY ENCOURAGING PATIENTS TO BE ACTIVELY INVOLVED IN THEIR OWN CARE 4 IMPROVING PATIENT SAFETY THROUGH TECHNOLOGYSENTARA IS CONSTANTLY LOOKING FOR WAYS TO USE TECHNOLOGY TO IMPROVE CARE AND SAFETY SENTARA HEALTHCARE PROVIDES THE SENTARA ECARE HEALTH NETWORK THE CLINICAL SYSTEM USES INNOVATIVE TECHNOLOGY TO LINK PATIENT MEDICAL INFORMATION BETWEEN SENTARA HOSPITALS, PHYSICIAN PRACTICES AND OTHER HEALTH CARE SITES OVER A PROTECTED NETWORK, ENABLING THE SECURE SHARING OF PATIENT INFORMATION, INCREASING PATIENT SAFETY AND REDUCING PREVENTABLE MEDICAL ERRORS 2010 MARKS THE TENTH YEAR THAT SENTARA HAS EMPLOYED ITS EICU REMOTE MONITORING SYSTEM FOR ITS SICKEST HOSPITAL PATIENTS SENTARA WAS THE FIRST HOSPITAL SYSTEM IN THE COUNTRY TO IMPLEMENT THE EICU SYSTEM, WHICH USES A NETWORK OF CAMERAS, MONITORS, ALERTS, AND TWO-WAY COMMUNICATION LINKS DOCTORS AND CRITICAL CARE NURSES AT THE EICU COMMAND CENTER MAKE VIRTUAL ROUNDS ON ICU PATIENTS THIS SENTARA-PIONEERED TECHNOLOGY IS NOW USED TO HELP CARE FOR PATIENTS IN NEARLY 5,000 ICU BEDS NATIONALLY ANOTHER SAFETY INITIATIVE ADOPTED BY SENTARA IS BEDSIDE MEDICATION VERIFICATION, INCLUDING BAR-CODING TECHNOLOGY NATIONAL STUDIES HAVE FOUND THAT BEDSIDE VERIFICATION CAN REDUCE HOSPITAL MEDICATION ERRORS BY NEARLY 70 PERCENT

