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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
SENTARA HOSPITALS

Doing Business As

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

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

D Employer identification number
54-1547408

E Telephone number
(757) 455-7020

G Gross receipts $ 1,852,795,638

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

H(a) Is this a group return for 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 1990

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	12,902
6	Total number of volunteers (estimate if necessary)	6	2,366
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	26,958,005
b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,340,624

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,714,461	14,647,317
	9	Program service revenue (Part VIII, line 2g)	1,770,562,235	1,825,966,271
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,073,865	1,882,396
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,749,174	7,528,143
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,781,099,735	1,850,024,127
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,787,841	57,425,543
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	711,807,099	728,182,057
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	910,827,818	909,304,248
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,635,422,758	1,694,911,848
	19	Revenue less expenses Subtract line 18 from line 12	145,676,977	155,112,279

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,292,778,813	1,082,186,427
	21	Total liabilities (Part X, line 26)	155,562,569	166,401,802
	22	Net assets or fund balances Subtract line 21 from line 20	1,137,216,244	915,784,625

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 | 2012-11-14 Date

▶ ROBERT A BROERMANN TREASURER
Type or print name and title

Paid Preparer's Use Only

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

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,441,034,859 including grants of $ 57,425,543) (Revenue $ 1,804,196,308)

SEE SCHEDULE O

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** ▶$ 1,441,034,859

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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 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	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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** 1,210			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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** 12,902			
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 or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ 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**		
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**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate 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 aggregate 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**		

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	4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		Yes
13	Did the organization have a written whistleblower policy?	13		Yes
14	Did the organization have a written document retention and destruction policy?	14		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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

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 made 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 made 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								9,195,476	9,645,558	5,544,350

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶525

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALISTS INC PO BOX 160266 MOBILE, AL 36625	FOOD & FACIL MGMT	12,134,545
MASTERPLAN INC 9582 TOPANGA CANYON ROAD CHATSWORTH, CA 91311	MEDICAL SYS SUPPORT	10,111,447
ATLANTIC ANESTHESIA INC 134 BUSINESS PARK DRIVE VIRGINIA BEACH, VA 23462	MEDICAL PROF SVS	6,645,524
PHILIPS MEDICAL SYSTEMS PO BOX 100355 ATLANTA, GA 303840355	MEDICAL SYS SUPPORT	3,415,283
LAB CORP OF AM HOLDINGS PO BOX 12140 BURLINGTON, NC 27216	DIAGNOSITC TESTING SVCS	3,120,381

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶184

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				
	e Government grants (contributions)	1e 13,487,972				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,159,345				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		14,647,317			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENU	900099	1,787,653,936	1,787,538,998	114,938	
	b OUTSIDE LAB SERVICES	621500	21,894,572		21,894,572	
	c OTHER PROGRAM SERVICE	900099	12,366,946	12,366,946		
	d PREMIUM & CAP REVENUE	900099	3,137,237	3,137,237		
	e EQUITY IN AFFILIATES	900099	913,580	913,580		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		1,825,966,271			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		2,416,399			2,416,399
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents	2,073,117 /				
	b Less rental expenses	86,738 /				
	c Rental income or (loss)	1,986,379 /				
	d Net rental income or (loss) ▶		1,986,379		-17,408	2,003,787
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	1,094,895 / 1,055,875				
	b Less cost or other basis and sales expenses	998,163 / 1,686,610				
	c Gain or (loss)	96,732 / -630,735				
	d Net gain or (loss) ▶		-534,003			-534,003
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	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 ▶					
	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 ▶					
	Miscellaneous Revenue	Business Code				
	11a MISC SERVICES	900099	4,093,159		4,093,159	
	b INCOME FROM S CORP	900099	685,740		685,740	
	c INCOME FROM PSHIP/LLC	900099	432,529	239,547	187,004	5,978
	d All other revenue		330,336			330,336
	e **Total.** Add lines 11a–11d ▶		5,541,764			
	12 **Total revenue.** See Instructions ▶		1,850,024,127	1,804,196,308	26,958,005	4,222,497

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	57,306,751	57,306,751		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	118,792	118,792		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,593,203	5,998,630	1,594,573	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	116,966	92,403	24,563	
7 Other salaries and wages	581,095,719	459,065,618	122,030,101	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,017,759	33,984,030	9,033,729	
9 Other employee benefits	53,374,553	42,165,897	11,208,656	
10 Payroll taxes	42,983,857	33,957,247	9,026,610	
11 Fees for services (non-employees)				
a Management	14,936,576	11,799,895	3,136,681	
b Legal	1,100,359	869,284	231,075	
c Accounting	66,042	52,173	13,869	
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees				
g Other	108,684,774	105,680,019	3,004,755	
12 Advertising and promotion	232,763	183,883	48,880	
13 Office expenses	73,563,824	58,115,421	15,448,403	
14 Information technology	20,283,047	16,023,607	4,259,440	
15 Royalties . .				
16 Occupancy	30,913,144	24,421,384	6,491,760	
17 Travel	1,678,510	1,326,023	352,487	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	535,390	422,958	112,432	
20 Interest	12,588,626	9,945,015	2,643,611	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	105,807,608	83,588,010	22,219,598	
23 Insurance	201,212	158,957	42,255	
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 MEDICAL SUPPLIES	334,171,845	334,171,845		
b BAD DEBT EXPENSE	153,995,656	121,656,568	32,339,088	
c SENTARA SERVICE EXPENSE	25,914,100	20,472,139	5,441,961	
d UNRELATED BUSINESS INCO	230,585	182,162	48,423	
e				
f All other expenses	24,400,187	19,276,148	5,124,039	
25 **Total functional expenses.** Add lines 1 through 24f	1,694,911,848	1,441,034,859	253,876,989	0
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		12,561,047	1	12,848,793
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	975,265
	4	Accounts receivable, net		201,328,411	4	213,424,403
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		343,778	7	812,855
	8	Inventories for sale or use		32,655,963	8	34,159,141
	9	Prepaid expenses and deferred charges		10,948,945	9	12,428,267
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,920,079,966			
	b	Less accumulated depreciation	10b 1,229,018,719	858,875,353	10c	691,061,247
	11	Investments—publicly traded securities		5,656,991	11	5,605,030
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		21,603,478	14	21,453,478
	15	Other assets See Part IV, line 11		148,804,847	15	89,417,948
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,292,778,813	16	1,082,186,427
Liabilities	17	Accounts payable and accrued expenses		46,853,800	17	44,088,795
	18	Grants payable			18	
	19	Deferred revenue		1,845,526	19	1,898,779
	20	Tax-exempt bond liabilities		37,693,333	20	32,565,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		966,796	23	699,987
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		68,203,114	25	87,149,241
	26	**Total liabilities.** Add lines 17 through 25		155,562,569	26	166,401,802
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		1,127,839,942	27	909,335,165
	28	Temporarily restricted net assets		7,467,214	28	4,457,241
	29	Permanently restricted net assets		1,909,088	29	1,992,219
		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		1,137,216,244	33	915,784,625
	34	Total liabilities and net assets/fund balances		1,292,778,813	34	1,082,186,427

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	1,850,024,127
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,694,911,848
3	Revenue less expenses Subtract line 2 from line 1	3	155,112,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,137,216,244
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-376,543,898
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	915,784,625

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	Yes	
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	Yes	

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

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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?		**(v)** Did you notify the organization in col (i) of your support?		**(vi)** Is the organization in col (i) organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

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	9,376,302	10,738,107	12,174,468	19,435,770	
b Contributions	3,491,779	3,808,369	5,982,663	3,089,194	
c Investment earnings or losses	242,962	251,120	1,125,939	212,128	
d Grants or scholarships	118,792	124,184	149,625	158,685	
e Other expenditures for facilities and programs	6,542,790	5,297,110	8,395,338	10,403,939	
f Administrative expenses					
g End of year balance	6,449,461	9,376,302	10,738,107	12,174,468	

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 30 890 %

c Term endowment ▶ 69 110 %

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		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,967,319	37,729,459		43,696,778
b Buildings		516,052,445	222,505,297	293,547,148
c Leasehold improvements		20,704,082	12,702,127	8,001,955
d Equipment		1,270,928,079	975,772,374	295,155,705
e Other		68,698,582	18,038,921	50,659,661
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				691,061,247

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)* ▶		

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
(1) DUE FROM AFFILIATES	23,558,319
(2) BOND ISSUANCE COSTS	48,427
(3) INVESTMENT IN AFFILIATES	65,811,202
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	89,417,948

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	5,684,714
OTHER CURRENT LIABILITIES	28,060,153
OTHER LONG TERM LIABILITIES	52,703,869
DUE TO 3RD PARTY PAYORS	700,505
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	87,149,241

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TEMPORARILY RESTRICTED CONTRIBUTIONS ARE TO EITHER SPECIFIC PURPOSE FUNDS OR PLANT EXPANSION FUNDS SPECIFIC PURPOSE FUNDS INCLUDE GENERAL BENEFIT FUNDS SUCH AS BIOTERRORISM RESPONSE, NIGHTINGALE AIR AMBULANCE, AND THE SCHOOL OF NURSING GIFT FUND THERE IS ALSO A FUND TO CONSTRUCT AND OPERATE A CHILDREN'S WING TO BE KNOWN AS THE "GUZZY MEMORIAL WING" FOR THE BENEFIT AND WELFARE OF THE CHILDREN OF PRINCESS ANNE COUNTY AND THE CITY OF VIRGINIA BEACH OTHER SPECIFIC PURPOSE FUNDS ARE FOR SCHOLARSHIPS, EDUCATION/RESEARCH/SYMPOSIUM, CANCER/ONCOLOGY, AND CARDIAC PLANT EXPANSION INCLUDE FUNDS FOR GENERAL BUILDING, BURN UNIT AND CANCER INSTITUTE PERMANENTLY RESTRICTED FUNDS CONSIST OF INCOME PROVISIONS FOR SCHOLARSHIPS AND EDUCATIONAL RESOURCES FOR THE SCHOOL OF NURSING, TO BENEFIT CARDIAC EDUCATION AND RESEARCH, AND TO SUPPORT STUDIES BY THE CARDIOVASCULAR RESEARCH INSTITUTE SURGEONS AND CARDIOLOGISTS

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☑ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 600.000000000000 %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			82,139,440		82,139,440	5 300 %
b Medicaid (from Worksheet 3, column a)			150,755,258	127,799,958	22,955,300	1 480 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			232,894,698	127,799,958	105,094,740	6 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			4,040,033		4,040,033	0 260 %
f Health professions education (from Worksheet 5)			27,060,851	9,461,149	17,599,702	1 140 %
g Subsidized health services (from Worksheet 6)			26,072,495	15,730,422	10,342,073	0 670 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,261,545		1,261,545	0 080 %
j **Total** Other Benefits			58,434,924	25,191,571	33,243,353	2 150 %
k **Total.** Add lines 7d and 7j			291,329,622	152,991,529	138,338,093	8 930 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			7,641		7,641	0 %
6 Coalition building			6,341		6,341	0 %
7 Community health improvement advocacy						
8 Workforce development			8,592		8,592	0 %
9 Other			26,148		26,148	0 %
10 **Total**			48,722		48,722	

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2 153,995,656			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3 46,198,697			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5 463,856,963
6	Enter Medicare allowable costs of care relating to payments on line 5	6 482,651,862
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7 -18,794,899

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 PRINCESS ANNE AMB SURG MGT	OUTPATIENT SURGERY CENTER	53 320 %		46 680 %
2 2 SENTARA OBICI AMB SURG CTR	OUTPATIENT SURGERY CENTER	56 470 %		43 530 %
3 3 VA BEACH AMB SURG CTR	OUTPATIENT SURGERY CENTER	45 000 %		45 000 %
4 4 CANCER CENTERS OF VA LLC	EQUIPMENT LEASING	50 000 %		50 000 %
5 5 OBICI REAL EST HOLDINGS LLC	REAL ESTATE RENTAL	56 000 %		44 000 %
6 6 PET INSTITUTE OF HAMPTON ROADS LLC	MEDICAL SERVICES	13 750 %		45 000 %
7 7 CAREPLEX ORTHO AMBULATORY SURG CTR	OUTPATIENT SURGERY CENTER	50 000 %		50 000 %
8 8 ORTHOPAEDIC HOSPITAL MANAGEMENT LLC	ORTHO MGT SVCS	40 000 %		60 000 %
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **14**

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	SENTARA NORFOLK GENERAL HOSP 600 GRESHAM DRIVE NORFOLK,VA 23507	X	X		X		X	X		
2	SENTARA VA BEACH GEN HOSP 1060 FIRST COLONIAL ROAD VA BEACH,VA 23454	X	X		X			X		
3	SENTARA LEIGH HOSPITAL 830 KEMPSVILLE ROAD NORFOLK,VA 23502	X	X		X			X		
4	SENTARA CAREPLEX HOSPITAL 3000 COLISEUM DRIVE HAMPTON,VA 23666	X	X					X		
5	SENTARA WMSBG REG MED CTR 100 SENTARA CIRCLE WILLIAMSBURG,VA 23188	X	X					X		
6	SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK,VA 23434	X	X		X			X		
7	SENTARA LEIGH HOSP AMB SRG CTR 830 KEMPSVILLE ROAD NORFOLK,VA 23502	X								AMBULATORY SURGERY CENTER
8	SENTARA BAYSIDE HOSPITAL 800 INDEPENDENCE BLVD VA BEACH,VA 23455	X	X		X			X		
9	SENTARA PORT WARWICK 1031 LOFTIS BLVD NEWPORT NEWS,VA 23606	X						X		AMBULATORY SURGERY CENTER
10	GEDDY OUTPATIENT CTR AT SWRMC 400 SENTARA CIRCLE WILLIAMSBURG,VA 23188	X								AMBULATORY SURGERY CENTER
11	VA BEACH AMB SURG CTR 1700 WILL-O-WISP DRIVE VA BEACH,VA 23454	X								AMBULATORY SURGERY CENTER
12	SENTARA OBICI AMB SURG CTR 2750 GODWIN BLVD SUFFOLK,VA 23434	X								AMBULATORY SURGERY CENTER
13	PRINCESS ANNE AMB SURG CTR 1975 GLENN MITCHELL DRIVE VA BEACH,VA 23456	X								AMBULATORY SURGERY CENTER
14	CAREPLEX ORTHO AMBULATORY SURG CTR 3000 COLISEUM DRIVE HAMPTON,VA 23666	X								AMBULATORY SURGERY CENTER

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA NORFOLK GENERAL HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA VA BEACH GEN HOSP

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA LEIGH HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA CAREPLEX HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA WMSBG REG MED CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA OBICI HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA LEIGH HOSP AMB SRG CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA BAYSIDE HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 8

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

SENTARA PORT WARWICK

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 9

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: GEDDY OUTPATIENT CTR AT SWRMC

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 10

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: VA BEACH AMB SURG CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 11

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		No
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		No
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☐ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		No
13	Included measures to publicize the policy within the community served by the hospital facility?	13		No
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SENTARA OBICI AMB SURG CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 12

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		No
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		No
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☐ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		No
13	Included measures to publicize the policy within the community served by the hospital facility?	13		No
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: PRINCESS ANNE AMB SURG CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 13

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	**11**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CAREPLEX ORTHO AMBULATORY SURG CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 14

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		No
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☐ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **47**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 6A THE ORGANIZATION'S COMMUNITY BENEFIT REPORT WAS CONTAINED IN A SYSTEM-WIDE REPORT PREPARED BY SENTARA HEALTHCARE, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER

Identifier	ReturnReference	Explanation
		PART I, LINE 7 A COST-TO-CHARGE RATIO, CALCULATED USING WORKSHEET 2, WAS USED TO CALCULATE COSTS REPORTED IN THE TABLE

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 153995656

Identifier	ReturnReference	Explanation
	PART I, LINE 3B	THE ORGANIZATION USED A SLIDING SCALE TO PROVIDE DISCOUNTED CARE TO UNINSURED LOW INCOME INDIVIDUALS, UP TO 600% OF FPG UNINSURED INDIVIDUALS OVER 600% OF FPG RECEIVED A 20% DISCOUNT

Identifier	ReturnReference	Explanation
	PART I, LINE 7G	$60,251 OF THE AMOUNT REPORTED IN COLUMN (E) IS ATTRIBUTABLE TO PHYSICIAN CLINICS

Identifier	ReturnReference	Explanation
		PART II COALITION BUILDING - THE ORGANIZATION PARTICIPATED IN BOTH THE COALITION TO PROMOTE ADVANCE DIRECTIVES AND THE SENIOR SERVICES COALITION THE COALITION TO PROMOTE ADVANCE DIRECTIVES ENGAGED IN PLANNING ACTIVITIES TO MAKE ADVANCE CARE PLANNING MORE EFFECTIVE FOR ALL MEMBERS OF THE COMMUNITIES OF EASTERN VIRGINIA THE SENIOR SERVICES COALITION USED GRANT FUNDING TO CREATE A COMMUNITY ACTION PLAN ON AGING FOR GREATER WILLIAMSBURG, A TEN-YEAR PLAN TO MAKE WILLIAMSBURG A MORE LIVABLE COMMUNITY FOR SENIORS WORKFORCE DEVELOPMENT - HIGH SCHOOL STUDENTS WITH AN INTEREST IN HEALTH CARE CAREERS HAVE THE OPPORTUNITY TO SHADOW AND OBSERVE "A DAY IN THE LIFE" OF THE ORGANIZATION'S PHYSICIANS STUDENTS LEARN WHAT TYPE OF EDUCATION REQUIREMENTS THEY WILL NEED IN ORDER TO ENTER THE VARIOUS HEALTH CARE PROFESSIONS AND LEAVE WITH A NEW AWARENESS AND RESPECT FOR THESE PROFESSIONS IN ADDITION, THE LAMPLIGHT PROGRAM SPECIFICALLY HIGHLIGHTS CAREERS IN NURSING, PROVIDING SHADOWING OPPORTUNITIES TO AREA MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN NURSING CAREERS OTHER - EMPLOYEES OF THE ORGANIZATION PARTICIPATED IN THE UNITED WAY DAY OF CARING, WHICH INCLUDED MEALS ON WHEELS DELIVERIES, HEIGHT, WEIGHT AND VISION SCREENINGS AT A LOCAL ELEMENTARY SCHOOL, AND VARIOUS MAINTENANCE PROJECTS FOR OTHER 501(C)(3) TAX EXEMPT ORGANIZATIONS IN THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART III, LINE 4 BAD DEBT EXPENSE IS REPORTED AT ESTABLISHED RATES IN ACCORDANCE WITH THE ORGANIZATION'S BOOKS AND RECORDS IN COMPUTING LINE 3, THE ORGANIZATION CONSERVATIVELY ESTIMATES THAT 30% OF THE REMAINING ACCOUNTS WOULD QUALIFY FOR CHARITY ASSISTANCE IF SUFFICIENT DATA WAS AVAILABLE THIS ESTIMATE IS BASED ON CREDIT REPORTING DATA PURCHASED FROM EQUIFAX THIS DATA PROVIDES CREDIT SCORE, INCOME PREDICTION DATA AND NUMEROUS LINES OF CREDIT AND ASSET DATA FOR UNRESPONSIVE PATIENTS, THE ORGANIZATION USES THE ESTIMATED INCOME, MARITAL STATUS, ASSET INFORMATION AND CREDIT LINE DATA TO DETERMINE WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY BASED ON A PROJECTED INCOME OF 200% OF THE FEDERAL POVERTY GUIDELINES WITH LITTLE TO NO ASSET DATA THIS INFORMATION IS NOT ALL INCLUSIVE FOR ALL UNRESPONSIVE PATIENTS THAT COULD QUALIFY AS DEPENDENT INFORMATION IS NOT READILY AVAILABLE THE ORGANIZATION'S FINANCIAL STATEMENTS DID NOT INCLUDE A FOOTNOTE DESCRIBING BAD DEBT EXPENSE THE FINANCIAL STATEMENTS ACCOUNTED FOR BAD DEBT BY RESERVING 100% OF THE A/R DEBIT BALANCES OVER 120 DAYS BAD DEBT EXPENSE WAS REPORTED NET OF ANY DISCOUNTS OR COLLECTIONS ON ACCOUNTS THAT WERE PREVIOUSLY WRITTEN-OFF (I E BAD DEBT WRITE-OFFS - DISCOUNTS - PAYMENTS RECEIVED)

Identifier	ReturnReference	Explanation
		PART III, LINE 8 WORKSHEET A IN THE INSTRUCTIONS WAS USED TO COMPUTE THE AMOUNT REPORTED ON LINE 6

Identifier	ReturnReference	Explanation
		PART III, LINE 9B DURING THE TAX YEAR, THE ORGANIZATION HAD POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES (INCLUDING ACTIONS IT MIGHT TAKE IN THE EVENT OF NON-PAYMENT, SUCH AS COLLECTIONS ACTION AND REPORTING TO CREDIT AGENCIES) THAT TOOK INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR CHARITY FROM THE ORGANIZATION, AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS WITH THE ORGANIZATION THE ORGANIZATION DID NOT IMPOSE COLLECTION ACTIONS FOR ANY PATIENT WITHOUT FIRST MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THAT PATIENT WAS ELIGIBLE FOR FINANCIAL ASSISTANCE COLLECTION PRACTICES WERE GEARED TOWARDS PATIENTS THAT HAD A HIGH PROBABILITY OF BEING ABLE TO PAY FOR SERVICES BASED ON INCOME LEVEL, CREDIT RATING, VERIFIABLE ASSETS AND INELIGIBILITY FOR FINANCIAL ASSISTANCE THE ORGANIZATION PERFORMED INTERNAL PRECOLLECTION AND BAD DEBT COLLECTION FUNCTIONS AND USED OUTSIDE COLLECTION AGENCIES ON A SECOND PLACEMENT BASIS THE ORGANIZATION DETERMINED WHICH PATIENTS WERE SENT TO OUTSIDE AGENCIES AND GUIDED THE AGENCIES IN PERFORMING REASONABLE COLLECTION EFFORTS

Identifier	ReturnReference	Explanation
VA BEACH AMB SURG CTR		PART V, SECTION B, LINE 18D THE FACILITY IS AN AMBULATORY SURGERY CENTER AND DOES NOT TREAT INDIVIDUALS REQUIRING EMERGENCY MEDICAL CARE ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE FACILITY SEE PART VI NARRATIVE ON THE ORGANIZATION'S AMBULATORY SURGERY CENTERS FOR FURTHER INFORMATION

Identifier	ReturnReference	Explanation
SENTARA OBICI AMB SURG CTR		PART V, SECTION B, LINE 18D SAME AS FACILITY 11-VA BEACH AMB SURG CTR

Identifier	ReturnReference	Explanation
PRINCESS ANNE AMB SURG CTR		PART V, SECTION B, LINE 18D SAME AS FACILITY 11-VA BEACH AMB SURG CTR

Identifier	ReturnReference	Explanation
CAREPLEX ORTHO AMBULATORY SURG CTR		PART V, SECTION B, LINE 18D SAME AS FACILITY 11-VA BEACH AMB SURG CTR

Identifier	ReturnReference	Explanation
SENTARA NORFOLK GENERAL HOSPITAL		PART V, SECTION B, LINE 19D SERVICES ELIGIBLE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, SUCH AS EMERGENCY AND OTHER MEDICALLY NECESSARY CARE, WERE MADE AVAILABLE TO AN UNINSURED PATIENT ON A SLIDING FEE SCALE, IN ACCORDANCE WITH FINANCIAL NEED, AS DETERMINED WITH REFERENCE TO FEDERAL POVERTY GUIDELINES (FPG) IN EFFECT THE TIME OF THE DETERMINATION THE BASIS FOR THE AMOUNTS THE HOSPITAL CHARGED ITS PATIENTS WHO QUALIFIED FOR FINANCIAL ASSISTANCE IS SUMMARIZED AS FOLLOWS --ALL PATIENTS WHOSE INCOME WAS AT OR BELOW 200% OF THE FPG WERE ELIGIBLE TO RECEIVE FREE CARE --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 200% BUT NOT MORE THAN 300% OF THE FPG WERE ELIGIBLE TO RECEIVE SERVICES AT A 70% DISCOUNT --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 300% BUT NOT MORE THAN 400% OF THE FPG WERE ELIGIBLE TO RECEIVE SERVICES AT A 60% DISCOUNT --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 400% BUT NOT MORE THAN 500% OF THE FPG WERE ELIGIBLE TO RECEIVE SERVICES AT A 50% DISCOUNT --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 500% BUT NOT MORE THAN 600% OF THE FPG WERE ELIGIBLE TO RECEIVE SERVICES AT A 40% DISCOUNT --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 600% OF THE FPG WERE ELIGIBLE TO RECEIVE SERVICES AT A 20% DISCOUNT

Identifier	ReturnReference	Explanation
SENTARA VA BEACH GEN HOSP		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA LEIGH HOSPITAL		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA CAREPLEX HOSPITAL		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA WMSBG REG MED CTR		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA OBICI HOSPITAL		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA LEIGH HOSP AMB SRG CTR		PART V, SECTION B, LINE 19D SAME AS FACILITY 1- SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA BAYSIDE HOSPITAL		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA PORT WARWICK		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
GEDDY OUTPATIENT CTR AT SWRMC		PART V, SECTION B, LINE 19D SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
VA BEACH AMB SURG CTR		PART V, SECTION B, LINE 19D THE FACILITY, WHICH IS AN AMBULATORY SURGERY CENTER, DID NOT HAVE A WRITTEN FINANCIAL ASSISTANCE POLICY AND THEREFORE DID NOT SERVICE ANY FAP-ELIGIBLE INDIVIDUALS SEE PART VI NARRATIVE ON THE ORGANIZATION'S AMBULATORY SURGERY CENTERS FOR FURTHER INFORMATION

Identifier	ReturnReference	Explanation
SENTARA OBICI AMB SURG CTR		PART V, SECTION B, LINE 19D SAME AS FACILITY 11-VA BEACH AMB SURG CTR

Identifier	ReturnReference	Explanation
PRINCESS ANNE AMB SURG CTR		PART V, SECTION B, LINE 19D SERVICES ELIGIBLE UNDER THE AMBULATORY SURGERY CENTER'S FINANCIAL ASSISTANCE POLICY WERE MADE AVAILABLE TO AN UNINSURED PATIENT ON A SLIDING FEE SCALE, IN ACCORDANCE WITH FINANCIAL NEED, AS DETERMINED WITH REFERENCE TO FEDERAL POVERTY GUIDELINES (FPG) IN EFFECT AT THE TIME OF THE DETERMINATION THE BASIS FOR THE AMOUNTS THE FACILITY CHARGED ITS PATIENTS WHO QUALIFIED FOR FINANCIAL ASSISTANCE IS SUMMARIZED AS FOLLOWS -- ALL PATIENTS WHOSE INCOME WAS AT OR BELOW 200% OF THE FPG WERE ELIGIBLE TO RECEIVE FREE CARE -- UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 200% BUT NOT MORE THAN 300% OF THE FPG WERE ELIGIBLE TO RECEIVE A 50% DISCOUNT ON TOTAL CHARGES AT OR BELOW $3,000 AND A 60% DISCOUNT ON TOTAL CHARGES OF MORE THAN $3,000 --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 300% BUT NOT MORE THAN 400% OF THE FPG WERE ELIGIBLE TO RECEIVE A 45% DISCOUNT ON TOTAL CHARGES AT OR BELOW $3,000 AND A 55% DISCOUNT ON TOTAL CHARGES OF MORE THAN $3,000 --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 400% BUT NOT MORE THAN 500% OF THE FPG WERE ELIGIBLE TO RECEIVE A 40% DISCOUNT ON TOTAL CHARGES AT OR BELOW $3,000 AND A 50% DISCOUNT ON TOTAL CHARGES OF MORE THAN $3,000 -- UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 500% BUT NOT MORE THAN 600% OF THE FPG WERE ELIGIBLE TO RECEIVE A 30% DISCOUNT ON TOTAL CHARGES AT OR BELOW $3,000 AND A 40% DISCOUNT ON TOTAL CHARGES OF MORE THAN $3,000 --UNINSURED PATIENTS WHOSE INCOME WAS ABOVE 600% OF THE FPG WERE ELIGIBLE TO RECEIVE SERVICES AT A 20% DISCOUNT

Identifier	ReturnReference	Explanation
CAREPLEX ORTHO AMBULATORY SURG CTR		PART V, SECTION B, LINE 19D ALL FAP-ELIGIBLE INDIVIDUALS OF THE AMBULATORY SURGERY CENTER RECEIVE FREE CARE, AS DISCOUNTED CARE IS NOT OFFERED UNDER ITS WRITTEN FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
SENTARA NORFOLK GENERAL HOSPITAL		PART V, SECTION B, LINE 20 AS OUTLINED IN PART V LINE 19D, THE FACILITY'S 2011 FINANCIAL ASSISTANCE POLICY INCLUDED FREE CARE TO ALL PATIENTS WHOSE INCOME WAS AT OR BELOW 200% OF THE FPG, AND DISCOUNTED CARE TO ALL OTHER UNINSURED PATIENTS BASED ON A SLIDING FEE SCALE THE SLIDING FEE SCALE WAS DESIGNED TO BROADEN THE NUMBER OF UNINSURED PATIENTS ELIGIBLE FOR DISCOUNTED CARE YET FOSTER PATIENT PARTICIPATION IN THE COST OF CARE AT HIGHER INCOME LEVELS THE ORGANIZATION BELIEVES THAT SUCH AN APPROACH WAS IN LINE WITH THE CONGRESSIONAL INTENT BEHIND IRC SEC 501(R)(4)(A) HOWEVER, AS SOME DISCOUNTS OFFERED UNDER THE SLIDING FEE SCALE DID NOT MEET THE "AMOUNTS GENERALLY BILLED" STANDARD SET BY THE JOINT COMMITTEE ON TAXATION IN ITS MARCH 21, 2010 REPORT, AND NO FURTHER GUIDANCE WAS AVAILABLE DURING 2011, THE ORGANIZATION ANSWERED "YES" TO THIS QUESTION

Identifier	ReturnReference	Explanation
SENTARA VA BEACH GEN HOSP		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA LEIGH HOSPITAL		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA CAREPLEX HOSPITAL		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA WMSBG REG MED CTR		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA OBICI HOSPITAL		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA LEIGH HOSP AMB SRG CTR		PART V, SECTION B, LINE 20 SAME AS FACILITY 1- SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA BAYSIDE HOSPITAL		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
SENTARA PORT WARWICK		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
GEDDY OUTPATIENT CTR AT SWRMC		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
PRINCESS ANNE AMB SURG CTR		PART V, SECTION B, LINE 20 SAME AS FACILITY 1-SENTARA NORFOLK GENERAL HOSPITAL

Identifier	ReturnReference	Explanation
PART V, SECTION B, LINE 9 & 10	VA BEACH AMB SURG CTR	THE FACILITY, WHICH IS AN AMBULATORY SURGERY CENTER, DID NOT HAVE A WRITTEN FINANCIAL ASSISTANCE POLICY SEE PART VI NARRATIVE ON THE ORGANIZATION'S AMBULATORY SURGERY CENTERS FOR FURTHER INFORMATION

Identifier	ReturnReference	Explanation
PART V, SECTION B, LINE 9 & 10	SENTARA OBICI AMB SURG CTR	SAME AS FACILITY 11-VA BEACH AMB SURG CTR

Identifier	ReturnReference	Explanation
PART V, SECTION B, LINE 10	CAREPLEX ORTHO AMBULATORY SURG CTR	DISCOUNTED CARE IS NOT OFFERED UNDER THE AMBULATORY SURGERY CENTER FACILITY'S WRITTEN FINANCIAL ASSISTANCE POLICY SEE PART VI NARRATIVE ON THE ORGANIZATION'S AMBULATORY SURGERY CENTERS FOR FURTHER INFORMATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITY THROUGH THESE MEANS ANALYSIS OF AREA SOCIODEMOGRAPHIC AND HEALTH STATUS DATA - THE ANALYSIS FOCUSES ON IDENTIFICATION OF HEALTH CARE NEEDS FOR HEALTH SERVICE PLANNING THIS ANALYSIS IS UTILIZED FOR ORIENTATION OF BOARD MEMBERS AND SENIOR HOSPITAL AND MEDICAL STAFF LEADERS AND IS INCORPORATED INTO THE ORGANIZATION'S STRATEGIC PLANS INCORPORATION OF HEALTH CARE NEEDS ASSESSMENTS IN THE ORGANIZATION'S TACTICAL PLANS, I E , FACILITY PLANS, SERVICE LINE PLANS, ETC - IN ADDITION TO THE ANALYSIS OF SOCIODEMOGRAPHIC AND HEALTH STATUS DATA, ADDITIONAL INFORMATION IS OBTAINED AND ANALYZED THIS MAY INCLUDE HEALTH CARE UTILIZATION PATTERNS AND TRENDS FOR EXAMPLE REVIEW OF HEALTH CARE NEEDS ASSESSMENTS AND DATA DEVELOPED BY COMMUNITY PARTNERS (SUCH AS STATE HEALTH DEPARTMENTS AND LOCAL HEALTH DISTRICTS), REGIONAL AGENCIES (SUCH AS THE PLANNING COUNCIL OR PLANNING DISTRICT COMMISSION), NATIONAL ORGANIZATIONS WHICH REPORT ON A LOCAL BASIS (SUCH AS COUNTY HEALTH RANKINGS), AND INFORMATION REPORTED IN LOCAL MEDIA - THIS INFORMATION IS STUDIED AND INCORPORATED INTO THE ORGANIZATION'S PLANS PARTICIPATION IN COLLABORATIVE HEALTH PLANNING AND NEEDS ASSESSMENT ACTIVITIES SUCH AS THOSE SPONSORED BY LOCAL HEALTH DISTRICTS (MAPP - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) AND OTHER ORGANIZATIONS SUCH AS UNITED WAY AND ACCESS PARTNERSHIP - INFORMATION GATHERED THROUGH THESE ACTIVITIES IS INCORPORATED INTO THE ORGANIZATION'S PLANNING INFORMATION AND INPUT FROM PATIENTS AND CARE PROVIDERS - PATIENT CHARACTERISTICS AND TRENDS ARE REVIEWED TO ASSIST IN IDENTIFYING NEW COMMUNITY NEEDS INPUT FROM PATIENTS AND CARE PROVIDERS IS SOUGHT AND CYCLED INTO THE ASSESSMENT PHASE OF PROJECTS OTHER - OTHER MEANS OF ASSESSMENT INCLUDE THE USE OF FOCUS GROUPS AND SURVEYS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 FINANCIAL ASSISTANCE BROCHURES AND OTHER INFORMATION ARE POSTED AT EACH POINT OF SERVICE A TOLL-FREE NUMBER IS GIVEN TO PATIENTS TO REACH CUSTOMER SERVICE REPRESENTATIVES DURING THE BUSINESS DAY FOR QUESTIONS OR CONCERNS FINANCIAL ASSISTANCE PROGRAMS ARE ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE AND INCLUDED ON THE STATEMENTS PROVIDED TO PATIENTS THE ORGANIZATION EMPLOYS FINANCIAL COUNSELORS WHO ARE AVAILABLE TO HELP PATIENTS COMPLETE APPLICATIONS FOR MEDICAID OR OTHER GOVERNMENT PAYMENT ASSISTANCE PROGRAMS, OR APPLY FOR CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF APPLICABLE THE ORGANIZATION ALSO EMPLOYS AN EXTERNAL FIRM TO ASSIST IN THE ELIGIBILITY PROCESS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 SENTARA HOSPITALS SERVES RESIDENTS OF OVER 30 CITIES AND COUNTIES IN SOUTHEASTERN VIRGINIA AND NORTHEASTERN NORTH CAROLINA THE AREA INCLUDES THE VIRGINIA BEACH-NORFOLK-NEWPORT NEWS, VA-NC METROPOLITAN STATISTICAL AREA AND SURROUNDING RURAL COMMUNITIES THE AREA IS BORDERED TO THE EAST BY THE ATLANTIC OCEAN AND IS NOTED FOR ITS WATERWAYS, INCLUDING THE CHESAPEAKE BAY, CURRITUCK SOUND, AND YORK, JAMES AND ELIZABETH RIVERS THE 2011 POPULATION OF THE ORGANIZATION'S SERVICE AREA IS 1,998,258 (SOURCE CLARITAS) AND IS PROJECTED TO GROW BY 2 4% OVER THE NEXT FIVE YEARS, COMPARED TO A PROJECTED U S GROWTH RATE OF 4 0% CURRENTLY APPROXIMATELY 12 6% OF THE POPULATION IS AGE 65+, COMPARED TO 13 3% FOR THE U S THIS AGE GROUP IS GROWING IN SIZE AND IS PROJECTED TO COMPRISE 14 3% OF THE ORGANIZATION'S SERVICE AREA POPULATION IN 2016 IN TERMS OF THE RACIAL AND ETHNIC COMPOSITION, 58 9% OF THE SERVICE AREA'S POPULATION IS WHITE NON-HISPANIC, THIS COMPARES TO 64 2% NATIONWIDE 31 0% OF THE AREA'S POPULATION IS BLACK NON-HISPANIC, THE U S COMPARISON IS 12 1% THE HISPANIC ETHNIC GROUP ACCOUNTS FOR 4 5% OF THE POPULATION OF THE SERVICE AREA, COMPARED TO 16 1% NATIONWIDE THE ASIANS AND PACIFIC ISLANDERS NON-HISPANIC POPULATION REPRESENTS 2 8% OF THE TOTAL, COMPARED TO 4 6% NATIONWIDE OTHER GROUPS ACCOUNT FOR 2 7% WITHIN THE SERVICE AREA AND 3 0% NATIONALLY OF THE ORGANIZATION'S SERVICE AREA ADULTS, 87 6% HAVE AT LEAST A HIGH SCHOOL LEVEL OF EDUCATION, COMPARED TO THE 84 9% NATIONALLY IN 2011, THE HAMPTON ROADS PLANNING DISTRICT UNEMPLOYMENT RATE WAS 6 2%, COMPARED TO 9 6% NATIONALLY ABOUT 5 5% OF THE AREA'S WORKFORCE IS EMPLOYED IN THE ARMED FORCES THE AVERAGE HOUSEHOLD INCOME IN THE ORGANIZATION'S SERVICE AREA IS $65,849 COMPARED TO THE U S HOUSEHOLD AVERAGE OF $67,529 20 9% OF THE ORGANIZATION'S SERVICE AREA HOUSEHOLDS HAVE AN ANNUAL INCOME OF $25,000 OR LESS, COMPARED TO 23 7% OF U S HOUSEHOLDS THE 2011 FEDERAL POVERTY GUIDELINES FOR A FAMILY OF THREE AT 200% IS $37,060 IT IS ESTIMATED THAT APPROXIMATELY 35% OF THE AREA'S FAMILIES MEET THIS GUIDELINE FOR 29 OF THE 32 CITIES AND COUNTIES WITHIN THE ORGANIZATION'S SERVICE AREA, ALL OR PARTS OF THE MUNICIPALITIES ARE DESIGNATED AS MUA (MEDICALLY UNDERSERVED AREA) OR MUP (MEDICALLY UNDERSERVED POPULATION) TWENTY CIVILIAN ACUTE CARE HOSPITALS ARE LOCATED WITHIN THIS AREA, THIS INCLUDES THE SENTARA FACILITIES THE AREA IS ALSO SERVED BY MILITARY AND GOVERNMENTAL HOSPITALS AND SPECIALTY FACILITIES (SUCH AS PSYCHIATRIC) LOCATED WITHIN THE AREA AS WELL AS OTHER HOSPITALS LOCATED IN SURROUNDING COMMUNITIES