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)11 QUALITY SENIOR CARESENTARA LIFE CARE WAS AWARDED A BRONZE 2010 NATIONAL QUALITY AWARD FROM THE AMERICAN HEALTH CARE ASSOCIATION AND THE NATIONAL CENTER FOR ASSISTED LIVING A BRONZE AWARD RECOGNIZES LONG TERM CARE PROGRAMS THAT HAVE MADE A SYSTEMATIC COMMITMENT TO QUALITY IMPROVEMENT AND DESIGNED WAYS TO MEASURE PROGRESS 12 QUALITY ASSURANCE AWARDVIRGINIA BEACH FAMILY PRACTICE HAS BEEN AWARDED RECOGNITION BY THE NATIONAL COMMITTEE ON QUALITY ASSURANCE (NCQA) AS A PATIENT CENTERED MEDICAL HOME-LEVEL III, UNDER NCQA'S PHYSICIAN PRACTICE CONNECTIONS PROGRAM 13 DISABILITY EMPLOYMENT CHAMPIONTHE VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES AWARDED SENTARA CAREPLEX HOSPITAL WITH A 2010 "DISABILITY EMPLOYMENT CHAMPION" AWARD FOR ITS PARTICIPATION IN VIRGINIA'S FIRST 'PROJECT SEARCH' THE PROGRAM PUTS RECENT HIGH SCHOOL GRADUATES WITH DISABILITIES INTO TRAINING AND MENTORING PROGRAMS THAT CAN LEAD TO FULL TIME EMPLOYMENT 14 SUPPORTING CAREER AND TECHNICAL EDUCATIONTHE VIRGINIA DEPARTMENT OF EDUCATION CHOSE SENTARA OBICI HOSPITAL AS A REGIONAL WINNER OF ITS 2009 'CREATING EXCELLENCE' AWARD FOR ITS SUPPORT OF CAREER AND TECHNICAL EDUCATION OBICI HAS WORKED WITH THE SUFFOLK SCHOOLS FOR FOUR YEARS, PROVIDING STUDENTS IN THE 'INTRODUCTION TO HEALTH OCCUPATIONS' CURRICULUM WITH REAL-WORLD EXPOSURE TO HEALTH CAREERS, INCLUDING A MEDICAL CAMP FOR MORE THAN 100 STUDENTS 15 CIO AWARD FOR EXCELLENCE IN I T SENTARA RECEIVED A PRESTIGIOUS CIO 100 AWARD IN 2009 FROM CIO MAGAZINE THE 22ND ANNUAL AWARD PROGRAM RECOGNIZES ORGANIZATIONS AROUND THE WORLD THAT EXEMPLIFY THE HIGHEST LEVEL OF OPERATIONAL AND STRATEGIC EXCELLENCE IN INFORMATION TECHNOLOGY SENTARA BEGAN ITS HOSPITAL IMPLEMENTATION OF SENTARA ECARE IN 2008 SENTARA POTOMAC HOSPITAL'S IMPLEMENTATION IS SET FOR FALL 2011 IN ADDITION, IT HAS BEEN IMPLEMENTING SENTARA ECARE ELECTRONIC MEDICAL RECORD TECHNOLOGY ACROSS ITS NETWORK OF SENTARA MEDICAL GROUP PHYSICIANS IN ITS HOSPITAL SETTINGS, SENTARA IS ALREADY EXPERIENCING PHYSICIAN ORDER ENTRY RATES THAT EXCEED THE NATIONAL AVERAGE ADDITIONALLY, THE LENGTH OF TIME FROM DRUGS BEING ORDERED BY A PHYSICIAN TO ADMINISTRATION TO THE PATIENT HAS BEEN REDUCED DRAMATICALLY SENTARA ECARE IS ALSO THE REASON SENTARA HEALTHCARE HAS BEEN RANKED 21ST ON THE 2009 INFORMATIONWEEK 500 BY INFORMATIONWEEK, A BUSINESS PUBLICATION THAT IDENTIFIES AND HONORS THE NATION'S MOST INNOVATIVE USERS OF INFORMATION TECHNOLOGY 16 MOST BEAUTIFUL HOSPITALIN JULY 2010, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER RANKED AS THE 9TH MOST BEAUTIFUL HOSPITAL IN THE COUNTRY IN A CONTEST BY SOLIANT HEALTH, A SPECIALTY HOSPITAL STAFFING PROVIDER WINNERS WERE PICKED BY VISITORS TO WWW SOLIANT COM WHO CAST MORE THAN 10,000 VOTES FOR HOSPITALS AROUND THE COUNTRY B PATIENT SAFETY SENTARA HEALTHCARE'S FOCUS GOES BEYOND THE BASICS OF MAKING HEALTHCARE SAFE FOR ITS PATIENTS SENTARA HAS BUILT A STRONG "CULTURE OF SAFETY" TO REDUCE MEDICAL ERRORS BY MODELING SUCCESSFUL PROGRAMS FROM THE NUCLEAR POWER AND AVIATION INDUSTRIES THIS CULTURE OF SAFETY PROMOTES BEHAVIORS WHICH RESULT IN SAFE, RELIABLE AND EFFECTIVE CARE THE FOUNDATION OF THIS CULTURE IS A STRONG ACCOUNTABILITY TO PERFORM REGIMENTED BEHAVIORS THAT REDUCE MEDICAL ERRORS SENTARA STAFF USES GUIDELINES KNOWN AS "BEHAVIOR BASED EXPECTATIONS" OR BBE'S TO ENSURE THE HIGHEST STANDARD OF CARE THE GOAL IS TO MAKE THESE TOOLS AND TECHNIQUES A HABIT FOR ITS DEDICATION, SENTARA HAS RECEIVED NUMEROUS AWARDS FOR PATIENT SAFETY AND QUALITY OF CARE STANDARDS

Identifier	Return Reference	Explanation
	FORM 990, PT VI, GOVERNING BODY INDEPENDENCE	Voting Members of the Governing BodyCore Form Part VI, lines 1a and 1bThe organization has individual members, known as Trustees, whose governance authority is limited to the annual election/ratification of the organization's Trustees and Directors, and the approval of the sale of all or substantially all of the organization's assets Due to their limited authority, the organization's Trustees have not been counted as voting members of the governing body in response to Part VI, lines 1a and 1b