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 THE ORGANIZATION'S GOVERNING BODY IS ELECTED ANNUALLY BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A 501(C) TAX-EXEMPT ORGANIZATION, WHOSE COMMUNITY-BASED BOARD IS COMPRISED OF A MAJORITY OF MEMBERS WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF SENTARA HEALTHCARE, NOR FAMILY MEMBERS THEREOF GENERALLY, MEDICAL STAFF MEMBERSHIP IS OPEN TO ALL CARE PROVIDERS WHO MAY QUALIFY THE ORGANIZATION'S SURPLUS FUNDS ARE USED FOR IMPROVEMENTS IN PATIENT CARE, PROVISION OF SERVICES TO THE UNINSURED AND UNDERINSURED, MEDICAL EDUCATION, AND COMMUNITY PROGRAMS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 SENTARA HEALTHCARE, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER, PROVIDES A NUMBER OF PROGRAMS TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES, IN ADDITION TO THOSE IDENTIFIED FOR THE ORGANIZATION SEE FORM 990 PART III SCHEDULE O DISCLOSURE FOR FURTHER INFORMATION ON THE SERVICES AND FACILITIES PROVIDED BY THE SENTARA HEALTHCARE SYSTEM

Identifier	ReturnReference	Explanation
	PART VI-INFORMATION REGARDING THE ORGANIZATION'S ASC'S	IN THE COMMONWEALTH OF VIRGINIA, AMBULATORY SURGERY CENTERS ("ASC'S") ARE REQUIRED TO GO THROUGH A CERTIFICATE OF PUBLIC NEED PROCESS AND RETAIN A HOSPITAL LICENSE THE ORGANIZATION'S ASC'S ARE ORGANIZED AND OPERATED AS EXTENSIONS OF ITS OUTPATIENT FACILITIES, IN PARTNERSHIP WITH ITS PHYSICIANS, TO PROVIDE A MORE EFFECTIVE MEANS OF CARING FOR LESS SERIOUS NON-EMERGENCY MEDICAL CONDITIONS THAT DO NOT REQUIRE FULL-FLEDGED HOSPITAL CARE ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE ASC'S UNINSURED INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL PRIOR TO BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS THOSE ASC'S WITH WRITTEN FINANCIAL ASSISTANCE POLICIES CHECK A PERSON'S ELIGIBILITY PRIOR TO SCHEDULING A PROCEDURE THOSE ASC'S WITHOUT A WRITTEN FINANCIAL ASSISTANCE POLICY WORK WITH UNINSURED INDIVIDUALS TO COME UP WITH PAYMENT OPTIONS, SUCH AS PAYMENT PLANS, OFFERING FREE OR DISCOUNTED CARE AS APPROPRIATE

Additional Data

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **47** Name and address	Type of Facility (Describe)
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER
ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD STE 101 VIRGINIA BEACH,VA 23454	IMAGING CENTER

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

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FOODBANK OF SOUTHEASTERN VIRGINIA800 TIDEWATER DRIVE NORFOLK,VA 23504	52-1219783	501(C)(3)	150,000				DONATION/SPONSORSHIP
(2) EASTERN VA MEDICAL SCHOOLPO BOX 1980 NORFOLK,VA 23501	23-7053208	501(C)(3)	926,966				INDIGENT CARE
(3) OLDE TOWNE MEDICAL CENTER5249 OLDE TOWNE RD WILLIAMSBURG,VA 23188	54-1663905	501(C)(3)	100,000				COMMUNITY HEALTH SUPPORT
(4) SENTARA MEDICAL GROUP6015 POPLAR HALL DRIVE NORFOLK,VA 23502	54-1217184	501(C)(3)	0	20,000		EHR SUBSIDIES	EHR SUBSIDIES
(5) PENINSULA METROPOLITAN YMCA 101 LONG GREEN BLVD YORKTOWN,VA 23693	54-0524905	501(C)(3)	8,350				DONATION/SPONSORSHIP
(6) EVMS FOUNDATION PO BOX 5 NORFOLK,VA 23501	23-7053028	501(C)(3)	25,000				DONATION/SPONSORSHIP
(7) SENTARA HEALTHCARE6015 POPLAR HALL DRIVE NORFOLK,VA 23502	52-1271901	501(C)(3)	55,982,908				OVERHEAD ALLOCATIONS

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

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

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) SCHOLARSHIPS	121	118,792			

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM THE ORGANIZATION ALSO DONATES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITH A SIMILAR MISSION OF PROVIDING AND PROMOTING HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY SUCH ORGANIZATIONS ALSO HAVE COMMUNITY BOARDS WHICH OVERSEE THE PROPER EXPENDITURES OF SUCH FUNDS THE ORGANIZATION'S COLLEGE OF HEALTH SCIENCES, AS WELL AS SENTARA OBICI HOSPITAL'S SCHOOL OF PRACTICAL NURSING, AWARD SCHOLARSHIPS TO STUDENTS ON AN ON-GOING BASIS BASED ON NEED AND MERIT RECIPIENTS ARE SELECTED FROM QUALIFIED APPLICANTS ACCORDING TO PRESCRIBED GUIDELINES ALL SCHOLARSHIPS ARE AWARDED ON A NONDISCRIMINATORY BASIS, AND THEIR USE IS MONITORED BY SCHOOL PERSONNEL

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

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

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**		
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**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 3	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION STUDY, AND APPROVAL BY SENTARA HEALTHCARE'S COMPENSATION COMMITTEE
	PART I, LINES 4A-B	GAIL HEAGEN, FORMER OFFICER, RECEIVED $107,927 IN COMPENSATION RELATED TO HER SEPARATION FROM SERVICE THIS AMOUNT HAS BEEN INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II HOWARD KERN PARTICIPATES IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE DAVID BERND PARTICIPATES IN AN INDIVIDUAL SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN VESTING OCCURS EACH DECEMBER 31 AND THE PRESENT VALUE OF THE ADDITIONAL ACCRUAL IS DISTRIBUTED IN A TAXABLE LUMP SUM FOR 2011, MR BERND RECEIVED A TOTAL LUMP SUM DISTRIBUTION OF $1,192,399 THIS AMOUNT HAS BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II DAVID BERND AND HOWARD KERN PARTICIPATE IN THE SENTARA OPTION PLAN FOR EXECUTIVES THIS PLAN IS UNRELATED TO "EQUITY" OF THE EMPLOYER PARTICIPATION IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE VESTING IS DETERMINED BY THE GOVERNING BOARD OF SENTARA HEALTHCARE AND IS SEPARATELY STATED IN EACH PARTICIPANT'S OPTION AGREEMENT THERE WERE NO OPTIONS GRANTED AFTER 2002 DAVID BERND, HOWARD KERN, MARY BLUNT, ROBERT BROERMANN, MICHAEL GENTRY, ROBERT GRAVES, KENNETH KRAKAUR, BERT REESE, MARK SZALWINSKI, THERESA EDWARDS, DEBRA FLORES, GRACE HINES, KURT HOFELICH, MEGAN PERRY, STEPHEN PORTER, RAYMOND TROIANO AND JEFFREY KING PARTICIPATE IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE) DURING 2011, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN MARY BLUNT ($53,145), ROBERT GRAVES ($43,723), GRACE HINES ($14,160), KENNETH KRAKAUR ($71,345), BERTRAM REESE ($52,620), RAYMOND TROIANO ($17,353) AND MARK SZALWINSKI ($149,588) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J, PART II SENTARA HEALTHCARE OWNED SPOUSAL SURVIVOR SPLIT-DOLLAR LIFE INSURANCE POLICIES FOR MARY BLUNT AND KENNETH KRAKAUR 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 DURING 2011, THE SPOUSAL SURVIVOR SPLIT-DOLLAR LIFE INSURANCE POLICIES FOR MARY BLUNT AND KENNETH KRAKAUR WERE SURRENDERED THE POLICY VALUES REMAINING AFTER REDUCTION FOR CORPORATE RECOVERY OF PREMIUMS AND AFTER TAX ART AMOUNTS WERE $9,076 AND $10,147, RESPECTIVELY THESE AMOUNT WERE TREATED AS ADDITIONAL TAXABLE COMPENSATION AND HAVE BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J PART II
	PART I, LINE 7	DURING 2011, 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 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 ECARE INCENTIVE - AN INCENTIVE TO THE SELECT INDIVIDUALS FOR THEIR ROLES IN THE SUCCESSFUL IMPLEMENTATION AND OPERATION OF SENTARA'S ELECTRONIC MEDICAL CARE SYSTEM INDIVIDUAL INCENTIVE LEVELS VARY BY POSITION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

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				
DAVID L BERND	(i)	0	0	0	0	0	0	0
	(ii)	1,060,556	1,541,673	1,236,035	718,589	24,557	4,581,410	0
ROBERT A BROERMANN	(i)	0	0	0	0	0	0	0
	(ii)	576,543	577,997	7,726	289,150	26,475	1,477,891	0
HOWARD P KERN	(i)	0	0	0	0	0	0	0
	(ii)	726,289	868,885	16,982	888,823	22,035	2,523,014	0
KENNETH M KRAKAUR	(i)	0	0	0	0	0	0	0
	(ii)	453,890	457,834	91,285	159,233	25,586	1,187,828	7,755
GRACE R HINES	(i)	0	0	0	0	0	0	0
	(ii)	233,015	122,400	24,777	181,497	16,672	578,361	0
JEFFREY P KING	(i)	0	0	0	0	0	0	0
	(ii)	368,985	169,528	109,468	92,493	18,574	759,048	0
MARY L BLUNT	(i)	370,092	303,688	69,927	215,142	22,939	981,788	7,014
	(ii)	0	0	0	0	0	0	0
JENNIFER A BURROWS	(i)	189,433	87,350	850	57,682	11,868	347,183	0
	(ii)	0	0	0	0	0	0	0
TERESA L EDWARDS	(i)	262,662	109,602	638	83,456	17,760	474,118	0
	(ii)	0	0	0	0	0	0	0
DEBRA A FLORES	(i)	244,218	126,342	10,258	139,643	8,997	529,458	0
	(ii)	0	0	0	0	0	0	0
MICHAEL V GENTRY	(i)	388,241	323,342	7,697	153,046	15,535	887,861	0
	(ii)	0	0	0	0	0	0	0
ROBERT L GRAVES	(i)	311,915	238,407	55,598	109,347	20,259	735,526	0
	(ii)	0	0	0	0	0	0	0
GENEMARIE W MCGEE	(i)	184,781	87,438	373	130,634	21,265	424,491	0
	(ii)	0	0	0	0	0	0	0
STEPHEN D PORTER	(i)	148,529	112,166	9,613	68,932	11,419	350,659	0
	(ii)	92,830	0	6,008	43,083	7,137	149,058	0
BERTRAM S REESE	(i)	370,572	353,607	71,746	179,778	25,730	1,001,433	0
	(ii)	0	0	0	0	0	0	0
SYLVIA M RICHENDOLLAR	(i)	130,157	76,780	37,997	182,253	12,174	439,361	0
	(ii)	0	0	0	0	0	0	0
MARK A SZALWINSKI	(i)	338,498	233,037	157,832	112,893	28,704	870,964	88,695
	(ii)	0	0	0	0	0	0	0
RAYMOND G TROIANO MD	(i)	285,216	132,062	19,223	93,040	20,820	550,361	0
	(ii)	0	0	0	0	0	0	0

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				
DAVID LEVIN MD	(i)	239,314	189,090	16,002	47,586	23,098	515,090	0
	(ii)	0	0	0	0	0	0	0
GENE H BURKE MD	(i)	294,596	138,228	4,292	141,784	19,687	598,587	0
	(ii)	0	0	0	0	0	0	0
PAUL D CHIDESTER MD	(i)	275,994	123,127	615	55,907	18,010	473,653	0
	(ii)	0	0	0	0	0	0	0
THOMAS THAMES MD	(i)	253,329	131,835	1,063	63,338	18,772	468,337	0
	(ii)	0	0	0	0	0	0	0
ARTHUR D GREENE MD	(i)	259,538	120,873	1,890	35,254	16,390	433,945	0
	(ii)	0	0	0	0	0	0	0
GAIL P HEAGEN	(i)	0	0	0	0	0	0	0
	(ii)	0	0	107,927	99,259	0	207,186	0
ROBERT W HOEFER	(i)	172,945	78,554	788	33,167	20,008	305,462	0
	(ii)	0	0	0	0	0	0	0
KURT T HOFELICH	(i)	208,615	94,956	18,662	118,840	18,788	459,861	0
	(ii)	0	0	0	0	0	0	0
LYNETTE M HOLDER	(i)	0	0	0	0	0	0	0
	(ii)	113,497	32,019	2,911	57,813	19,827	226,067	0
LOIS L KERCHER	(i)	119,880	21,537	577	54,920	6,517	203,431	0
	(ii)	0	0	0	0	0	0	0
MEGAN R PERRY	(i)	0	0	0	0	0	0	0
	(ii)	356,358	213,035	77,105	217,434	24,412	888,344	0
JOSEPH T BUTZ	(i)	214,704	107,379	292	45,351	15,792	383,518	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY S JENNINGS	(i)	174,367	81,259	1,288	96,158	19,018	372,090	0
	(ii)	0	0	0	0	0	0	0

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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

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2011

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
SCHEDULE L, PART IV	TRANSACTIONS WITH INTERESTED PERSONS	DIRECTOR KENNETH KRAKAUR IS A BOARD MEMBER OF PORT WARWICK II, LLC, PORT WARWICK III, LLC, OPACC I , LLC AND GLOUCESTER MEDICAL ARTS, LLC, ALL JOINT VENTURES OF SENTARA VENTURES, INC, A TAXABLE AFFILIATE DIRECTOR KENNETH KRAKAUR AND KEY EMPLOYEE MARK SZALWINSKI ARE BOARD MEMBERS OF CAREPLEX WEST, LLC, A JOINT VENTURE OF SENTARA VENTURES, INC , A TAXABLE AFFILIATE KEY EMPLOYEE MARK SZALWINSKI AND FORMER OFFICER KURT HOEFLICH ARE BOARD MEMBERS OF SENTARA OBICI AMBULATORY SURGERY, LLC, A JOINT VENTURE OF THE ORGANIZATION KEY EMPLOYEE RAYMOND TROIANO IS A BOARD MEMBER OF RADIOLOGY SERVICES OF HAMPTON ROADS, LLC, A JOINT VENTURE OF BOTH THE ORGANIZATION AND SENTARA ENTERPRISES, A 501(C)(3) AFFILIATE DIRECTOR AND OFFICER HOWARD KERN, DIRECTOR KENNETH KRAKAUR AND KEY EMPLOYEE MARK SZALWINSKI ARE BOARD MEMBERS OF CANCER CENTERS OF VIRGINIA, LLC, A JOINT VENTURE OF THE ORGANIZATION KEY EMPLOYEE MARK SZALWINSKI, DIRECTOR KENNETH KRAKAUR AND FORMER OFFICER KURT HOFELICH ARE BOARD MEMBERS OF ST LUKES PROPERTIES, LLC, A JOINT VENTURE OF THE ORGANIZATION THE ORGANIZATION PAYS VARIOUS EXPENSES, SUCH AS HEALTH PREMIUMS AND UTILITIES, ON BEHALF OF ITS 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:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

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**
DEAN J BRUMMET	FAMILY MEMBER JENNIFER A BURROWS, KEY EMPLOYEE	115,854	EMPLOYMENT		No
KATHERINE M HINES	FAMILY MEMBER OF GRACE R HINES, OFFICER	84,381	EMPLOYMENT		No
MELISSA J HOEFER	FAMILY MEMBER OF ROBERT W HOEFER, FORMER OFFICER	114,039	EMPLOYMENT		No
LISA B MORRIS	FAMILY MEMBER OF BERTRAM S REESE, KEY EMPLOYEE	116,966	EMPLOYMENT		No
JULIE L PORTER	FAMILY MEMBER OF STEPHEN D PORTER, KEY EMPLOYEE	118,125	EMPLOYMENT		No
KAREN RICHENDOLLAR	FAMILY MEMBER OF SILVIA M RICHENDOLLAR, KEY EMPLOYEE	40,541	EMPLOYMENT		No
PORT WARWICK II LLC	SEE PART V	1,309,990	RENT EXP		No
PORT WARWICK III LLC	SEE PART V	186,736	RENT EXP		No
CAREPLEX WEST LLC	SEE PART V	127,173	RENT EXP		No
OPACC I LLC	SEE PART V	720,825	RENT EXP		No
PRINCESS ANNE AMB SURG MGT LLC	JOINT VENTURE IN WHICH KEY EMPLOYEE STEPHEN PORTER IS A BOARD MEMBER	1,151,424	SUPPLIES		No
PRINCESS ANNE AMB SURG MGT LLC	JOINT VENTURE IN WHICH KEY EMPLOYEE STEPHEN PORTER IS A BOARD MEMBER	109,925	MISC SERVICES		No

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
VA BEACH AMB SURG CENTER	JOINT VENTURE IN WHICH KEY EMPLOYEE RAYMOND TROIANO IS A BOARD MEMBER	106,926	INVENTORY		No
VA BEACH AMB SURG CENTER	JOINT VENTURE IN WHICH KEY EMPLOYEE RAYMOND TROIANO IS A BOARD MEMBER	84,566	RE RENTAL AND RELATED SERVICES		No
RADIOLOGY SVS OF HAMPTON RDS LLC	SEE PART V	4,515,904	RADIOLOGY SRVCS		No
RADIOLOGY SVS OF HAMPTON RDS LLC	SEE PART V	599,738	REBATES		No
CANCER CENTERS OF VIRGINIA LLC	SEE PART V	4,423,492	EQUIP LEASE		No
CANCER CENTERS OF VIRGINIA LLC	SEE PART V	1,867,882	LEASED EMPLOYEES		No
SENTARA OBICI AMB SURGERY LLC	SEE PART V	372,068	CIP FUNDING		No
SENTARA OBICI AMB SURGERY LLC	SEE PART V	95,719	MISC SERVICES		No
SENTARA OBICI AMB SURGERY LLC	SEE PART V	655,829	SUPPLIES		No
GLOUCESTER MEDICAL ARTS LLC	SEE PART V	171,039	RENT EXPENSE		No
HAMPTON ROADS LITHOTRIPSY LLC	JOINT VENTURE IN WHICH OFFICER & DIR ROBERT BROERMANN IS A BOARD MEMBER	1,373,633	MEDICAL SERVICES		No
ST LUKES PROPERTIES LLC	SEE PART V	365,848	RENT EXPENSE		No

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
ST LUKES PROPERTIES LLC	SEE PART V	115,859	CIP TRANSFER		No
VHA	UNRELATED ENTITY OF WHICH DIRECTOR & OFFICER HOWARD KERN IS A BOARD MEMBER	109,134	HEALTHCARE SOLUTIONS		No
CAREPLEX ORTHOPAEDIC ASC INC	SEE PART V	3,104,187	CIP FUNDING		No
CAREPLEX ORTHOPAEDIC ASC INC	SEE PART V	558,568	RE/FACILITY RENTAL		No
CAREPLEX ORTHOPAEDIC ASC INC	SEE PART V	95,003	SUPPLIES		No
CAREPLEX ORTHOPAEDIC ASC INC	SEE PART V	7,539	MISC SERVICES		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

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DAVID BERND, HOWARD KERN, AND BERTRAM REESE HAVE A BUSINESS RELATIONSHIP THROUGH COMMON OWNERSHIP OF AN ENTITY UNRELATED TO THE ORGANIZATION THE ORGANIZATION'S OFFICERS AND DIRECTORS SERVED TOGETHER ON THE BOARDS OF OTHER TAXABLE ORGANIZATIONS WITHIN THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AS WELL AS JOINT VENTURES IN WHICH THE SYSTEM HAD AN OWNERSHIP INTEREST SEE SCHEDULE R FOR A LISTING OF SUCH ENTITIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAD ONE CLASS OF MEMBER, THE SOLE MEMBER BEING SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS, WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY, WAS ELECTED BY ITS SOLE MEMBER, SENTARA HEALTHCARE, A 501(C)(3) ORGANIZATION

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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 SENTARA HEALTHCARE SYSTEM'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, SECTION B, LINE 15	AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON MARKET COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES THE SYSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY TWO TO THREE YEARS THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 19 HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, BOND RATING, AND QUALITATIVE PERFORMANCE MEASURES BASED ON RANKINGS FROM SDI'S NATIONAL TOP INTEGRATED HEALTH NETWORKS OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A)ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CHAIRMAN, PRESIDENT, AND TREASURER, WHO ALSO SERVE AS CEO, COO/PRESIDENT, AND CFO/TREASURER OF THE SYSTEM, RESPECTIVELY THE PROCESS WAS LAST UNDERTAKEN DURING 2011 FOR ALL POSITIONS LISTED

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -744,482 BOOK RECLASS OF INTERCO ACCT BALANCES TO EQUITY -359,709,745 PARTNERSHIP INCOME NOT ON BOOKS -143,328 PRIOR PERIOD ADJUSTMENTS -257,168 TRANSFERS TO AFFILIATES -8,033,381 CAPITAL DISTRIBUTION TO PARENT -7,655,794 TOTAL TO FORM 990, PART XI, LINE 5 -376,543,898

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY THROUGH THE ESTABLISHMENT AND OPERATION OF ONE OR MORE NONPROFIT HOSPITALS AND RELATED HEALTH AND MEDICAL PROGRAMS FOR THE CARE OF THE SICK AND INJURED, THE OPERATION OF NONPROFIT SCHOOLS FOR THE EDUCATION AND TRAINING OF NURSES AND OTHER PERSONNEL NECESSARY OR DESIRABLE IN PROVIDING HEALTH CARE, THE PROMOTION OF HEALTH, THE CARRYING ON OF SCIENTIFIC MEDICAL RESEARCH IN THE PUBLIC INTEREST, AND THE CARRYING ON OF ANY OTHER ACTIVITIES WHICH FURTHER OR ADVANCE THE GENERAL HEALTH AND WELFARE OF THE COMMUNITIES SERVED BY THE ORGANIZATION

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	SENTARA HOSPITALS PROVIDES ACUTE AND TERTIARY INPATIENT AND OUTPATIENT MEDICAL SERVICES THROUGH THE OPERATION OF SEVEN HOSPITALS IN THE COMMUNITY--SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA CAREPLEX HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA BAYSIDE HOSPITAL (THROUGH 8/3/2011), SENTARA OBICI HOSPITAL AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER THE SEVEN HOSPITALS COMBINED OFFERED 1,752 HOSPITAL BEDS THROUGH 8/3/11 AND 1,588 HOSPITAL BEDS EFFECTIVE 8/4/11 FOR TERTIARY AND ACUTE CARE AND PROVIDED 843,242 ADJUSTED PATIENT DAYS OF CARE DURING 2011 SERVICES INCLUDE DAILY ROUTINE NURSING, WELLNESS PROGRAMS, LEVEL I AND II TRAUMA SERVICES, NIGHTINGALE AIR AMBULANCE, CARDIAC CATHERIZATION, ANGIOGRAPHY, NEONATAL INTENSIVE CARE, COMMUNITY EDUCATION PROGRAMS FOR THE DISADVANTAGED, AND VARIOUS OTHER COMMUNITY ACTIVITIES SENTARA HOSPITALS ALSO PROVIDES MEDICAL EDUCATION PROGRAMMING IN CONJUNCTION WITH THE EASTERN VIRGINIA MEDICAL AUTHORITY OFFERING SPECIALTY SERVICES SUCH AS CARDIOLOGY, IN-VITRO FERTILIZATION AND UROLOGY THE HOSPITAL PROVIDES FREE COMMUNITY HEALTH SCREENINGS AND HEALTH EDUCATION THROUGHOUT HAMPTON ROADS COSTS INCURRED FOR THESE ACTIVITIES ARE NOT SPECIFICALLY ACCUMULATED, BUT INCLUDE SALARIES AND OTHER OPERATING EXPENSES THE FOLLOWING IS A DESCRIPTION OF PROGRAMS AND ACCOMPLISHMENTS OF THE SENTARA HEALTHCARE SYSTEM FOR 2011

Identifier	Return Reference	Explanation
		SENTARA HEALTHCARE I YOUR NOT-FOR-PROFIT HEALTH PARTNER FOR MORE THAN 120 YEARS, SENTARA H EALTHCARE HAS BEEN COMMITTED TO HELPING PEOPLE WITH THEIR HEALTHCARE NEEDS, AND FOR THE SE COND YEAR IN A ROW, MODERN HEALTHCARE MAGAZINE HAS RECOGNIZED US AS THE NATION'S NUMBER-ON E MOST INTEGRATED HEALTHCARE SYSTEM U S NEWS & WORLD REPORT NAMED US THE MOST RECOGNIZED PROVIDER IN HAMPTON ROADS, A COMMUNITY OF CITIES AND COUNTIES IN SOUTHEAST VIRGINIA PROV IDERS INCLUDED ON THE LIST MAY BE CONSIDERED AMONG THE NATION'S BEST, OR THEY ARE HIGH PER FORMING IN THE REGION THEY SERVE FOUNDED IN 1888 AS THE RETREAT FOR THE SICK IN NORFOLK, VIRGINIA, WE HAVE GROWN THROUGHOUT VIRGINIA AND NORTH CAROLINA AND NOW OPERATE MORE THAN 1 00 SITES OF CARE, INCLUDING 10 ACUTE CARE HOSPITALS, SEVEN IN HAMPTON ROADS, ONE IN NORTHE RN VIRGINIA, AND TWO IN THE BLUE RIDGE REGION OF VIRGINIA OUR NOT-FOR-PROFIT SYSTEM PROUD LY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED-LIVING CENTERS, OUTPATIENT CAMP USES, PHYSICAL THERAPY AND REHABILITATION SERVICES, A HOME HEALTH AND HOSPICE AGENCY, A 3, 680-PROVIDER MEDICAL STAFF, AND THREE MEDICAL GROUPS WITH 618 PROVIDERS IN ADDITION, WE P ROVIDE MEDICAL TRANSPORT AMBULANCES AND THE NIGHTINGALE AIR AMBULANCE, AND EXTEND HEALTH I NSURANCE TO MORE THAN 440,000 PEOPLE THROUGH OPTIMA HEALTH, OUR AWARD-WINNING HEALTH PLAN AMONG OUR MANY STRENGTHS, WE ARE A NATIONAL LEADER IN HEART AND KIDNEY CARE, STROKE CARE, AND INFECTION PREVENTION, AND WE WERE THE FIRST IN THE NATION TO DEVELOP THE EICU, A REMO TE MONITORING SYSTEM FOR INTENSIVE CARE OUR DEDICATION TO IMPROVING AND INCREASING MEDICA L OPTIONS FOR OUR NEIGHBORS IS REINFORCED BY OUR COMMUNITY OUTREACH PROGRAMS, OUR INTRODUC TION OF NEW MEDICAL PROCEDURES, AND OUR PARTICIPATION IN MEDICAL TRIALS THROUGH ALL OF TH IS WORK, WE ADVANCE OUR MISSION OF IMPROVING HEALTH EVERY DAY II GROWING THE SENTARA FAMI LY SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO NEARBY INDUSTRY LEADERS AND JOINED FORC ES TO EXTEND HEALTHCARE TO MORE PEOPLE IN RECENT YEARS, WE HAVE GROWN THROUGHOUT VIRGINIA BY SEEKING PARTNERSHIPS WITH LONG-ESTABLISHED AND SUCCESSFUL HOSPITALS AND HEALTHCARE SYS TEMS WHO SHARE OUR DEDICATION TO EXCELLENCE AND VALUE OUR INTEGRATED HEALTHCARE SYSTEM NO W INCLUDES A MARTHA JEFFERSON HOSPITAL MARTHA JEFFERSON HOSPITAL (MJH), A 176-BED, NOT-F OR-PROFIT COMMUNITY HOSPITAL LOCATED IN CHARLOTTESVILLE, VIRGINIA, OFFICIALLY BECAME PART OF SENTARA HEALTHCARE IN JUNE 2011, MAKING IT OUR 10TH HOSPITAL THE HOSPITAL ADMITS MORE THAN 11,000 INPATIENTS, TREATS MORE THAN 214,000 OUTPATIENTS, AND DELIVERS NEARLY 1,800 BA BIES EACH YEAR MJH PERFORMS MORE THAN 2,700 INPATIENT AND MORE THAN 3,600 OUTPATIENT SURG ICAL PROCEDURES ANNUALLY, AND THE EMERGENCY DEPARTMENT TREATS MORE THAN 48,700 PATIENTS M AJOR SERVICES INCLUDE A CANCER CARE CENTER, DIGESTIVE CARE CENTER, CARDIOLOGY CARE CENTER, ORTHOPEDICS, INCLUDING SPINE SURGERY AND JOINT REPLACEMENT SURGERY, WEIGHT LOSS SURGERY, STROKE CENTER SURGERY, THORACIC SURGERY, VASCULAR MEDICINE AND SURGERY, AND A WOMEN'S HEAL TH CENTER MJH EMPLOYS 1,600 STAFF MEMBERS, WITH 470 PHYSICIANS REPRESENTING MORE THAN 40 SPECIALTIES B RMH HEALTHCARE/ROCKINGHAM MEMORIAL HOSPITAL SENTARA HEALTHCARE FINALIZED I TS AFFILIATION WITH RMH HEALTHCARE (LEGALLY KNOWN AS ROCKINGHAM MEMORIAL HOSPITAL WITH A F ICTITIOUS/PUBLIC NAME OF RMH HEALTHCARE) IN MAY 2011 RMH IS A 238-BED, NOT-FOR-PROFIT COM MUNITY HOSPITAL IN HARRISONBURG, VIRGINIA THAT FIRST OPENED ITS DOORS IN 1912 SERVING A P OPULATION OF OVER 200,000, THE HOSPITAL ADMITS MORE THAN 15,500 INPATIENTS AND DELIVERS CL OSE TO 1,750 BABIES ANNUALLY THE STAFF AVERAGES MORE THAN 18,000 SURGICAL PROCEDURES ANNU ALLY THE RMH HAHN CENTER PROVIDES MORE THAN 16,000 CANCER TREATMENTS, AND THE RMH EMERGEN CY DEPARTMENT TREATS MORE THAN 70,000 PATIENTS SIGNATURE SERVICES INCLUDE A COMPREHENSIVE HEART AND VASCULAR CENTER, A FAMILY BIRTHPLACE, A SLEEP MEDICINE CENTER, IMAGING SERVICES , BEHAVIORAL HEALTH SERVICES, A WOMEN'S CENTER, AND A WELLNESS CENTER THE RMH MEDICAL STA FF HAS 289 PHYSICIANS IN 40 SPECIALTIES, AND THE RMH MEDICAL GROUP EMPLOYS 77 PHYSICIANS I N 13 SPECIALTIES C SENTARA POTOMAC HOSPITAL/SENTARA NORTHERN VIRGINIA MEDICAL CENTER IN DECEMBER 2009, SENTARA HEALTHCARE FINALIZED ITS AFFILIATION WITH POTOMAC HOSPITAL IN NORTH ERN VIRGINIA THE HOSPITAL FORMALLY ADOPTED THE SENTARA NAME IN 2011 SENTARA POTOMAC HOSP ITAL (SPH) IS A 183-BED, NOT-FOR-PROFIT COMMUNITY HOSPITAL LOCATED IN WOODBRIDGE, VIRGINIA ITS 1,000-PLUS EMPLOYEES INCLUDE MORE THAN 250 MEDICAL STAFF MEMBERS THE HOSPITAL OFFER S A WIDE RANGE OF MEDICAL SPECIALTIES, A HIGHLY QUALIFIED MEDICAL AND CLINICAL STAFF, AND STATE-OF-THE-ART TECHNOLOGY TO UPHOLD ITS MISSION OF CARING FOR EVERYONE IN PRINCE WILLIAM COUNTY AND THE SURROUNDING COMMUNITIES RESIDENTS IN NORTHERN VIRGINIA NOW HAVE THE OPTIO N OF RECEIVING CARDIOVASCULAR CARE CLOSE TO HOME, THANKS TO THE NEW SERVICES TO BE OFFERED IN THE SENTARA HEART AND VASCULAR CENTER AT POTOM

Identifier	Return Reference	Explanation
		AC HOSPITAL THE 12,000 SQUARE FOOT CENTER WITHIN THE HOSPITAL INCLUDES INTERVENTIONAL CAR DIAC CATHETERIZATION (PREVIOUSLY UNAVAILABLE IN THE COUNTY,) EMERGENT CARE OF STEMI PATIEN TS AND OTHER PROCEDURES FOR CARDIAC DISEASE RESIDENTS CAN ALSO BENEFIT FROM THE CONVENIEN T, HIGH-QUALITY CARE OFFERED BY SENTARA MEDICAL GROUP, A PATIENT-FOCUSED PRACTICE WITH MUL TI-SPECIALTY PHYSICIANS WITH OFFICES IN NORTHERN VIRGINIA (THE HOSPITAL'S NAME WAS LATER CHANGED TO SENTARA NORTHERN VIRGINIA MEDICAL CENTER) III CONSTANTLY LOOKING AHEAD TO BEST SERVE OUR COMMUNITIES AND PROVIDE THE MOST PATIENT-FOCUSED, COST-EFFECTIVE HEALTHCARE POS SIBLE, WE SEEK TO EXPAND AND ENHANCE OUR SERVICES IN A VARIETY OF WAYS WE STRIVE TO BE TH E FIRST IN OUR COMMUNITIES TO OFFER NEW, YET PROVEN, MEDICAL PROCEDURES, AND WE REACH OUT TO NEW COMMUNITIES TO OFFER SERVICES WE HAVE PROUDLY AND SUCCESSFULLY OFFERED IN OTHER REG IONS SOME OF THE WAYS WE HAVE DONE THIS RECENTLY INCLUDE A OFFERING AND STUDYING NEW PRO CEDURES AND TECHNOLOGY IN 2011, SENTARA PHYSICIANS LED THE WAY IN HAMPTON ROADS BY OFFERIN G LIFE-SAVING PROCEDURES PREVIOUSLY NOT AVAILABLE IN THE REGION OR NOT READILY AVAILABLE BY DOING SO, THEY GAVE RESIDENTS THE COMFORT AND COST-SAVINGS OF BEING CLOSE TO HOME WHILE IMPROVING THEIR HEALTH IMPORTANT OPTIONS OUR PHYSICIANS INTRODUCED INCLUDED THE REGION'S FIRST AORTIC VALVE REPLACEMENT VIA CATHETER, THE FIRST O-ARM IMAGING SYSTEM TO ENHANCE SP INAL SURGERY, THE FIRST PAIRED KIDNEY EXCHANGE, AND A NEW ELECTROMAGNETIC NAVIGATIONAL BRO NCHOSCOPY PROCEDURE ALSO IN 2011, SENTARA WAS RECOGNIZED BY THE VIRGINIA HEART ATTACK COA LITION FOR OUR EFFORTS IN WORKING WITH AREA EMS UNITS TO LAUNCH LIFENET, WHICH TRANSMITS V ITAL, POTENTIALLY LIFESAVING PATIENT INFORMATION WHEN A HEART ATTACK IS SUSPECTED BY AN EM S TECHNICIAN WE EXPLORED NEW TREATMENTS AS WELL IN NUMEROUS STUDIES ONE OF THE MOST SIGN IFICANT RESEARCH PROJECTS WAS A STROKE STUDY OUR DOCTORS AND PATIENTS JOINED THE STUDY RE SULTS LED TO AN EARLY DECISION TO END ENROLLMENT, AFTER FINDING THAT PATIENTS AT HIGH RISK OF A SECOND STROKE WHO WERE TREATED WITH STENTS-THOUGHT TO BE MORE HELPFUL THAN AGGRESSIV E MEDICAL MANAGEMENT-WERE ACTUALLY FARING WORSE THIS IS JUST ONE EXAMPLE OF OUR COMMITMEN T TO EXPLORING NEW OPTIONS AND QUICKLY APPLYING ACQUIRED KNOWLEDGE TO BETTER SERVE OUR PAT IENTS GAINING SUCH KNOWLEDGE IN REGARDS TO THE BRAIN WAS PART OF OUR MOTIVATION LAST YEAR WHEN WE CREATED THE SENTARA NEUROSCIENCES INSTITUTE, A NETWORK OF NEUROSCIENCE EXPERTS DE DICATED TO EDUCATION, PREVENTION, RESEARCH AND THE TREATMENT OF NEUROLOGIC DISORDERS SENT ARA NEUROSCIENCES INSTITUTE PHYSICIANS ARE INVOLVED IN NATIONAL RESEARCH STUDIES OFFERING LOCAL PATIENTS NEW TREATMENT OPTIONS NOT OTHERWISE AVAILABLE IN THE AREA NEARLY TWO DOZEN STUDIES ARE CURRENTLY UNDERWAY IN STROKE CARE, EPILEPSY, AND PARKINSON'S DISEASE WITH PAT IENTS IN THE REGION IN COLLABORATION WITH EASTERN VIRGINIA MEDICAL SCHOOL AND OTHER NEURO SCIENCE EXPERTS, THE SENTARA NEUROSCIENCES INSTITUTE OFFERS SOME OF THE MOST COMPREHENSIVE AND ADVANCED CARE TREATING DISEASES OF THE BRAIN, SPINAL CORD, NERVES AND MUSCLES IN VIRG INIA THE INSTITUTE STRENGTHENS THE NEUROSCIENCE PROGRAM THAT HAS BEEN IN PLACE AT SENTARA FOR YEARS B EXPANDING SERVICE AREAS AND PARTNERSHIPS OPTIMA HEALTH, SENTARA HEALTHCARE' S AWARD-WINNING HEALTH PLAN, EXPANDED ITS POPULAR OFFERINGS TO SOUTHWEST VIRGINIA, ROANOKE , AND SURROUNDING COMMUNITIES IN 2011 WITH A STRONG NETWORK OF PHYSICIANS AND HOSPITALS I N THE AREA THANKS TO OUR RECENT EXPANSIONS, IT MADE SENSE TO START OFFERING OUR HEALTHCARE COVERAGE SO THAT WE CAN BETTER SERVE THE PEOPLE OF THESE REGIONS