Identifier	Return Reference	Explanation
	FORM 990, PART VII, COMPENSATION OF ODTKE	PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORSHOURS DEVOTED TO RELATED ORGANIZATIONSDavid Bernd devoted an average of 10 hours per week to related organizations Mary Blunt devoted an average of 40 hours per week to related organizations Robert Broermann devoted an average of 10 hours per week to related organizations William K Butler II devoted an average of 1 hours per week to related organizations Dian T Calderone devoted an average of 1 hour per week to related organizations Michael Dudley devoted an average of 40 hours per week to related organizations Michael Gentry devoted an average of 40 hours per week to related organizations Robert Graves devoted an average of 40 hours per week to related organizations Vicky Gray devoted an average of 2 hours per week to related organizations Grace Hines devoted an average of 10 hours per week to related organizations Howard Kern devoted an average of 10 hours per week to related organizations Kenneth Krakaur devoted an average of 6 hours per week to related organizations Charles Lovell devoted an average of 1 hour per week to related organizations David Maizel devoted an average of 40 hours per week to related organizations Genemarie McGee devoted an average of 40 hours per week to related organizations Megan Perry devoted an average of 40 hours per week to related organizations Bertram S Reese devoted an average of 40 hours per week to related organizations Bruce Robertson devoted an average of 40 hours per week to related organizations R Michael Sorenson devoted an average of 2 hours per week to related organizations Mark Szalwinski devoted an average of 40 hours per week to related organizations Douglas Thompson devoted an average of 1 hour per week to related organizations Gary Yates devoted an average of 10 hours per week to related organizations

Identifier	Return Reference	Explanation
	FORM 990, PART VI, JOINT VENTURE POLICY	Form 990 Part VI line 16bThe organization has a written policy requiring evaluation of its participation in joint venture arrangements under applicable federal tax law This policy was approved by management The organization has also taken steps to safeguard the organization's exempt status with respect to such arrangements

Identifier	Return Reference	Explanation
	FORM 990, PART VI, DOCUMENT RETENTION POLICY	Form 990 Part VI line 14The organization has a written policy for document retention and destruction which was approved by management

Identifier	Return Reference	Explanation
	FORM 990, PART V, FORM 1096	Number Reported in Box 3 of Form 1096Core Form Part V line 1aThe organization is the 501(c)(3) sole member or shareholder of several other organizations for which it maintains agency relationships and issues 1099s The number reported is a best estimate of the 1099s attributable to the organization The exact number cannot be determined, as some of the 1099s issued by the organization are attributable to more than one entity, and there is no reporting mechanism to determine 1099s attributable solely to the organization

Identifier	Return Reference	Explanation
	FORM 990, PART IX, OTHER EXPENSES	PART IX, LINE 24Due to a softw are limitation, line 24 (other expenses) does not appear as it should per IRS instructions Line 24 should appear as below 24a Purchased & contracted svcs 2,399,074 24b Organization dues 1,007,530 24c Other taxes and licenses 236,558 24d Bad debt provision 75,000 24e Unrelated business income taxes (110,591)24f All other expenses 709,091 Line 24f does not exceed 10% of the amount on line 25