Identifier	Return Reference	Explanation
		WE HAVE TAKEN SIMILAR STEPS IN THE RECENT PAST MEDICAL TRANSPORT, OUR PREMIER COMMERCIAL EMS AGENCY AND AMBULANCE TRANSPORT SERVICE IN SOUTHEASTERN VIRGINIA, WITH ITS HOME OFFICE IN VIRGINIA BEACH, EXPANDED TO CHARLOTTESVILLE AND PETERSBURG, VIRGINIA IN 2008, TO CHRIST IANBURG AND ROANOKE, VIRGINIA IN 2009 AND TO THE PRINCE WILLIAM AREA IN 2010 MEDICAL TRAN SPORT IS DEDICATED TO SERVING ITS PATIENTS WITH OUTSTANDING CUSTOMER SERVICE WITH THE LARG EST FLEET OF AMBULANCES IN VIRGINIA SENTARA HOME CARE ALSO EXPANDED IN A SIMILAR WAY TO S ERVE MORE VIRGINIANS WE HAVE BEEN BRINGING HIGH-QUALITY HEALTHCARE HOME TO OUR PATIENTS S INCE 1982 TODAY, SENTARA HOME CARE SERVES PATIENTS THROUGHOUT MOST OF VIRGINIA AND BEYOND , INCLUDING HAMPTON ROADS, RICHMOND, AND NORTHEASTERN NORTH CAROLINA IN 2008, HOME CARE'S SERVICE AREA GREW TO CHARLOTTESVILLE AND COVINGTON, VIRGINIA, AND IN 2009, IT EXPANDED TO BATH COUNTY IN WESTERN VIRGINIA IN ADDITION TO EXPANDING SERVICES, SENTARA FORMED PARTNE RSHIPS IN 2011 TO STREAMLINE PROCEDURES AND REDUCE COSTS WE JOINED FORCES WITH MEDSTAR HE ALTH AND NOVANT HEALTH WITH THE INTENTION OF SIMPLIFY ING THE PURCHASING OF SUPPLIES AND SE CURING QUANTITY DISCOUNTS WORKING TOGETHER TO PURCHASE SUPPLIES AS ONE ENTITY, WE WILL PR ODUCE SAVINGS THAT CAN SUPPORT LOWER HEALTHCARE COSTS C EXPANDING EDUCATIONAL SERVICES S ENTARA ANNOUNCED A SIGNIFICANT GIFT TO EASTERN VIRGINIA MEDICAL SCHOOL (EVMS) IN 2011, IN THE FORM OF TWO SEPARATE ENDOWMENTS OF $5 MILLION EACH TOGETHER THESE GIFTS REPRESENT THE LARGEST DONATION IN THE MEDICAL SCHOOL'S HISTORY THEY WILL PROVIDE ONGOING SUPPORT TO TH E SENTARA SIMULATION CENTER FOR IMMERSIVE LEARNING AT EVMS AND THE GLENNAN CENTER FOR GERI ATRICS AND GERONTOLOGY SINCE 2006, SENTARA HAS COMMITTED TO PROVIDE EVMS WITH $52 MILLION IN PROGRAM DEVELOPMENT FUNDING IN ADDITION TO SUPPORTING EVMS, SENTARA HAS ALSO EXPANDED ITS OWN EDUCATIONAL SERVICES THE SENTARA SCHOOL OF HEALTH PROFESSIONALS CHANGED ITS NAME IN 2009 TO THE SENTARA COLLEGE OF HEALTH SCIENCES (SCHS) AFTER RECEIVING APPROVAL TO OFFE R A BACCALAUREATE DEGREE IN NURSING OUR NEW BACHELOR OF SCIENCE IN NURSING PROGRAM BEGAN AUGUST 2010 WITH FOUR WAYS TO RECEIVE A BACHELOR OF SCIENCE IN NURSING DEGREE TRADITIONAL BSN, LPN TO BSN, RN TO BSN AND EARLY ADMISSION FOR HIGH SCHOOL SENIORS OUR CARDIOVASCULA R PROGRAMS ADDED A NEW SPECIALTY IN 2011 -- CARDIAC ELECTROPHY SIOLOGY, AND ALL FOUR SPECIA LTIES (INVASIVE CARDIOVASCULAR TECHNOLOGIST, NON-INVASIVE VASCULAR STUDY, ADULT ECHOCARDIO GRAPHY, AND SURGICAL TECHNOLOGY) BECAME ASSOCIATES OF OCCUPATIONAL SCIENCE DEGREES IN 2010 THE SURGICAL TECHNOLOGY PROGRAM WILL LAUNCH THE FIRST ASSOCIATE OF OCCUPATIONAL SCIENCE DEGREE WITH THE JAN 2013 CLASS IV BUILDING FOR THE FUTURE ALONG WITH REACHING OUT TO NE W COMMUNITIES, SENTARA HEALTHCARE STRIVES TO BUILD ON OUR EXISTING SERVICES AND IN OUR EST ABLISHED AREAS SO THAT WE EXCEED OUR PATIENTS' EXPECTATIONS AND MEET GROWING HEALTHCARE DE MANDS SOME OF THE CHANGES WE HAVE INVESTED IN IN OUR ESTABLISHED COMMUNITIES RECENTLY INC LUDE A SENTARA LAKE RIDGE CONSTRUCTION BEGAN IN 2011 ON SENTARA LAKE RIDGE, AN INNOVATIV E AND MODERN OUTPATIENT CAMPUS OFFERING CONVENIENT, HIGH-QUALITY MEDICAL SERVICES AND A PA TIENT-FOCUSED EXPERIENCE THE 43,500 SQUARE-FOOT FACILITY OPENED IN APRIL 2012 AS SENTARA' S FIRST OUTPATIENT FACILITY IN NORTHERN VIRGINIA TO PROVIDE 24-HOUR EMERGENCY CARE, ADVANC ED IMAGING BY BOARD-CERTIFIED PHY SICIANS, AND LABORATORY SERVICES B SENTARA PRINCESS ANN E HOSPITAL THIS NEW, FIVE-STORY ACUTE CARE HOSPITAL OPENED IN AUGUST 2011 IN PARTNERSHIP W ITH BON SECOURS VIRGINIA THE 330,400-SQUARE-FOOT HOSPITAL COMPLEMENTS THE CONVENIENT OUTP ATIENT SERVICES ALREADY PROVIDED AT SENTARA PRINCESS ANNE HEALTH CAMPUS AND OFFERS COMPREH ENSIVE SURGICAL PROCEDURES, INTENSIVE CARE, ADVANCED CARDIAC CARE, AND A DEDICATED FAMILY MATERNITY CENTER FOR SOUTHERN VIRGINIA BEACH RESIDENTS C SENTARA LEIGH TOWER WORK BEGAN IN DECEMBER 2011 ON A MULTI-PHASE, THREE-YEAR PROJECT TO BUILD A NEW SENTARA LEIGH HOSPITA L ON THE SITE OF THE CURRENT ONE TWO FIVE-STORY PATIENT TOWERS WILL EVENTUALLY REPLACE TH REE 1970S-ERA WINGS AT THE NORFOLK, VIRGINIA HOSPITAL THE NEW TOWERS WILL FEATURE STATE-O F-THE-ART PATIENT ROOMS WITH PRIVATE BATHROOMS, NO-STEP SHOWERS AND OVERNIGHT ACCOMMODATIO NS FOR FAMILIES THE PROJECT ALSO INCLUDES A 48-BED ORTHOPEDIC AND REHABILITATION CENTER O N THE FIRST FLOOR THAT WILL EMPLOY PART OF THE OUTSIDE GARDEN SPACE FOR WALKING EXERCISES ON DIFFERENT GRADES AND SURFACES, MAKING IT A TRUE HEALING GARDEN THE PROJECT WILL CONTIN UE AS OUR STAFF MAINTAINS EXCELLENT, UNINTERRUPTED PATIENT CARE DURING THE PHASED CONSTRUC TION D SENTARA SENIOR DAY SERVICES SENTARA LIFE CARE, THE SENIOR SERVICES DIVISION OF SE NTARA HEALTHCARE, INTRODUCED SENIOR DAY SERVICES AT SENTARA VILLAGE IN CHESAPEAKE IN NOVEM BER 2011 A SIMILAR PROGRAM HAS BEEN IN OPERATION FOR 19 YEARS AT SENTARA VILLAGE IN VIRGI NIA BEACH IT OFFERS A CHOICE OF FULL- AND HALF-DA

Identifier	Return Reference	Explanation
		Y PROGRAMS AND HOURLY RESPITE SERVICES FOR SENIORS WHO LIVE AT HOME WITH THEIR FAMILIES T HE PROGRAM INCLUDES MEALS, ACTIVITIES AND SOCIALIZATION IN A SAFE ENVIRONMENT MONDAY THROU GH SATURDAY WHEELCHAIR-ACCESSIBLE VAN TRANSPORTATION TO THE PROGRAM AND BACK HOME IS AVAI LABLE THE PROGRAM IS DESIGNED TO MEET SENIORS' SOCIALIZATION NEEDS AND FEATURES CRAFTS, C LASSES AND OUTINGS AS PARTICIPANTS ARE ABLE AND INTERESTED E NEW NIGHTINGALE REGIONAL AIR AMBULANCE IN JUNE 2011, SENTARA HEALTH FOUNDATION HELPED COMPLETE THE PURCHASE OF A NEW H ELICOPTER TO REPLACE OUR NIGHTINGALE REGIONAL AIR AMBULANCE HELICOPTER THE TOTAL COST OF THE NEW STATE-OF-THE-ART EUROCOPTER EC-145 WAS $7 2 MILLION NIGHTINGALE OPERATES AT A DEF ICIT OF AS MUCH AS $650,000 PER YEAR BECAUSE SENTARA TAKES CARE OF EVERY NIGHTINGALE PATIE NT, 24 HOURS PER DAY, REGARDLESS OF ABILITY TO PAY EVERY YEAR, NIGHTINGALE TOUCHES THE LI VES OF ALMOST 700 CRITICALLY ILL AND INJURED PATIENTS F NEW PATIENT WING AT SENTARA OBIC I THE ADDITION OF A NEW WING TO SENTARA OBICI HOSPITAL WAS COMPLETED IN JUNE 2010 THE NEW THREE-STORY, 63,480 SQUARE-FOOT WING OF THE SUFFOLK, VIRGINIA HOSPITAL INCLUDES ALL PRIVA TE BEDS SERVING ORTHOPEDIC, MEDICAL, AND SURGICAL PATIENTS IT INCREASED THE HOSPITAL'S BE D CAPACITY TO 168 BEDS AND WILL HELP US MEET OUR GOAL OF IMPROVING CARE AND ACCESS FOR SEN TARA OBICI HOSPITAL PATIENTS AND THE SURROUNDING WESTERN HAMPTON ROADS COMMUNITY, WHICH IS EXPECTED TO GROW 10 PERCENT BY 2014 G ORTHOPEDIC HOSPITAL AT SENTARA CAREPLEX THE ORTHO PEDIC HOSPITAL AT SENTARA CAREPLEX IN HAMPTON, VIRGINIA OPENED IN JULY 2010 AS THE AREA'S FIRST DEDICATED ORTHOPEDIC HOSPITAL, TAKING SPECIALIZED ORTHOPEDIC CARE TO A NEW LEVEL TH E 55,000 SQUARE-FOOT, TWO-STORY FACILITY PROVIDES PATIENTS ACCESS TO THE FULL CONTINUUM OF ORTHOPEDIC SERVICES, FROM THE PRE-OPERATIVE PHASE AND SURGERY TO REHABILITATION AND HOME CARE SERVICES H SENTARA ST LUKE'S THIS TWO-STORY, 52,000 SQUARE-FOOT MEDICAL OFFICE BUI LDING OPENED IN ISLE OF WIGHT, VIRGINIA IN 2010 IT FEATURES AN URGENT CARE CENTER, AN ADV ANCED IMAGING CENTER, LABORATORY SERVICES, AND PHYSICAL THERAPY SERVICES IT ALSO HOUSES S EVERAL PRIMARY CARE AND SPECIALTY PHYSICIANS I SECOND PACE LOCATION A SECOND LOCATION FO R THE PACE PROGRAM OPERATED BY SENTARA LIFE CARE CORPORATION, SENTARA'S LONG-TERM CARE DIV ISION, OPENED IN PORTSMOUTH, VIRGINIA IN MARCH 2010 PACE, OR PROGRAM OF ALL-INCLUSIVE CAR E FOR THE ELDERLY, IS AN ADULT DAY CARE PROGRAM THAT IS A NURSING HOME ALTERNATIVE THE FI RST 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 SE RVICES AND TRANSPORTATION V SENTARA QUALITY & PATIENT SAFETY DISTINCTIONS A MEASURING Q UALITY HEALTHCARE SINCE OUR HEALTH SYSTEM'S EARLIEST YEARS, WE HAVE BELIEVED THE COMMUNITY DESERVES HEALTHCARE THAT IS MEASURABLY BETTER SENTARA'S GOAL IS TO BE ACCREDITED BY RESP ECTED NATIONAL ORGANIZATIONS AND TO ACHIEVE TOP 10 PERCENT PERFORMANCE WHEREVER BENCHMARKS EXIST WE ARE PROUD OF THE WORK WE HAVE DONE SO FAR TOWARD THIS GOAL, AS IT HAS BEEN RECO GNIZED IN MANY WAYS 1 TOP 100 INTEGRATED HEALTHCARE NETWORK SENTARA HAS CONSISTENTLY RAN KED AMONG THE NATION'S TOP INTEGRATED HEALTHCARE NETWORKS AS PUBLISHED IN MODERN HEALTHCAR E'S FACT-BASED RANKING THE ONLY HEALTHCARE SYSTEM IN THE COUNTRY TO BE AMONG THE NATION'S TOP 10 FOR ALL 15 YEARS OF THE SURVEY, SENTARA LANDED AT NUMBER ONE IN 2001, 2010 AND 201 1 THE STUDY, PUBLISHED ANNUALLY, HIGHLIGHTS THE TOP 100 INTEGRATED HEALTH CARE NETWORKS A CROSS THE NATION AS SELECTED BY SDI, A HEALTH INFORMATION COMPANY

Identifier	Return Reference	Explanation
		2 USING TECHNOLOGY TO IMPROVE CARE SENTARA NORFOLK GENERAL HOSPITAL WAS NAMED AS ONE OF T HE NATION'S MOST WIRED HOSPITALS DURING 2010, ACCORDING TO THE RESULTS OF THE 2010 MOST WI RED SURVEY AND BENCHMARKING STUDY THE "MOST WIRED" HOSPITALS USE COMPUTERS TO ENABLE PHYS ICIANS TO CHECK OR ORDER PATIENT TESTS AND ENTER MEDICATION ORDERS ELECTRONICALLY, AND TO ENABLE PATIENTS TO PAY BILLS VIA COMPUTER AMONG THE REASONS SENTARA NORFOLK GENERAL HOSPI TAL WAS INCLUDED ON THE LIST WAS ITS INVESTMENT IN THE ELECTRONIC MEDICAL RECORD SYSTEM, S ENTARA ECARE IN 2010, SENTARA HEALTHCARE WAS ALSO HONORED AS A RECIPIENT OF THE 2010 HIMM S (HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY) DAVIES AWARD HIMMS ANALYTICS, A COMPANY THAT COLLECTS AND ANALYZES HEALTHCARE DATA, RECOGNIZES HEALTHCARE ORGANIZATIONS F OR SUCCESSFUL IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY SYSTEMS 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 JOINED A SELECT GROUP OF HEALTH SYSTEMS ACROSS THE COUNTRY TO HAVE ATTAINED THIS LEVEL OF ELECTRONIC MEDICAL RECORD IMPLEMENTATION 3 AWARD-WINING CARDIAC AND UROLOGY CAR E SENTARA HEART HOSPITAL/SENTARA NORFOLK GENERAL HOSPITAL IS A COMPREHENSIVE NETWORK OF PR OVIDERS, FACILITIES AND SERVICES WORKING TOGETHER TO ENSURE THE HIGHEST LEVEL OF CARE FOR THE 13TH YEAR, THE HOSPITAL RANKED AMONG THE NATION'S BEST HEART PROGRAMS IN U S NEWS & WORLD REPORT'S 2012-2013 BEST HOSPITALS ISSUE LISTED 49TH IN THE HEART CARE RANKINGS, SEN TARA 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 THREE HOSPITALS IN VI RGINIA TO BE RANKED BY U S NEWS & WORLD REPORT OUR UROLOGY PROGRAM WAS ALSO RECOGNIZED I N THE 2012-2013 LISTINGS IN THE 47TH RANKING 4 OUTSTANDING CANCER CARE THE SENTARA CANCE R NETWORK WAS AWARDED AN OUTSTANDING ACHIEVEMENT AWARD AND ACCREDITATION FOR 2009 FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER ONLY 18 PERCENT OF 432 PROGRAMS SURVEY ED DURING THE YEAR RECEIVED OUTSTANDING ACHIEVEMENT AWARDS-BASED ON FACTORS SUCH AS LEADER SHIP, RESEARCH AND QUALITY IMPROVEMENT THE ACCREDITED PORTION INCLUDED SENTARA NORFOLK GE NERAL HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA CAREPLEX HOSPITAL AND SEN TARA WILLIAMSBURG REGIONAL MEDICAL CENTER SENTARA LEIGH HOSPITAL WAS ADDED IN 2010 SENTA RA POTOMAC HOSPITAL EARNED AN OUTSTANDING ACHIEVEMENT AWARD UNDER THE CATEGORY OF COMMUNIT Y HOSPITAL CANCER PROGRAMS THE SENTARA CANCER NETWORK AND SENTARA POTOMAC HOSPITAL WERE T HE ONLY CANCER PROGRAMS IN VIRGINIA TO EARN OUTSTANDING ACHIEVEMENT AWARDS FOR 2009 5 CO MPREHENSIVE BREAST HEALTH SERVICES SENTARA IS HOME TO SIX BREAST CENTERS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS, FOLLOWING THE ACCREDITATION OF THREE I N 2011 TO GAIN ACCREDITATION, THE CENTERS MUST FOLLOW A MULTIDISCIPLINARY TEAM APPROACH, PROVIDE ACCESS TO CLINICAL TRIAL INFORMATION, AND OFFER NEW TREATMENT OPTIONS, ALONG WITH OTHER REQUIREMENTS THE BREAST CENTERS ARE ALSO AMONG THE ELITE GROUP DESIGNATED AS AN AME RICAN COLLEGE OF RADIOLOGY BREAST IMAGING CENTER OF EXCELLENCE AFTER RIGOROUS EVALUATION OF STAFF, EQUIPMENT, PHYSICIAN CREDENTIALS, TECHNIQUE AND IMAGE QUALITY, THE CENTERS ARE N OW FULLY ACCREDITED IN THE THREE MAJOR AREAS OF BREAST IMAGING AND CANCER DETECTION, MAMMO GRAPHY, STEREOTACTIC BREAST BIOPSY AND ULTRASOUND-GUIDED BIOPSY 6 WEIGHT LOSS SURGERY EX CELLENCE AFTER A DETAILED REVIEW OF CLINICAL QUALITY AND SAFETY, SURGICAL OUTCOMES, AND OV ERALL PERFORMANCE, WEIGHT LOSS SURGERY PROGRAMS AT SENTARA CAREPLEX HOSPITAL, SENTARA NORF OLK GENERAL HOSPITAL AND SENTARA POTOMAC HOSPITAL HAVE RECEIVED DESIGNATION AS A WEIGHT LO SS SURGERY CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY OF METABOLIC AND BARIATRIC SURGERY 7 CLINICAL EXCELLENCE SENTARA BAYSIDE HOSPITAL WAS AWARDED A VOLUNTARY HOSPITALS OF AME RICA 2009 LEADERSHIP AWARD FOR CLINICAL EXCELLENCE FOR ACHIEVING A HIGH LEVEL OF PERFORMAN CE IN ACUTE MYOCARDIAL INFARCTION, HEART FAILURE, PNEUMONIA AND SURGICAL CARE IMPROVEMENT PROGRAM CLINICAL QUALITY INDICATORS AS MEASURED BY THE CENTERS FOR MEDICARE AND MEDICAID S ERVICES AND THE JOINT COMMISSION 8 GOLD SEALS OF APPROVAL AND DNVHC ACCREDITATION THE JO INT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS GIVEN SEVERAL OF OUR HOSPI TALS ITS GOLD SEAL OF APPROVAL AND DISEASE SPECIFIC CARE CERTIFICATION SENTARA NORFOLK GE NERAL HOSPITAL EARNED VASCULAR CERTIFICATION SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LE IGH HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA CAREPLEX HOSPITAL, SENTARA OBICI HOSPITAL AND SENTARA PRINCESS ANNE HOSPITAL ALL EARNED PRIMARY STROKE CERTIFICATION WILLIAMSBURG REGIONAL MEDICAL CENTER WAS ALSO ACCREDITED BY THE DNVHC (DET NORSKE VERITAS HEALTHCARE, INC) IN 2011 AS A CERTIFIED PRIMARY