Identifier	Return Reference	Explanation
	FORM 990, CORE PART III, PROG SVS ACCOMPLISHMENTS	FORM 990, PART IIISTATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSSENTARA HEALTHCAREI YOUR NOT-FOR-PROFIT HEALTH PARTNERSENTARA HEALTHCARE IS ONE OF THE MOST PROGRESSIVE AND INTEGRATED HEALTH CARE ORGANIZATIONS IN THE NATION, PROVIDING SERVICES TO MORE THAN TWO MILLION HAMPTON ROADS VIRGINIA AND NORTHEASTERN NORTH CAROLINA RESIDENTS AND 370,000 RESIDENTS OF NORTHERN VIRGINIA OUR MISSION IS TO IMPROVE HEALTH EVERY DAY BY PROVIDING INNOVATIVE SERVICES TO TREAT ILLNESS AND DISEASE AND TO PROMOTE THE IMPROVEMENT OF PERSONAL HEALTH SENTARA OPERATES MORE THAN 100 CARE GIVING SITES, INCLUDING EIGHT ACUTE CARE HOSPITALS, SIX OUTPATIENT CARE FACILITIES, SEVEN NURSING FACILITIES, THREE ASSISTED LIVING FACILITIES, TWO PACE PROGRAMS, ONE SENIOR ADULT DAY HEALTH CARE CENTER, EIGHT ADVANCED IMAGING CENTERS, AND EMPLOYS 383 PHYSICIANS AND ADVANCED PRACTICE CLINICIANS SENTARA 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 SENTARA ALSO OPERATES NIGHTINGALE - THE REGION'S FIRST AIR AMBULANCE SERVICE, WHICH BEGAN IN 1982 AS THE NATION'S 38TH AIR MEDICAL PROGRAM NIGHTINGALE HAS FLOWN APPROXIMATELY 16,000 MISSIONS INVOLVING CRITCALLY ILL AND INJURED PATIENTS IN A 125-MILE RADIUS FROM SENTARA NORFOLK GENERAL HOSPITAL, THE REGION'S ONLY LEVEL I TRAUMA CENTER ADDITIONALLY, SENTARA OPERATES THE REGION'S COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER WHICH HAS PERFORMED MORE THAN 2,200 TOTAL TRANSPLANTS II GROWING THE SENTARA FAMILY IN TODAY'S ECONOMIC ENVIRONMENT, SENTARA BELIEVES IN MAINTAINING A PRUDENT GROWTH INITIATIVE INTO MARKETS WHERE WE CAN ADD TANGIBLE VALUE AND ENHANCE COMMUNITY HEALTH SERVICES THROUGH AFFILIATIONS WITH OTHER HOSPITALS AND HEALTHCARE ORGANIZATIONS WHO SHARE MANY OF OUR VALUES, WE ARE CREATING SERVICE DELIVERY SYSTEMS THAT SERVE COMMUNITY NEEDS AND OUR MISSION A SENTARA POTOMAC HOSPITALIN DECEMBER 2009, SENTARA HEALTHCARE FINALIZED ITS AFFILIATION WITH POTOMAC HOSPITAL IN NORTHERN VIRGINIA SENTARA POTOMAC HOSPITAL (SPH) IS A 183-BED, NOT-FOR-PROFIT COMMUNITY HOSPITAL LOCATED IN WOODBRIDGE, VA POTOMAC HOSPITAL'S 1,000+ EMPLOYEES INCLUDE MORE THAN 250 MEDICAL STAFF MEMBERS IT OFFERS A WIDE RANGE OF MEDICAL SPECIALTIES, A HIGHLY QUALIFIED MEDICAL AND CLINICAL STAFF, AND STATE-OF-THE-ART TECHNOLOGY REQUIRED TO UPHOLD ITS MISSION OF CARING FOR EVERYONE IN PRINCE WILLIAM COUNTY AND ITS SURROUNDING COMMUNITIES THE SERVICE AREA POPULATION, THAT ENCOMPASSES EASTERN PRINCE WILLIAM, SOUTHERN FAIRFAX AND NORTHERN STAFFORD COUNTIES, EXCEEDS 370,000 RESIDENTS IN NORTHERN VIRGINIA WILL NOW HAVE THE OPTION OF RECEIVING CARDIOVASCULAR CARE CLOSER TO HOME, WITH THE NEW ARRAY OF SERVICES TO BE OFFERED IN THE SENTARA HEART AND VASCULAR CENTER AT POTOMAC HOSPITAL RESIDENTS WILL ALSO BENEFIT FROM THE CONVENIENT, HIGH QUALITY CARE THAT WILL RESULT FROM THE PARTNERING OF SENTARA MEDICAL GROUP-WHICH BRINGS TOGETHER MULTI-SPECIALTY PHYSICIANS DEDICATED TO PROVIDING QUALITY PATIENT-FOCUSED CARE AND TO RAISING THE STANDARD OF HEALTHCARE IN THE REGIONS THEY SERVE-WITH PRACTICES IN NORTHERN VIRGINIA B FUTURE AFFILIATIONS1 RMH HEALTHCAREIN JULY 2010, SENTARA HEALTHCARE ANNOUNCED THE AFFILIATION OF SENTARA WITH RMH HEALTHCARE (FORMALLY ROCKINGHAM MEMORIAL HOSITAL) RMH IS A 238-BED, NOT-FOR-PROFIT INDEPENDENT COMMUNITY HOSPITAL LOCATED IN HARRISONBURG, VA, THAT HAS BEEN PROVIDING THE BEST IN HEALTHCARE SERVICES SINCE 1912 RMH SHARES SENTARA'S FOCUS ON PATIENT SAFETY AND QUALITY