Identifier	Return Reference	Explanation
		STROKE CENTER BASED ON ITS CONTINUAL INTEGRATION OF QUALITY STANDARDS FOR MANAGEMENT OF ST ROKE PATIENTS THE JOINT COMMISSION RECOGNIZED SENTARA VIRGINIA BEACH GENERAL HOSPITAL FOR HEART FAILURE AND ACUTE MYOCARDIAL INFARCTION CARE IN 2011, THE HOSPITAL ALSO RECEIVED F ULL ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS AS AN ACCREDITED CHEST PAIN CENTE R WITH PCI, (PERCUTANEOUS CORONARY INTERVENTION, ALSO KNOWN AS ANGIOPLASTY) 9 HMC TOP QU ALITY AWARD THE HEALTHCARE MANAGEMENT COUNCIL (HMC) ISSUED ITS FIRST TOP QUALITY AWARDS AM ONG ITS MEMBER HOSPITALS IN 2010 HMC CLIENT HOSPITALS WORK AGAINST A COMPLEX MATRIX OF PE RFORMANCE BENCHMARKS TO IMPROVE CLINICAL OUTCOMES, SAFETY, QUALITY, AND FINANCIALS ONLY S EVEN HOSPITALS RECEIVED PERFORMANCE AWARDS IN 2010 SENTARA LEIGH HOSPITAL WAS AMONG THE H ONORABLE MENTIONS AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER WAS LISTED IN THE "MOST IMPROVED" CATEGORY 10 QUALITY SENIOR CARE SENTARA LIFE CARE WAS AWARDED A BRONZE 2010 N ATIONAL QUALITY AWARD FROM THE AMERICAN HEALTH CARE ASSOCIATION AND THE NATIONAL CENTER FO R ASSISTED LIVING A BRONZE AWARD RECOGNIZES LONG TERM CARE PROGRAMS THAT HAVE MADE A SYST EMATIC COMMITMENT TO QUALITY IMPROVEMENT AND DESIGNED WAYS TO MEASURE PROGRESS 11 QUALIT Y ASSURANCE AWARD VIRGINIA BEACH FAMILY PRACTICE PREVIOUSLY EARNED RECOGNITION BY THE NATI ONAL COMMITTEE ON QUALITY ASSURANCE (NCQA) AS A PATIENT-CENTERED MEDICAL HOME-LEVEL III, U NDER NCQA'S PHYSICIAN PRACTICE CONNECTIONS PROGRAM A SECOND PRACTICE, SENTARA INTERNAL ME DICINE PHYSICIANS, EARNED THE ACCREDITATION AS WELL IN 2011 12 HOME HEALTH QUALITY IMPRO VEMENT/CENTERS FOR MEDICARE AND MEDICAID GOLD AWARD SENTARA HOME CARE WAS ONE OF THE FIRST PARTICIPANTS IN THE HOME HEALTH QUALITY IMPROVEMENT (HHQI) NATIONAL CAMPAIGN, CREATED BY THE CENTERS FOR MEDICARE AND MEDICAID (CMS) TO INSPIRE AND PROMOTE QUALITY OUTCOMES FOR HO ME HEALTH PATIENTS UTILIZING BEST PRACTICE PROTOCOLS IN REDUCING USE OF EMERGENCY ROOM CA RE AND EARLY IDENTIFICATION AND INTERVENTION TO SUPPORT PATIENT AMBULATORY NEEDS HAS NOW G ARNERED SENTARA HOME CARE SERVICES THE CMS TOP 10% RATING IN THIS NATIONAL CAMPAIGN AND RE CEIPT OF THE GOLD AWARD DESIGNATION 13 COMMUNITY HEALTH ACCREDITATION SENTARA HOME CARE RECEIVED NATIONAL ACCREDITATION THROUGH THE COMMUNITY HEALTH ACCREDITATION PROGRAM (CHAP) IN JULY 2011 CHAP IS AN INDEPENDENT ACCREDITING BODY DESIGNED TO INSPIRE COMMUNITY HEALTH CARE ORGANIZATIONS TO ACHIEVE ORGANIZATIONAL EXCELLENCE AND COMPLIANCE WITH STATE AND FEDE RAL REGULATIONS THE RIGOROUS PROCESS INCLUDED A WEEK-LONG SURVEY OF HOME HEALTH, HOSPICE, HOME INFUSION, HOME MEDICAL EQUIPMENT AND HOME RESPIRATORY CARE SERVICES IN ADDITION TO M EETING WITH PATIENTS AND STAFF TO ASSESS QUALITY OF CARE 14 SLEEP CENTER ACCREDITATION T HE SLEEP CENTER AT SENTARA BELLEHARBOUR GAINED NATIONAL ACCREDITATION THROUGH THE AMERICAN ACADEMY OF SLEEP MEDICINE (AASM) IN JUNE 2011 ONLY SLEEP CENTERS MEETING STRINGENT PERFO RMANCE AND QUALITY STANDARDS ARE HONORED WITH ACCREDITATION THE COMPREHENSIVE, YEAR-LONG REVIEW PROCESS INCLUDES EVALUATION OF CLINICAL QUALITY, PROCEDURE STANDARDS AND STAFFING R EQUIREMENTS THE ACCREDITATION PROCESS INCLUDES AN ON-SITE INSPECTION BY AN AASM REPRESENT ATIVE AND EVALUATES ALL ASPECTS OF THE SLEEP DISORDER DIAGNOSIS AND TREATMENT, AND THE CEN TER'S STAFF AND PHYSICIANS' QUALIFICATIONS 15 DISABILITY EMPLOYMENT CHAMPION THE VIRGINI A DEPARTMENT OF REHABILITATIVE SERVICES AWARDED SENTARA CAREPLEX HOSPITAL WITH A 2010 "DIS ABILITY EMPLOYMENT CHAMPION" AWARD FOR OUR PARTICIPATION IN VIRGINIA'S FIRST "PROJECT SEAR CH" THE PROGRAM PUTS RECENT HIGH SCHOOL GRADUATES WITH DISABILITIES INTO TRAINING AND MEN TORING PROGRAMS THAT CAN LEAD TO FULL-TIME EMPLOYMENT

Identifier	Return Reference	Explanation
		16 SUPPORTING CAREER AND TECHNICAL EDUCATION THE VIRGINIA DEPARTMENT OF EDUCATION CHOSE S ENTARA OBICI HOSPITAL AS A REGIONAL WINNER OF ITS 2009 "CREATING EXCELLENCE" AWARD FOR OUR 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 STUDENT S 17 AWARD FOR EMPLOYEE WELLNESS PROGRAM OPTIMA HEALTH AND SENTARA HEALTHCARE WON THE CA SE IN POINT PLATINUM AWARD IN THE WELLNESS/PREVENTION CATEGORY IN 2011 FOR OUR PARTNERSHIP IN DEVELOPING SENTARA'S INCENTIVE-BASED EMPLOYEE WELLNESS PROGRAM, MISSION HEALTH, WHICH THAT SAVED THE ORGANIZATION $3 4 MILLION DOLLARS IN ITS FIRST THREE YEARS THE CASE IN PO INT PLATINUM AWARDS RECOGNIZE THE MOST SUCCESSFUL AND INNOVATIVE CASE MANAGEMENT PROGRAMS WORKING TO IMPROVE HEALTHCARE WINNERS WERE RECOGNIZED FOR THEIR INNOVATIVE WORK IN ENSURI NG THAT INDIVIDUALS RECEIVE SAFE, QUALITY, AND EFFECTIVE HEALTHCARE IN THE LEAST RESTRICTI VE SETTING AND IN A COST-EFFECTIVE MANNER MISSION HEALTH ALSO RECEIVED A 2011 C EVERETT KOOP NATIONAL HEALTH AWARD HONORABLE MENTION 18 CIO AWARD FOR EXCELLENCE IN IT SENTARA RECEIVED A PRESTIGIOUS CIO 100 AWARD IN 2009 FROM CIO MAGAZINE THE ANNUAL AWARD PROGRAM R ECOGNIZES ORGANIZATIONS AROUND THE WORLD THAT EXEMPLIFY THE HIGHEST LEVEL OF OPERATIONAL A ND STRATEGIC EXCELLENCE IN INFORMATION TECHNOLOGY SENTARA BEGAN ITS HOSPITAL IMPLEMENTATI ON OF SENTARA ECARE IN 2008 SENTARA POTOMAC HOSPITAL IMPLEMENTED ECARE IN THE FALL OF 201 1 IN OUR HOSPITAL SETTINGS, WE ARE EXPERIENCING PHYSICIAN ORDER ENTRY RATES THAT EXCEED T HE NATIONAL AVERAGE ADDITIONALLY, THE LENGTH OF TIME FROM DRUGS BEING ORDERED BY A PHYSIC IAN TO ADMINISTRATION TO THE PATIENT HAS BEEN REDUCED DRAMATICALLY SENTARA ECARE IS ALSO THE REASON WE WERE RANKED 21ST ON THE 2009 INFORMATIONWEEK 500 BY INFORMATIONWEEK, A BUSIN ESS PUBLICATION THAT IDENTIFIES AND HONORS THE NATION'S MOST INNOVATIVE USERS OF INFORMATI ON TECHNOLOGY 19 EXCELLENCE IN ACTION AWARDS MY INNERVIEW, A DIVISION OF NATIONAL RESEARC H CORPORATION, RECOGNIZED TWO SENTARA NURSING CENTERS WITH EXCELLENCE IN ACTION AWARDS FOR 2010-2011 FOR THEIR SUCCESS IN CUSTOMER AND WORKFORCE SATISFACTION SENTARA WINDERMERE IN VIRGINIA BEACH RECEIVED ONE AWARD FOR CUSTOMER SATISFACTION SENTARA NURSING CENTER PORTS MOUTH RECEIVED TWO AWARDS FOR CUSTOMER AND WORKFORCE SATISFACTION IN SURVEYS CONDUCTED DUR ING 2010 OF 5,500 QUALIFYING NURSING HOMES, 593 AROUND THE COUNTRY AND ONLY FIVE IN VIRGI NIA RECEIVED EXCELLENCE IN ACTION AWARDS B PATIENT SAFETY OUR FOCUS GOES BEYOND THE BASI CS OF MAKING HEALTHCARE SAFE FOR OUR PATIENTS SENTARA HAS BUILT A STRONG "CULTURE OF SAFE TY" TO REDUCE MEDICAL ERRORS BY MODELING SUCCESSFUL PROGRAMS FROM THE NUCLEAR POWER AND AV IATION INDUSTRIES THIS CULTURE OF SAFETY PROMOTES BEHAVIORS THAT RESULT IN SAFE, RELIABLE AND EFFECTIVE CARE THE FOUNDATION OF THIS CULTURE IS A STRONG ACCOUNTABILITY TO PERFORM REGIMENTED BEHAVIORS THAT REDUCE MEDICAL ERRORS OUR STAFF USES GUIDELINES KNOWN AS "BEHAV IOR BASED EXPECTATIONS" OR BBE'S TO ENSURE THE HIGHEST STANDARD OF CARE THE GOAL IS TO MA KE THESE TOOLS AND TECHNIQUES A HABIT FOR OUR DEDICATION, WE HAVE RECEIVED NUMEROUS AWARD S FOR PATIENT SAFETY AND QUALITY OF CARE STANDARDS 1 THE LEAPFROG HOSPITAL SURVEY THE LE APFROG HOSPITAL RECOGNITION PROGRAM (LHRP) HONORS HOSPITALS THAT DEMONSTRATE EXCELLENCE OR IMPROVEMENT IN PATIENT SAFETY, QUALITY, AND RESOURCE UTILIZATION THE LHRP RECOGNIZED SEN TARA CAREPLEX HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA BAYSIDE HOSPITAL, AND SENTARA WILL IAMSBURG REGIONAL MEDICAL CENTER FOR TOP-LEVEL PERFORMANCE DURING 2010 2 INFECTION PREVE NTION PREVENTION OF HEALTH CARE-ASSOCIATED INFECTIONS IS A NATIONAL CONCERN, AND SENTARA C ONTINUALLY STRIVES TO REDUCE THESE CASES ALL OF OUR HOSPITALS HAVE BEEN WORKING DILIGENTL Y 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 2011, SENTARA WI LLIAMSBURG REGIONAL MEDICAL CENTER MARKED SEVEN CONSECUTIVE YEARS WITH ZERO CASES OF VAP VOLUNTARY HOSPITALS OF AMERICA (VHA), A VOLUNTARY NATIONAL ORGANIZATION FOCUSED ON HEALTH CARE FINANCIAL PERFORMANCE THROUGH CLINICAL EXCELLENCE AND SUPPLY CHAIN MANAGEMENT, "BLUEP RINTED" THE PRACTICES AT SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS A MODEL FOR HOSPI TALS ACROSS THE COUNTRY ADDITIONALLY, CENTRAL LINE BLOODSTREAM INFECTIONS HAVE BEEN SHARP LY REDUCED SENTARA BAYSIDE HOSPITAL IS ONE OF ONLY FIVE HOSPITALS IN VIRGINIA AND MENTION ED IN CONSUMER REPORTS MAGAZINE FOR BEING AMONG THE BEST IN THE COUNTRY FOR PROTECTING PAT IENTS IN THE INTENSIVE CARE UNIT AGAINST LIFE-THREATENING CENTRAL LINE BLOODSTREAM INFECTI ONS 3 IMPROVING PATIENT SAFETY THROUGH TECHNOLOGY SENTARA HEALTHCARE PROVIDES THE SENTARA ECARE HEALTH NETWORK THE CLINICAL SYSTEM USES IN

Identifier	Return Reference	Explanation
		NOVATIVE TECHNOLOGY TO LINK PATIENT MEDICAL INFORMATION BETWEEN OUR HOSPITALS, PHYSICIAN P RACTICES AND OTHER HEALTH CARE SITES OVER A PROTECTED NETWORK, ENABLING THE SECURE SHARING OF PATIENT INFORMATION, INCREASING PATIENT SAFETY AND REDUCING PREVENTABLE MEDICAL ERRORS MYCARE, THE COMPONENT OF ECARE THAT ALLOWS PATIENTS TO ACCESS PART OF THEIR MEDICAL RECO RDS, WAS PROMOTED TO PATIENTS IN 2011 A PHONE APP WAS CREATED TO PROVIDE EASY ACCESS AS W ELL 2011 MARKED THE 11TH YEAR THAT WE EMPLOYED OUR EICU REMOTE MONITORING SYSTEM FOR OUR SICKEST HOSPITAL PATIENTS SENTARA WAS THE FIRST HOSPITAL SYSTEM IN THE COUNTRY TO IMPLEME NT THE EICU SYSTEM, WHICH USES A NETWORK OF CAMERAS, MONITORS, ALERTS, AND TWO-WAY COMMUNI CATION LINKS DOCTORS AND CRITICAL CARE NURSES AT THE EICU COMMAND CENTER MAKE VIRTUAL ROU NDS ON ICU PATIENTS THIS SENTARA-PIONEERED TECHNOLOGY IS NOW USED TO HELP CARE FOR PATIEN TS IN NEARLY 5,000 ICU BEDS NATIONALLY ANOTHER SAFETY INITIATIVE ADOPTED BY SENTARA IS BE DSIDE MEDICATION VERIFICATION, INCLUDING BAR-CODING TECHNOLOGY NATIONAL STUDIES HAVE FOUN D THAT BEDSIDE VERIFICATION CAN REDUCE HOSPITAL MEDICATION ERRORS BY NEARLY 70 PERCENT AL SO IN 2011, SENTARA WAS RECOGNIZED BY THE VIRGINIA HEART ATTACK COALITION FOR OUR EFFORTS IN WORKING WITH AREA EMS UNITS TO LAUNCH LIFENET, WHICH TRANSMITS VITAL, POTENTIALLY LIFES AVING PATIENT INFORMATION WHEN A HEART ATTACK IS SUSPECTED BY AN EMS TECHNICIAN VI COMMI TMENT TO THE COMMUNITY AS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, WE CONTINUOUSLY REINVE ST IN THE COMMUNITY-BY PURCHASING THE MOST MEDICALLY ADVANCED TECHNOLOGY, BUILDING NEW, ST ATE-OF-THE-ART HEALTHCARE FACILITIES, TRAINING MEDICAL PROFESSIONALS, AND PROVIDING THE HI GHEST QUALITY HEALTHCARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY IT'S NOT JUS T OUR MISSION, IT'S OUR COMMITMENT TO THE COMMUNITY SENTARA OBICI HOSPITAL WAS AWARDED A NATIONAL JACKSON HEALTHCARE CHARITABLE SERVICE AWARD IN 2011 FOR ITS COMMUNITY OUTREACH PR OGRAM THAT OFFERS CHRONIC DISEASE MANAGEMENT FOR PEOPLE LIVING AT 200 PERCENT OF THE POVER TY LEVEL WHO HAVE CONGESTIVE HEART FAILURE, DIABETES OR BOTH DISEASES THE SENTARA OBICI H OSPITAL COMMUNITY HEALTH OUTREACH PROGRAM WAS ONE OF 10 HOSPITAL PROGRAMS THAT RECEIVED A $10,000 CHECK IN SUPPORT OF THE PROGRAM'S ONGOING SERVICE HERE ARE SOME OF THE OTHER WAYS WE'VE INVESTED IN THE PEOPLE WE SERVE A THE SENTARA HEALTH FOUNDATION WE ESTABLISHED TH E SENTARA HEALTH FOUNDATION IN 1998 TO IMPROVE HEALTH AND QUALITY OF LIFE THROUGHOUT SOUTH EASTERN VIRGINIA AND NORTH CAROLINA, AND TO DEMONSTRATE OUR NOT-FOR-PROFIT MISSION THE FO UNDATION HAS TOUCHED THE LIVES OF MANY VIRGINIA RESIDENTS FROM THE EASTERN SHORE TO GREATE R HAMPTON ROADS THROUGH GRANTS SUPPORTING COMMUNITY HEALTH PROGRAMS SPECIFICALLY, IT HAS AWARDED NEARLY $9 MILLION IN GRANTS ($709,200 IN 2011) PROGRAMS INCLUDE MOBILE DENTAL CAR E, PRENATAL SUPPORT, MEDICATION ASSISTANCE AND REDUCED-COST PRIMARY CARE THE FOUNDATION A LSO 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 RELA Y FOR LIFE 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 CONTRIBUTIONS EACH YEAR, WE PROVIDE MILLIONS OF DOLLARS IN BENEFITS TO THE COMMUNITY IN 2011, SENTARA REINVESTED $214,486,000 INTO COMMUNITIES, NOT INCLUDING COMMUNITY BENEFITS PROVIDED IN THE BLUE RIDGE REGION BY OUR HOSPITALS MARTHA JEFFERSON HOSPITAL AND RMH HEALT HCARE THAT EQUALS MORE THAN $587,500 EACH DAY