Identifier	Return Reference	Explanation
	FORM 990, PART V, FORM W-3	Number of Employees Reported on Form W-3Core Form Part I line 5 and Part V line 2aThe organization is the 501 (c)(3) sole member or shareholder of several other organizations for which it acts as common pay agent and issues all Form W-2s Since the organization has no reporting mechanism to determine W-2s attributable solely to the organization, the number reported represents the average number of the organization's employees paid during each payroll cycle in 2010, which approximates the number of W-2s issued by the organization on its own behalf

Identifier	Return Reference	Explanation
Amended Explanation		THE FOLLOWING RETURN ITEMS HAVE BEEN AMENDED CORE FORM 990 BOX F - THIS BOX WAS INADVERTANTLY LEFT BLANK ON THE ORIGINAL RETURN AND HAS NOW BEEN COMPLETED CORE FORM 990 PART VII COLUMN (B) - HOURS FOR FORMERS WERE NOT SHOWING UP ON THE ORIGINAL RETURN DUE TO LACERTE SOFTWARE PROGRAMMING ERRORS LACERTE'S MOST RECENT SOFTWARE UPDATE HAS CORRECTED THIS ISSUE SCHEDULE J, PART II - SEVERAL AMOUNTS WERE NOT REPORTED ON THE CORRECT ROWS ON THE ORIGINAL RETURN DUE TO LACERTE SOFTWARE PROGRAMMING ERRORS LACERTE'S MOST RECENT SOFTWARE UPDATE HAS CORRECTED THIS ISSUE

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

Identifier	Return Reference	Explanation
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 2009 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 2010 for all positions listed

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 RICHARD F CLARK, M D AND ROBERT SHUFORD HAVE A BUSINESS RELATIONSHIP THROUGH COMMON BOARD MEMBERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION HOWARD KERN AND GARY YATES HAVE A BUSINESS RELATIONSHIP THROUGH COMMON BOARD MEMBERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION 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 AND LAWRENCE CUMMING HAVE A BUSINESS RELATIONSHIP BOTH 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 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	(k) Percentage ownership
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, 35A, 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	(d) Method of determining 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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID: 10000105
Software Version: 2010v3.2
EIN: 52-1271901
Name: SENTARA HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-0853898	HEALTH CARE	VA	501(C)(3)	3	NA	Yes	
OPTIMA HEALTH PLAN 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1283337	HMO	VA	501(C)(3)	11A - I	NA	Yes	
MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1217183	HEALTH CARE	VA	501(C)(3)	9	NA	Yes	
SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1917649	HEALTH CARE	VA	501(C)(3)	9	NA	Yes	
SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1217184	HEALTH CARE	VA	501(C)(3)	9	NA	Yes	
SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1547408	HEALTH CARE	VA	501(C)(3)	3	NA	Yes	
TIDEWATER HEALTH CARE 6015 POPLAR HALL DRIVE NORFOLK, VA23502 52-1277419	HEALTH CARE	VA	501(C)(3)	11C - III-FI	NA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC 3000 COLISEUM DRIVE HAMPTON, VA23666 27-4185117	MGT SVCS	VA	SH	RELATED				No			No	40 %
PORT WARWICK II LLC 18000 WEST SARAH LANE SUITE 250 BROOKFIELD, WI53045 20-2739075	RENTAL RE	VA	SVI	UNRELATED	-2,817	5,138,844	Yes				No	1 00 %
CAREPLEX WEST LLC 18000 W SARAH LANE SUITE 250 BROOKFIELD, WI53045 20-2738977	RENTAL RE	VA	SVI	UNRELATED	-81,354	6,246,301	Yes				No	56 2 %
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD SUITE 400W FALLS CHURCH, VA22042 54-1802733	HEALTHCARE	VA	PHC	RELATED	65,159	1,995,468		No			No	50 %
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 27-2774684	MOB RENTAL	VA	SE	RELATED	-62,961	1,183,039		No			No	70 %
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA23434 26-0144898	HEALTH CARE	VA	SH	RELATED	152,863	852,215		No			No	50 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA23320 54-1774472	HEALTH CARE	VA	SE	UNRELATED	163,050	922,889		No			No	25 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA23320 54-1774472	HEALTH CARE	VA	SH	UNRELATED	163,050	922,888		No			No	25 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEALTHCARE PERFORMANCE IMPROVEMENT LLC 5041 CORPORATE WOODS DR STE 180 VIRGINIA BEACH, VA23462 20-4024074	CONSULTING	VA	SVI	UNRELATED	429,424	711,293		No			No	39 6 %
HAMPTON ROADS LITHOTRIPSY LLC 6333 CENTER DRIVE BLDG 16 NORFOLK, VA23502 20-0942600	HEALTH CARE	VA	SVI	UNRELATED	411,516	197,965		No			No	33 33 %
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA23502 20-1338518	HEALTH CARE	VA	SH	RELATED	-23,194	7,682,275		No			No	50 %
AMER HEALTH EVAL CTR-WMSBG LLC PO BOX 3508 WILLIAMSBURG, VA23187 26-3761741	HEALTH CARE	VA	SVI	UNRELATED	-83,446	383,352		No			No	20 %
VA BEACH AMBULATORY SERVICE CENTER 1700 WILL O WISP DRIVE VA BEACH, VA23454 54-1448218	HEALTH CARE	VA	CHS	RELATED	119,616	328,529		No			No	5 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA23454 54-1448218	HEALTH CARE	VA	SH	RELATED	1,076,541	2,954,823		No			No	45 %
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL SUITE 300 VA BEACH, VA23456 20-4920880	HEALTH CARE	VA	SH	RELATED	880,085	1,500,581		No			No	53 32 %
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 26-1749881	RE RENTAL	VA	SH	RELATED	56,664	705,411		No			No	56 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MANAGEMENT SERVICES 814 GREENBRIER CIRCLE CHESAPEAKE, VA23320 54-1365012	HLTH MGT SV	VA	SH	EXCLUDED	1,780	210,306		No			No	20 %
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA23320 54-1365012	HLTH MGT SV	VA	SVI	Excluded	3,560	420,607		No			No	40 %

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	11,381,760	63,783,615	100 000 %
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C CORP	306,804	1,103,150	100 000 %
SENTARA OBICI MED MGT SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1020941	HEALTH CARE	VA	SEN OBICI PROF CTR	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	167,946	2,032,244	100 000 %
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 20-3730331	HEALTH CARE	VA	SENTARA MEDICAL GROUP	C CORP	5,521,335	1,440,175	100 000 %
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1688615	HOLDING COMPANY	VA	SENTARA HOLDINGS INC	C CORP	11,593,473	16,869,882	100 000 %
SENTARA HAMPTON SERVICES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1682025	FITNESS CENTER	VA	SENTARA HOLDINGS INC	C CORP			100 000 %
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA23502 62-1382666	MENTAL HEALTH SVCS	VA	SENTARA HEALTH PLANS INC	C CORP	31,941,766	2,925,800	100 000 %
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1642752	HEALTH INSURANCE	VA	SENTARA HEALTH PLANS INC	C CORP	186,729,117	58,920,319	100 000 %
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1473382	HMO	VA	SENTARA HEALTH PLANS INC	C CORP	16,276	2,523,639	100 000 %
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 52-2368125	TPA	VA	SENTARA HOLDINGS INC	C CORP	10,628,295	56,830,846	100 000 %
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA23502 54-1555638	HOLDING COMPANY	VA	N/A	C CORP		4,640,385	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 ($)	(d) Method of determining amount involved
(1)	BAY PRIMEX INSURANCE COMPANY LTD	r	1,923,418	CORP BOOKS/REC
(2)	SMG INNOVATIONS INC	p	261,673	COPR BOOKS/REC
(3)	SENTARA HEALTH PLANS INC	p	17,953,089	CORP BOOKS/REC
(4)	SENTARA HEALTH PLANS INC	o	586,740	CORP BOOKS/REC
(5)	SENTARA HEALTH PLANS INC	n	869,646	CORP BOOKS/REC
(6)	SENTARA HEALTH PLANS INC	m	119,851	CORP BOOKS/REC
(7)	SENTARA HEALTH PLANS INC	l	4,495,688	CORP BOOKS/REC
(8)	SENTARA HEALTH PLANS INC	k	11,851,301	CORP BOOKS/REC
(9)	SENTARA HOLDINGS INC	b	10,000,000	CORP BOOKS/REC
(10)	PRINCESS ANNE AMB SURG MGT LLC	p	87,230	CORP BOOKS/REC
(11)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	n	61,830	CORP BOOKS/REC
(12)	OPTIMA HEALTH PLAN	r	18,000,000	CORP BOOKS/REC
(13)	MPB INC	r	1,895,152	CORP BOOKS/REC
(14)	MPB INC	j	106,479	CORP BOOKS/REC
(15)	MPB INC	b	2,155,260	CORP BOOKS/REC
(16)	SENTARA LIFE CARE CORP	r	76,277,646	CORP BOOKS/REC
(17)	SENTARA LIFE CARE CORP	k	4,613,426	CORP BOOKS/REC
(18)	SENTARA LIFE CARE CORP	c	8,785,827	CORP BOOKS/REC
(19)	SENTARA ENTERPRISES	r	82,610,586	CORP BOOKS/REC
(20)	SENTARA ENTERPRISES	q	1,054,011	CORP BOOKS/REC
(21)	SENTARA ENTERPRISES	p	3,647,360	CORP BOOKS/REC
(22)	SENTARA ENTERPRISES	l	325,067	CORP BOOKS/REC
(23)	SENTARA ENTERPRISES	k	7,101,448	CORP BOOKS/REC
(24)	SENTARA ENTERPRISES	c	1,875,452	CORP BOOKS/REC
(25)	SENTARA MEDICAL GROUP	r	215,912,184	CORP BOOKS/REC
(26)	SENTARA MEDICAL GROUP	n	82,504	CORP BOOKS/REC
(27)	SENTARA MEDICAL GROUP	k	6,266,492	CORP BOOKS/REC
(28)	SENTARA MEDICAL GROUP	c	527,310	CORP BOOKS/REC
(29)	SENTARA MEDICAL GROUP	b	58,965,565	CORP BOOKS/REC
(30)	SENTARA HOSPITALS	r	1,608,750,148	CORP BOOKS/REC