Identifier	Return Reference	Explanation
		SENTARA INVESTED $15,360,000 IN HEALTH CARE TEACHING PROGRAMS TO ENSURE A QUALIFIED POOL O F PHYSICIANS AND NURSES WE ALSO SPENT $15,892,000 TO SUPPORT LOCAL COMMUNITY PROGRAMS THA T PROVIDED HEALTH EVENTS AND HEALTH SCREENINGS TO MORE THAN 39,000 INDIVIDUALS IN ADDITIO N, SENTARA EMPLOYEES DONATED TO THE UNITED WAY TO THE TUNE OF OVER $1 MILLION IN 2011 NUM EROUS EMPLOYEES ALSO VOLUNTEER AT UNITED WAY AGENCIES FOR THE ANNUAL DAY OF CARING OUR SE NTARA POTOMAC HOSPITAL PROVIDED $22,502,000 IN COMMUNITY BENEFITS IN NORTHERN VIRGINIA IN 2011 OF THAT TOTAL, $22,444,000 COVERED UNCOMPENSATED PATIENT CARE COSTS RMH HEALTHCARE INVESTED OVER $32 MILLION IN 2011, $30 MILLION OF WHICH COVERED UNCOMPENSATED CARE TO THOS E IN NEED IN 2011, MARTHA JEFFERSON HOSPITAL PROVIDED COMMUNITY BENEFITS TOTALING OVER $1 3 MILLION, THE MAJORITY OF WHICH WAS IN THE FORM OF UNCOMPENSATED CARE TO THOSE IN NEED 2 MEDICALLY UNDERSERVED SENTARA MEDICAL GROUP'S PHYSICIANS AND MEDICAL STAFF VOLUNTEER THO USANDS OF HOURS TO EASTERN VIRGINIA MEDICAL SCHOOL (EVMS), FREE CLINICS, COMMUNITY EDUCATI ON AND CIVIC AND CHARITABLE PROGRAMS WE SUPPORT AND OPERATE UNCOMPENSATED CARE CLINICS TH ROUGHOUT THE REGION, INCLUDING THE SENTARA AMBULATORY CARE CENTER (ACC) THE ACC IS A COLL ABORATIVE EFFORT WITH EVMS AND IS LOCATED NEAR SENTARA NORFOLK GENERAL HOSPITAL IT FEATUR ES AN APPOINTED SIDE, WHICH FUNCTIONS LIKE A DOCTOR'S OFFICE AND A SAME-DAY "WALK-IN" SERV ICE SIDE FOR MORE PRESSING AND IMMEDIATE HEALTH CONCERNS C IN SUPPORT OF EDUCATION AS PA RT OF OUR COMMITMENT TO PROVIDE THE LATEST IN HEALTH INFORMATION, SENTARA PRODUCES EXPLORE HEALTH WITH SENTARA, AN EDUCATIONAL PROGRAM THAT PRESENTS MEDICAL BREAKTHROUGHS, INNOVATIV E TREATMENT OPTIONS, AND CONTEMPORARY HEALTH ISSUES D IN SUPPORT OF COMMUNITY HEALTH INI TIATIVES 1 SENTARA COMMUNITY HEALTH AND PREVENTION AS PART OF SENTARA'S COMMITMENT TO PRE VENTIVE HEALTH MEASURES, WE SPONSOR AND HOST SPECIAL COMMUNITY INITIATIVES THAT ARE DESIGN ED TO EDUCATE THE COMMUNITY ABOUT HEALTH OUR CAMPAIGNS INCLUDE -NATIONAL DRUG TAKE BACK DAY -DRIVE-THRU FLU SHOTS - WOMEN'S DAY HEALTH FAIR -WEBINARS FOR WEIGHT LOSS SURGERY -PAIN T FACEBOOK PINK TO RAISE AWARENESS FOR BREAST HEALTH -TEXT OUTREACH TO PREGNANT WOMEN -EAT ING 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 CARDIOVASCU LAR DISEASE REDUCTION PROGRAM -SENTARA LIVING, A COMPREHENSIVE WELLNESS PROGRAM FOR SENIOR S -SENTARA'S MOBILE MAMMOGRAPHY UNIT VISITS NUMEROUS WORK SITES EVERY YEAR TO ENCOURAGE WE LLNESS -CAMP LIGHTHOUSE, A GRIEF CAMP FOR KIDS AGES 5-16 WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE 2 TOBACCO-FREE ENVIRONMENTS HOSPITALS SEE THE EFFECTS OF TOBACCO EVERY DAY I N HEART DISEASE, RESPIRATORY AILMENTS AND CANCERS IN RESPONSE, SENTARA HAS IMPLEMENTED OU R TOBACCO-FREE ENVIRONMENT (TFE) CAMPAIGN NO ONE IS ALLOWED TO SMOKE, CHEW OR DIP ANYWHER E ON CAMPUS, NOT EVEN IN CARS THE GOAL IS NOT JUST TO AVOID THE AESTHETIC AND HEALTH ISSU ES OF SECOND-HAND SMOKE, BUT TO PUT SENTARA'S MISSION INTO PRACTICE BY HELPING STAFF, PATI ENTS AND VISITORS QUIT THIS HABIT AS OF 2011, ALL OF OUR FACILITIES HAVE ADOPTED THE TOBA CCO FREE ENVIRONMENT INITIATIVES WE HAVE EARNED THE AMERICAN CANCER SOCIETY "EXCELLENCE I N THE WORKPLACE TOBACCO CONTROL" AWARD FOR OUR EFFORTS VII OPTIMA HEALTH PLAN A IMPROVI NG HEALTH OPERATING WITH THE SAME MISSION IN MIND -- TO IMPROVE HEALTH EVERY DAY --IS OUR HEALTH PLAN, OPTIMA HEALTH WITH MORE THAN 25 YEARS OF HEALTH INSURANCE EXPERIENCE, OPTIMA HEALTH PROVIDES HEALTH PLAN COVERAGE TO MORE THAN 440,000 MEMBERS THROUGHOUT THE STATE, H AVING EXTENDED COVERAGE TO SOUTHWEST VIRGINIA IN 2011 OUR QUALITY PROVIDER NETWORK FEATUR ES MORE THAN 15,000 PROVIDERS INCLUDING SPECIALISTS, PRIMARY CARE PHYSICIANS AND HOSPITALS B SUPPORTING THE COMMUNITY OPTIMA HEALTH PROVIDES MORE THAN INSURANCE FOR OUR COMMUNITI ES, WE REACH OUT THROUGH HEALTH SCREENINGS, EVENTS, EDUCATION MATERIALS AND IMMUNIZATIONS OUR HIGHLIGHTS INCLUDED -HEALTH IMPROVEMENT EVENTS TOTALED 1,866 EVENTS WITH 39,049 PART ICIPANTS IN 2011 THESE EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE EMPLOYEES, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS -POCKET EKG SCREENED 621 PARTICIPANTS IN 2011 565 (90%) OF THOSE PARTICIPANTS WERE IDENTIFIED WITH C ARDIOVASCULAR HEALTH RISKS -EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTHY HEART, GUIDED IMAGERY AND YOGA, OUR CARDIOVASCULAR DISEASE RISK REDUCTION PROGRAMS, INCREASED PAR TICIPATION BY 12 PERCENT OVER 2010 -SELF CARE MANUALS WERE DISTRIBUTED TO HEALTH PLAN MEM BERS AND COMMUNITY ORGANIZATIONS 14,399 WENT OUT IN 2011 - PREVENTIVE BIRTHDAY CARD REMIN DERS FOR PREVENTIVE HEALTH SCREENINGS DELIVERED ME

Identifier	Return Reference	Explanation
		SSAGES TO 267,692 ADULT HEALTH PLAN MEMBERS PREVENTIVE BIRTHDAY CARD REMINDERS FOR CHILDR EN DELIVERED ANNUAL PHYSICAL EXAM MESSAGES TO 141,017 HEALTH PLAN MEMBERS -HEALTHY EDGE/M ISSION HEALTH DURING THE MONTH OF NOVEMBER, 13,643 EMPLOYEES COMPLETED A HEALTH RISK ASS ESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM OF THOSE, 8,795 EMPLOYEES ATTENDE D 138 ON-SITE HEALTH SCREENINGS WITHIN SIX MONTHS IN 2011, 4,879 EMPLOYEES WERE IDENTIFIE D WITH TWO OR MORE HEALTH RISKS AND 4,313 AGREED TO ENGAGE WITH A HEALTH COACH 2,199 EMPL OYEES AGREED TO CONTINUE ENGAGING WITH THEIR HEALTH COACH 1,248 EMPLOYEES FROM 2011 WILL NO LONGER NEED TO ENGAGE WITH A HEALTH COACH OUR EMPLOYEE MAMMOGRAPHY PROGRAM OFFERED ALL FEMALE SENTARA EMPLOYEES AGE 40 AND OVER THE OPPORTUNITY FOR A MAMMOGRAM SCREENING 1,207 EMPLOYEES SUBMITTED MAMMOGRAPHY, COLORECTAL CANCER SCREENING AND/OR PROSTATE CANCER SCREE NING PROGRAM COUPONS IN 2011 -OUR TOBACCO CESSATION PROGRAM HAD 11,103 INTERVENTIONS IN 2 011 21,856 CAMPUS-WIDE ELECTRONIC INTERVENTIONS WERE SENT OUT TO PROMOTE THE GREAT AMERIC AN SMOKE OUT, AND 6,155 GREAT AMERICAN SMOKE OUT QUIT KITS WERE DISTRIBUTED FOURTEEN NURS ING STUDENTS FROM ITT RECEIVED ORIENTATION TO THE TOBACCO CESSATION COMMUNITY PROGRAM GOAL S AND OBJECTIVES FROM OUR CERTIFIED TOBACCO TREATMENT SPECIALIST THE SPECIALIST FACILITAT ED 22 TOBACCO CESSATION AWARENESS GROUP PROGRAMS FOR 132 PARTICIPANTS OVER 300 INPATIENTS FROM SENTARA VIRGINIA BEACH GENERAL HOSPITAL WERE CONTACTED FOUR WEEKS AFTER THEIR HOSPIT AL DISCHARGE FOR TOBACCO CESSATION FOLLOW-UP -SENTARA LIVING HELD TWO MAJOR EVENTS FOR SE NIORS THE SENIOR HEALTH FAIR HAD 450 PARTICIPANTS THERE WAS PARTICIPATION FROM 11 INTERN AL VENDORS AND 20 EXTERNAL VENDORS MEMBERSHIP IN THIS COMMUNITY-BASED PROGRAM IS 22,017 478 MEMBERS PARTICIPATED IN 10 HEALTH PRESENTATIONS, 395 MEMBERS ATTENDED 27 SENIOR SEMINA RS, AND OVER 8,981 CAR AND HOME "FILE OF LIFE" PACKETS WERE DISTRIBUTED TO NEW MEMBERS -F LU PATROL ADMINISTERED A TOTAL OF 8,348 IMMUNIZATIONS -THE ENTIRE DEPARTMENT SUPPORTED CO MMUNITY PARTNERS, INCLUDING VIRGINIA DEPARTMENT OF HEALTH, VIRGINIA DIABETES COUNCIL, PENI NSULA AGENCY ON AGING, COMMUNITY HEALTH CENTERS, AND VARIOUS CHURCHES WITH RESOURCES FOR C ARDIOVASCULAR HEALTH RISK REDUCTION, CANCER RISK REDUCTION PROGRAMS AND CLINICAL EXPERTISE FOR PROGRAM DEVELOPMENT C ACCREDITATION AND AWARDS THE NATIONAL COMMITTEE FOR QUALITY A SSURANCE (NCQA) HAS RECOGNIZED OUR QUEST FOR EXCELLENCE BY AWARDING OUR COMMERCIAL HMO AND MEDICAID HMO PRODUCTS WITH AN "EXCELLENT" ACCREDITATION STATUS WE HAVE MAINTAINED THIS R ATING SINCE 1998, A CLAIM NO OTHER HEALTH PLAN IN THE REGION CAN MAKE OPTIMA HEALTH RECEI VED AN A+ RATING FROM THESTREET COM (WEISS RATINGS, INC) FOR FINANCIAL SOUNDNESS, RECOGNI ZING OUR ABILITY TO WITHSTAND SEVERE ECONOMIC ADVERSITY AND SHOWING EXCEPTIONAL FINANCIAL STRENGTH THESTREET COM IS THE NATION'S LEADING INDEPENDENT PROVIDER OF RATINGS AND ANALYS ES OF FINANCIAL SERVICE COMPANIES, MUTUAL FUNDS, AND STOCKS THE RATING RECOGNIZES OPTIMA HEALTH AS AN OUTSTANDING INSURER OFFERING EXCELLENT FINANCIAL STABILITY FOR ITS CUSTOMERS FEWER THAN FIVE PERCENT OF THE NATION'S HMO'S AND HEALTH INSURERS MEET THESTREET COM RATI NG'S CRITERIA FOR EXCEPTIONAL FINANCIAL STRENGTH

Identifier	Return Reference	Explanation
		VIII CONCLUSION THROUGH ALL THAT WE DO AT SENTARA HEALTH, WE STRIVE TO IMPROVE HEALTH EVERY DAY, WHETHER IT IS BY USING THE MOST ADVANCED MEDICAL EQUIPMENT POSSIBLE, CARING FOR A NEW PATIENT WHO MIGHT NOT OTHERWISE BE HELPED, OR RESEARCHING NEW WAYS TO PREVENT OR CURE CHALLENGING HEALTH CONDITIONS WHILE OUR OFFICIAL PATIENT COUNT COULD BE FIGURED HOSPITAL BY HOSPITAL AND PHYSICIAN'S OFFICE BY PHYSICIAN'S OFFICE, WE BELIEVE WE MAY HELP NEARLY THREE MILLION PEOPLE -- WHETHER ENROLLED "PATIENTS" OR COMMUNITY MEMBERS -- ACROSS VIRGINIA AND NORTH CAROLINA, THANKS TO ALL OF OUR VITAL HEALTH SERVICES AND PROGRAMS OFFERED EACH YEAR

Identifier	Return Reference	Explanation
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPE	FORM 990, PART VII	DAVID L BERND DEVOTED AN AVERAGE OF 48 HOURS PER WEEK TO RELATED ORGANIZATIONS ROBERT A BROERMANN DEVOTED AN AVERAGE OF 46 HOURS PER WEEK TO RELATED ORGANIZATIONS HOWARD P KERN DEVOTED AN AVERAGE OF 50 HOURS PER WEEK TO RELATED ORGANIZATIONS KENNETH M KRAKAUR DEVOTED AN AVERAGE OF 45 HOURS PER WEEK TO RELATED ORGANIZATIONS MARY L BLUNT DEVOTED AN AVERAGE OF 5 HOURS PER WEEK TO RELATED ORGANIZATIONS MICHAEL V GENTRY DEVOTED AN AVERAGE OF 6 HOUR PER WEEK TO RELATED ORGANIZATIONS ROBERT L GRAVES DEVOTED AN AVERAGE OF 5 HOURS TO RELATED ORGANIZATIONS GRACE R HINES DEVOTED AN AVERAGE OF 45 HOURS PER WEEK TO RELATED ORGANIZATIONS MEGAN R PERRY DEVOTED AN AVERAGE OF 45 HOURS PER WEEK TO RELATED ORGANIZATIONS BERTRAM S REESE DEVOTED AN AVERAGE OF 10 HOURS PER WEEK TO RELATED ORGANIZATIONS MARK A SZALWINSKI DEVOTED AN AVERAGE OF 5 HOURS PER WEEK TO RELATED ORGANIZATIONS GENEMARIE W MCGEE DEVOTED AN AVERAGE OF 5 HOURS PER WEEK TO RELATED ORGANIZATIONS STEPHEN D PORTER DEVOTED AN AVERAGE OF 17 HOURS PER WEEK TO RELATED ORGANIZATIONS JEFFREY P KING DEVOTED AN AVERAGE OF 44 HOURS PER WEEK TO RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
NUMBER REPORTED IN BOX 3 OF FORM 1096	FORM 990, PART V, LINE 1A	THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, SENTARA HEALTHCARE, MAINTAINS AN AGENCY RELATIONSHIP WITH THE ORGANIZATION AND ISSUES ALL 1099S ON ITS BEHALF THE NUMBER REPORTED IS A BEST ESTIMATE OF THE 1099S ATTRIBUTABLE TO THE ORGANIZATION THE EXACT NUMBER CANNOT BE DETERMINED, AS SOME OF THE 1099S ISSUED BY THE AGENT ARE ATTRIBUTABLE TO MORE THAN ONE ENTITY, AND THERE IS NO REPORTING MECHANISM TO DETERMINE 1099'S ATTRIBUTABLE SOLELY TO THE ORGANIZATION

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES REPORTED ON FORM W-3	FORM 990, PART I, LINE 5 AND PART V, LINE 2A	THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, SENTARA HEALTHCARE, ACTS AS COMMON PAY AGENT FOR THE ORGANIZATION AND ISSUES ALL FORM W-2S ON ITS BEHALF SINCE THE AGENT 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 2011, WHICH APPROXIMATES THE NUMBER OF W-2S ISSUED BY THE AGENT ON BEHALF OF THE ORGANIZATION

Identifier	Return Reference	Explanation
BOARD MEMBER INDEPENDENCE	FORM 990, PART VI, LINE 1B	BOARD MEMBERS ARE ELECTED ANNUALLY BY THE ORGANIZATION'S 501(C)(3) SOLE MEMBER, SENTARA HEALTHCARE. THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 20 VOTING MEMBERS, 16 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

Identifier	Return Reference	Explanation
DOCUMENT RETENTION POLICY	FORM 990, PART VI, LINE 14	THE ORGANIZATION HAD A WRITTEN POLICY FOR DOCUMENT RETENTION AND DESTRUCTION WHICH WAS APPROVED BY MANAGEMENT

Identifier	Return Reference	Explanation
JOINT VENTURE POLICY	FORM 990, PART VI, LINE 16B	THE SENTARA HEALTHCARE SYSTEM HAD 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 ALSO TOOK STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

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

2011

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

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
(1) WILLIAMSBURG MEDICAL MGT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1760126	MOB RENTAL	VA	226,083	3,466,469	N/A
(2) HPVA LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-8256631	HOLDING COMPANY	VA	0	804,980	N/A
(3) PATIENT FIRST CT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3443100	HEALTH CARE	VA	0	804,980	HPVA LLC

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f	Yes	
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

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:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501 (C)(3)	LN7_NORMALGOVTSUPPOR	N/A		No
SENTARA CAREPLEX - HAMPTON AUXILIARY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0662589	SUPPORT HOSPITAL	VA	501 (C)(3)	11A - I	SENTARA HOSPITALS		No
AUXILIARY TO SENTARA HOSPITALS-NORFOLK 600 GRESHAM DRIVE NORFOLK, VA 23507 54-6044041	SUPPORT HOSPITAL	VA	501 (C)(3)	11A - I	SENTARA HOSPITALS		No
SENTARA PRINCESS ANNE HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1277419	HEALTH CARE	VA	501 (C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	Yes	
SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501 (C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501 (C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501 (C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501 (C)(2)		SENTARA ENTERPRISES	Yes	
OPTIMA HEALTH PLAN 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501 (C)(3)	11A - I	SENTARA HEALTHCARE	Yes	
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTH CARE	VA	501 (C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-0506331	HEALTH CARE	VA	501 (C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
VALLEY WELLNESS CENTER 501 STONE SPRING ROAD HARRISONBURG, VA 22801 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501 (C)(3)	LN9_MORETHAN30PCTCON	ROCKINGHAM MEMORIAL HOSPITAL	Yes	
MJH FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501 (C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
MARTHA JEFFERSON HOSPITAL FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 30-0041113	FUNDRAISING	VA	501 (C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
MARTHA JEFFERSON HOSPITAL 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-0261840	HEALTH CARE	VA	501 (C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No	(k) Percentage ownership
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	N/A									
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SH	EXCLUDED	3,940	118,557		No		Yes		20 000 %
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	SH	RELATED	78,688	3,512,356		No		Yes		58 320 %
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	SH	RELATED	950,234	2,477,698		No		Yes		53 320 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	SH	RELATED	1,021,699	2,928,885		No		Yes		45 000 %
VA BEACH AMBULATORY SERVICE CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	N/A									
AMER HEALTH EVAL CTR-WMSBG LLC 739 THIMBLE SHOALS STE 105 NEWPORT NEWS, VA 23606 26-3761741	HEALTH CARE	VA	N/A									
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	SH	RELATED	-374,979	7,503,986		No		Yes		50 000 %
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	N/A									
HEALTHCARE PERFORMANCE IMPROVEMENT LLC 5041 CORPORATE WOODS DR STE 180 VIRGINIA BEACH, VA 23462 20-4024074	CONSULTING	VA	N/A									
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SH	UNRELATED	414,405	1,296,384		No		Yes		25 000 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	N/A									
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	SH	RELATED	259,646	1,037,149		No		Yes		56 470 %
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	N/A									
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTHCARE	VA	N/A									

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	
CAREPLEX WEST LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 20-2738977	RENTAL RE	WI	N/A									
PORT WARWICK II LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 20-2739075	RENTAL RE	WI	N/A									
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-4185117	MGT SVCS	VA	SH	RELATED	103,247	47,562		No		Yes		40 000 %
CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	SH	RELATED	-345,479	2,251,281		No		Yes		50 000 %
PORT WARWICK III LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 61-1499371	RENTAL RE	WI	N/A									
MARTHA JEFFERSON OSC LLC 595 MARTHA JEFFERSON DR CHARLOTTESVILLE, VA 22911 11-3656095	HEALTH CARE	VA	N/A									
VALIANCE HEALTH LLC 3190 PEOPLES DRIVE HARRISONBURG, VA 22801 54-1866081	HEALTH CARE	VA	N/A									
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	N/A									

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
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C			
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C			
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C			
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C			
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C			
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C			
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C			
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C			
SENTARA OBICI MED MGT SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C			
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	N/A	C			
ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-1721387	CONTRACTING SVCS	VA	N/A	C			
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 630 PETER JEFFERSON PARKWAY CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C			