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	SENTARA HOSPITALS	q	237,603	CORP BOOKS/REC
(32)	SENTARA HOSPITALS	p	142,913	CORP BOOKS/REC
(33)	SENTARA HOSPITALS	o	185,919	CORP BOOKS/REC
(34)	SENTARA HOSPITALS	m	379,140	CORP BOOKS/REC
(35)	SENTARA HOSPITALS	l	469,362	CORP BOOKS/REC
(36)	SENTARA HOSPITALS	k	32,784,203	CORP BOOKS/REC
(37)	SENTARA HOSPITALS	c	190,766,541	CORP BOOKS/REC
(38)	SENTARA HOSPITALS	b	157,706,334	CORP BOOKS/REC

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 10000105
Software Version: 2010v3.2

Description	Amount
UNEARNED PREMIUM ADJUSTMENTS	-449,909
RELATED PARTY PREMIUMS	2,473,801
RELATED CLAIMS PAID & MOVEM IN LOSS RES	-6,429,156
MOVEMENT IN RETROSPECTIVE PREMIUM ADJ	6,509,990
DEFERRED ACQUISITION COSTS	-1,509

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TY 2010 Itemized Other Current Assets Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 10000105
Software Version: 2010v3.2

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	68,665	11,845
		INTEREST RECEIVABLE	406,875	430,596
		INSURANCE BALANCES RECEIVABLE	4,742,311	4,061,161
		FUNDS HELD IN ESCROW	70,497	91,466
		DEFERRED ACQUISITION COSTS	75,480	76,989

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TY 2010 Other Deductions Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 10000105
Software Version: 2010v3.2

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING EXPENSES	10,990,831	
Total in Dollars		11,381,760
PROFESSIONAL FEES	36,750	
MISCELLANEOUS EXPENSES	2,378	
MEETING EXPENSES	22,890	
MANAGEMENT FEES	60,500	
LICENSE FEES	12,950	
LEGAL FEES	36,842	
INVESTMENT MANAGEMENT FEES	115,119	
Foreign Currency Total	11,381,760	
ACTUARIAL FEES	103,500	

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TY 2010 Itemized Other Investments Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 10000105
Software Version: 2010v3.2

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		INVESTMENTS - TRADING	51,915,268	44,266,284

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TY 2010 Itemized Other Liabilities Schedule

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 10000105
Software Version: 2010v3.2

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		UNEARNED PREMIUMS	4,476,525	3,948,288
		PROV FOR OUTSTANDING LOSSES & RETRO ADJ	47,033,669	54,022,160

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493347003131

TY 2010 Paid-In or Capital Surplus Reconciliation Statement

Name: SENTARA HEALTHCARE
EIN: 52-1271901
Software ID: 10000105
Software Version: 2010v3.2

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