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)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	K	477,258	CORP BOOKS/REC
(2)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	143,937	CORP BOOKS/REC
(3)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	M	4,724,801	CORP BOOKS/REC
(4)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	P	918,105	CORP BOOKS/REC
(5)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	Q	622,233	CORP BOOKS/REC
(6)	POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	R	159,996	CORP BOOKS/REC
(7)	SENTARA MEDICAL GROUP	C	34,598,178	CORP BOOKS/REC
(8)	SENTARA MEDICAL GROUP	J	91,805	CORP BOOKS/REC
(9)	SENTARA MEDICAL GROUP	K	3,427,700	CORP BOOKS/REC
(10)	SENTARA MEDICAL GROUP	L	37,125,627	CORP BOOKS/REC
(11)	SENTARA MEDICAL GROUP	M	3,129,623	CORP BOOKS/REC
(12)	SENTARA MEDICAL GROUP	N	1,881,002	CORP BOOKS/REC
(13)	SENTARA MEDICAL GROUP	P	65,977	CORP BOOKS/REC
(14)	SENTARA MEDICAL GROUP	Q	379,681	CORP BOOKS/REC
(15)	SENTARA MEDICAL GROUP	R	1,148,943	CORP BOOKS/REC
(16)	SENTARA ENTERPRISES	B	2,611,769	CORP BOOKS/REC
(17)	SENTARA ENTERPRISES	C	141,219	CORP BOOKS/REC
(18)	SENTARA ENTERPRISES	K	554,824	CORP BOOKS/REC
(19)	SENTARA ENTERPRISES	L	2,647,483	CORP BOOKS/REC
(20)	SENTARA ENTERPRISES	M	2,385,165	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
(21)	SENTARA ENTERPRISES	O	1,151,457	CORP BOOKS/REC
(22)	MPB INC	A	490,914	CORP BOOKS/REC
(23)	MPB INC	B	11,404,346	CORP BOOKS/REC
(24)	MPB INC	J	3,258,945	CORP BOOKS/REC
(25)	MPB INC	K	61,361	CORP BOOKS/REC
(26)	MPB INC	L	51,978	CORP BOOKS/REC
(27)	MPB INC	M	324,900	CORP BOOKS/REC
(28)	MPB INC	Q	8,339,592	CORP BOOKS/REC
(29)	SENTARA LIFE CARE CORP	B	3,026,744	CORP BOOKS/REC
(30)	SENTARA LIFE CARE CORP	K	452,243	CORP BOOKS/REC
(31)	SENTARA LIFE CARE CORP	L	1,456,173	CORP BOOKS/REC
(32)	SENTARA LIFE CARE CORP	M	1,934,543	CORP BOOKS/REC
(33)	SENTARA LIFE CARE CORP	N	1,865,011	CORP BOOKS/REC
(34)	SENTARA VENTURES INC	N	75,398	CORP BOOKS/REC
(35)	OPTIMA HEALTH PLAN	K	115,657,427	CORP BOOKS/REC
(36)	OPTIMA HEALTH INSURANCE COMPANY	K	109,940,784	CORP BOOKS/REC
(37)	OPTIMA BEHAVIORAL HEALTH SERVICES INC	L	163,543	CORP BOOKS/REC
(38)	OPTIMA BEHAVIORAL HEALTH SERVICES INC	O	179,591	CORP BOOKS/REC
(39)	SENTARA HEALTH PLANS INC	A	23,521	CORP BOOKS/REC
(40)	SENTARA HEALTH PLANS INC	K	80,977,614	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
(41)	SENTARA HEALTH PLANS INC	L	380,739	CORP BOOKS/REC
(42)	SENTARA HEALTH PLANS INC	M	337,442	CORP BOOKS/REC
(43)	SENTARA HEALTH PLANS INC	P	12,353,535	CORP BOOKS/REC
(44)	SENTARA PRINCESS ANNE HOSPITAL	B	48,865,740	CORP BOOKS/REC
(45)	SENTARA PRINCESS ANNE HOSPITAL	F	16,072,255	CORP BOOKS/REC
(46)	SENTARA PRINCESS ANNE HOSPITAL	K	2,270,756	CORP BOOKS/REC
(47)	SENTARA PRINCESS ANNE HOSPITAL	M	3,550,588	CORP BOOKS/REC
(48)	SENTARA PRINCESS ANNE HOSPITAL	P	1,698,397	CORP BOOKS/REC
(49)	SENTARA PRINCESS ANNE HOSPITAL	Q	2,004,223	CORP BOOKS/REC
(50)	OBICI REAL ESTATE HOLDINGS LLC	R	64,168	CORP BOOKS/REC
(51)	OBICI REAL ESTATE HOLDINGS LLC	A	55,250	CORP BOOKS/REC
(52)	PRINCESS ANNE AMBULATORY SURGERY MGT LLC	R	693,310	CORP BOOKS/REC
(53)	PRINCESS ANNE AMBULATORY SURGERY MGT LLC	P	1,192,763	CORP BOOKS/REC
(54)	PRINCESS ANNE AMBULATORY SURGERY MGT LLC	K	93,425	CORP BOOKS/REC
(55)	ST LUKES PROPERTIES LLC	J	365,848	CORP BOOKS/REC
(56)	ST LUKES PROPERTIES LLC	R	115,859	CORP BOOKS/REC
(57)	MANAGEMENT SERVICES LLC	R	87,500	CORP BOOKS/REC
(58)	SENTARA OBICI AMBULATORY SURGERY LLC	P	1,137,948	CORP BOOKS/REC
(59)	SENTARA OBICI AMBULATORY SURGERY LLC	A	44,068	CORP BOOKS/REC
(60)	SENTARA OBICI AMBULATORY SURGERY LLC	K	95,719	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
(61)	SENTARA OBICI AMBULATORY SURGERY LLC	D	328,000	CORP BOOKS/REC

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			
KURT T HOFELICH FORMER OFFICER	40 00						X	322,233	0	137,628
LYNETTE M HOLDER FORMER OFFICER	40 00						X	0	148,427	77,640
LOIS L KERCHER FORMER OFFICER	40 00						X	141,994	0	61,437
MEGAN R PERRY FORMER OFFICER	0 00						X	0	646,498	241,846
JOSEPH T BUTZ FORMER KEY EMPLOYEE	40 00						X	322,375	0	61,143
TIMOTHY S JENNINGS FORMER KEY EMPLOYEE	40 00						X	256,914	0	115,176

Additional Data

Software ID:
Software Version:
EIN: 54-1547408
Name: SENTARA HOSPITALS

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID L BERND DIRECTOR/CHAIRMAN	3 00	X		X				0	3,838,264	743,146
ROBERT A BROERMANN DIRECTOR/TREASURER	4 00	X		X				0	1,162,266	315,625
HOWARD P KERN DIRECTOR/PRESIDENT	2 00	X		X				0	1,612,156	910,858
KENNETH M KRAKAUR DIRECTOR	5 00	X						0	1,003,009	184,819
GRACE R HINES SECRETARY(THROUGH 9/11)	4 00			X				0	380,192	198,169
JEFFREY P KING SECRETARY(EFFEC 10/11)	1 00			X				0	647,981	111,067
MARY L BLUNT VP/PRESIDENT, SNGH	40 00				X			743,707	0	238,081
JENNIFER A BURROWS VP	40 00				X			277,633	0	69,550
TERESA L EDWARDS VP/PRESIDENT, SLH	40 00				X			372,902	0	101,216
DEBRA A FLORES VP/PRESIDENT, SCH	40 00				X			380,818	0	148,640
MICHAEL V GENTRY VP SOUTHSIDE	40 00				X			719,280	0	168,581
ROBERT L GRAVES VP/PRESIDENT, SWRMC	40 00				X			605,920	0	129,606
GENEMARIE W MCGEE CNO & VP/NURSE EXEC	40 00				X			272,592	0	151,899
STEPHEN D PORTER VP/PRES, SBH/SPAH	23 00				X			270,308	98,838	130,571
BERTRAM S REESE SR VP	40 00				X			795,925	0	205,508
SYLVIA M RICHENDOLLAR VP	40 00				X			244,934	0	194,427
MARK A SZALWINSKI VP PENINSULA	40 00				X			729,367	0	141,597
RAYMOND G TROIANO MD VP/PRES, SVBGH	40 00				X			436,501	0	113,860
DAVID LEVIN MD VP, MEDICAL INFORMATICS	40 00					X		444,406	0	70,684
GENE H BURKE MD VP & EXEC MD	40 00					X		437,116	0	161,471
PAUL D CHIDESTER MD VP, MEDICAL AFFAIRS	40 00					X		399,736	0	73,917
THOMAS THAMES MD VP, MEDICAL AFFAIRS	40 00					X		386,227	0	82,110
ARTHUR D GREENE MD VP, MEDICAL AFFAIRS	40 00					X		382,301	0	51,644
GAIL P HEAGEN FORMER OFFICER	0 00						X	0	107,927	99,259
ROBERT W HOEFER FORMER OFFICER	40 00						X	252,287	0	53,175

KPMG

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Financial Statements

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

SENTARA HEALTHCARE AND SUBSIDIARIES

Table of Contents

	Page(s)
Independent Auditors` Report	1
Consolidated Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Operations	3
Consolidated Statements of Changes in Net Assets	4
Consolidated Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6 – 43

KPMG LLP
Suite 1900
440 Monticello Avenue
Norfolk, VA 23510

Independent Auditors' Report

The Board of Directors
Sentara Healthcare

We have audited the accompanying consolidated balance sheets of Sentara Healthcare and subsidiaries as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended These consolidated financial statements are the responsibility of Sentara Healthcare's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sentara Healthcare's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Sentara Healthcare and subsidiaries as of December 31, 2011 and 2010, and the results of their operations, the changes in their net assets and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

As discussed in note 2(a) to the consolidated financial statements, Sentara Healthcare became the sole member of Rockingham Memorial Hospital and Martha Jefferson Hospital during 2011 The consolidated financial statements include the effect of the resultant accounting for the business combinations

KPMG LLP

April 13, 2012

KPMG LLP is a Delaware limited liability partnership
the U S member firm of KPMG International Cooperative
(KPMG International) a Swiss entity

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Balance Sheets

December 31, 2011 and 2010

(In thousands)

Assets		2011	2010
Current assets			
Cash and cash equivalents	$	860,920	671,145
Receivables, net		416,796	302,649
Investments and assets whose use is limited		336,436	242,132
Inventories		53,211	39,582
Prepaid expenses and other current assets		42,137	20,866
Total current assets		1,709,500	1,276,374
Investments and assets whose use is limited		1,483,639	1,241,405
Property, plant and equipment, net		1,520,026	1,164,133
Land held for future use, at cost		15,201	14,802
Other assets, net		116,890	82,642
Total assets	$	4,845,256	3,779,356
Liabilities and Net Assets			
Current liabilities			
Accounts payable and accrued expenses	$	77,567	53,856
Employee compensation and benefits		171,837	129,384
Medical claims accrued and payable		100,001	96,425
Current installments of long-term debt		21,496	17,197
Long-term debt subject to current remarketing provisions		325,170	201,370
Estimated third-party payor settlements		5,089	3,396
Other current liabilities		130,859	103,512
Total current liabilities		832,019	605,140
Long-term debt, excluding current installments		988,063	654,570
Retirement obligations		291,822	97,343
Other long-term liabilities		327,582	210,806
Total liabilities		2,439,486	1,567,859
Net assets			
Unrestricted		2,300,297	2,196,363
Temporarily restricted		66,640	12,548
Permanently restricted		18,358	2,586
Total net assets attributable to Sentara Healthcare		2,385,295	2,211,497
Noncontrolling interest		20,475	—
Total net assets		2,405,770	2,211,497
Total liabilities and net assets	$	4,845,256	3,779,356

See accompanying notes to consolidated financial statements

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Statements of Operations

Years ended December 31, 2011 and 2010

(In thousands)

		2011	2010
Operating revenues, gains and other support			
Net patient service revenue	$	2,478,786	2,030,495
Premium and capitation revenue		1,371,761	1,294,843
Other operating revenue		73,808	56,620
Net assets released from restrictions for operations		6,063	3,545
Total operating revenues, gains and other support		3,930,418	3,385,503
Operating costs and expenses			
Salaries and wages		1,180,732	986,491
Benefits		259,759	209,290
Medical claims expense		827,018	830,702
Other operating expenses		1,000,932	823,554
Interest expense		37,013	20,251
Provision for bad debts		225,369	186,374
Depreciation and amortization		155,087	138,435
Total operating costs and expenses		3,685,910	3,195,097
Net operating income		244,508	190,406
Nonoperating gains, net		77,770	101,568
Excess of revenues over expenses before noncontrolling interest		322,278	291,974
Noncontrolling interest		474	—
Excess of revenues over expenses attributable to Sentara Healthcare		322,752	291,974
Net assets released from restricted funds for capital purchases		8,730	596
Change in funded status of retirement obligations		(206,606)	(1,172)
Cumulative effect of change in accounting principle (note 3(s))		—	27,416
Capital contribution of noncontrolling interest		(20,942)	—
Increase in unrestricted net assets	$	103,934	318,814

See accompanying notes to consolidated financial statements

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Statements of Changes in Net Assets

Years ended December 31, 2011 and 2010

(In thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Noncontrolling interest	Total
Balance at December 31, 2009	$ 1,877,549	14,702	2,479	—	1,894,730
Excess of revenues over expenses	291,974	—	—	—	291,974
Net assets released from restricted funds for purchase of equipment	596	(596)	—	—	—
Change in funded status of pension liability	(1,172)	—	—	—	(1,172)
Cumulative effect of change in accounting principle	27,416	—	—	—	27,416
Contributions	—	1,987	—	—	1,987
Net assets released from restrictions	—	(3,545)	—	—	(3,545)
Investment earnings	—	—	107	—	107
Change in net assets	318,814	(2,154)	107	—	316,767
Balance at December 31, 2010	2,196,363	12,548	2,586	—	2,211,497
Excess of revenues over expenses	322,752	—	—	(474)	322,278
Net assets released from restricted funds for capital purchases	8,730	(8,730)	—	—	—
Change in funded status of pension liability	(206,606)	—	—	—	(206,606)
Contribution of Rockingham Memorial (RMH) restricted net assets	—	14,993	15,240	—	30,233
Contribution of Martha Jefferson Hospital (MJH) restricted net assets	—	41,325	582	—	41,907
Capital contribution of noncontrolling interest	(20,942)	—	—	20,942	—
Contributions	—	12,654	73	7	12,734
Net assets released from restrictions	—	(6,063)	—	—	(6,063)
Investment losses	—	(87)	(123)	—	(210)
Change in net assets	103,934	54,092	15,772	20,475	194,273
Balance at December 31, 2011	$ 2,300,297	66,640	18,358	20,475	2,405,770

See accompanying notes to consolidated financial statements

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2011 and 2010

(In thousands)

		2011	2010
Cash flows from operating activities			
Increase in net assets	$	194,273	316,767
Adjustments to reconcile increase in net assets to net cash provided by operating activities			
Capital contribution by noncontrolling interest		(20,942)	—
Contribution of RMH net assets		(140,825)	—
Contribution of MJH net assets		(61,375)	—
Provision for bad debts		225,369	186,374
Depreciation and amortization		155,087	138,435
Net realized and unrealized gains (losses) on investments		30,600	(64,101)
Loss on disposal of property, plant and equipment		4,880	1,263
Loss on refunding of debt		232	1,905
Amortization of bond premiums		(640)	(156)
Change in market value of derivative instruments		57,017	10,510
Equity in earnings of limited investment companies		4,449	(13,756)
Equity in earnings of joint ventures		(16,698)	(15,940)
Restricted contributions received		(12,734)	(1,987)
Cumulative effect of change in accounting principle		—	(27,416)
Changes in operating assets and liabilities			
Receivables, net		(258,418)	(211,431)
Inventories		(5,017)	(2,083)
Prepaid expenses and other current assets		1,690	4,818
Accounts payable and accrued expenses		(14,830)	(2,475)
Employee compensation and benefits		20,065	10,938
Medical claims accrued and payable		3,576	13,566
Estimated third-party payor settlements		4	(182)
Retirement obligations		193,315	(12,023)
Other liabilities		(40,973)	45,082
Net cash provided by operating activities		318,105	378,108
Cash flows from investing activities			
Capital expenditures		(235,751)	(197,885)
Purchases of investments, net		(67,029)	(207,953)
Contribution of RMH cash		65,151	—
Contribution of MJH cash		73,818	—
Net changes in other assets		29,753	9,230
Proceeds from the disposal of property, plant and equipment		9,044	1,908
Net cash used in investing activities		(125,014)	(394,700)
Cash flows from financing activities			
Restricted contributions received		12,734	1,987
Capital contribution by noncontrolling interest		20,695	—
Proceeds from issuance of long-term debt		—	428,724
Payments on long-term debt		(36,745)	(212,074)
Net cash (used in) provided by financing activities		(3,316)	218,637
Net increase in cash and cash equivalents		189,775	202,045
Cash and cash equivalents at beginning of year		671,145	469,100
Cash and cash equivalents at end of year	$	860,920	671,145
Supplemental disclosures of cash flow information			
Cash paid during the year for interest	$	24,117	18,734
Cash (refunded) paid during the year for income taxes		(1,079)	199

See accompanying notes to consolidated financial statements

(1) Description of Organization

(a) Corporate Organization and Mission

Sentara Healthcare (Sentara) is a nonstock, nonprofit, 501(c)(3) tax-exempt Virginia corporation formed to coordinate, promote and plan for the provision of health services, medical education and the economic development of Virginia and North Carolina

The mission of Sentara is "We improve health every day " Sentara recognizes that the public trust in its hospitals and services represents both a privilege and a commitment As the region's not-for-profit health partner, Sentara is recognized as a leader in providing high quality healthcare regardless of a patient's ability to pay

(b) Principles of Consolidation

Sentara is affiliated with its subsidiaries through the legal relationship of sole "member" or sole "stockholder " As sole member/stockholder, Sentara has those rights and powers prescribed by law and provided in the subsidiaries Articles of Incorporation and Bylaws All significant intercompany balances and transactions have been eliminated in consolidation Noncontrolling interests have been recorded to recognize the portion of the net assets and operating results of affiliates not wholly owned by Sentara

The consolidated financial statements include the subsidiaries of Sentara organized into the following lines of business

- Sentara Healthcare Corporate (SHC) provides overall administration for all Sentara subsidiaries and includes Bay Primex Insurance Company, Ltd , a captive insurance company, which insures professional and general liability risks, and Medical Practice Buildings (MPB), which operates medical office buildings
- Sentara Hospitals (Hospitals), located in the Hampton Roads, Northern Virginia and Blue Ridge areas of Virginia, provides acute care hospital services and operates Sentara Norfolk General Hospital (SNGH), Sentara Virginia Beach General Hospital (SVBGH), Sentara Leigh Hospital (SLH), Sentara CarePlex Hospital (SCPH), Sentara Bayside Hospital (SBH), Sentara Williamsburg Regional Medical Center (SWRMC), Sentara Obici Hospital (SOH), Sentara Princess Anne Hospital (SPAH), Sentara Potomac Hospital (SPH), Rockingham Memorial Hospital (RMH) and Martha Jefferson Hospital (MJH)
- Sentara Enterprises (SE) administers various outpatient healthcare programs, including home health services and patient transportation
- Sentara Life Care Corporation (SLCC) provides geriatric care services and operates long-term care and assisted living facilities
- Optima Health Plan (OHP) is a health maintenance organization
- Sentara Holdings, Inc (SHI), includes the subsidiaries Sentara Health Plans, Inc (SHP), Sentara Ventures, Inc (SVI) and Obici Professional Center (OPC) SHP provides and

administers medical services to subscribers and includes Optima Health Group (OHG), a health maintenance organization, Optima Behavioral Health Services (OBHS), a mental health services company, and Optima Health Insurance Company (OHIC), a health insurance company SVI has been organized to carry on taxable healthcare activities OPC operates medical office buildings and includes Obici Medical Management Services (OMMS), which owns and operates physician practices and urgent care centers

- Sentara Medical Group (SMG) owns and operates physician practices and urgent care centers SMG Innovations (SMGI) is a subsidiary of SMG and owns and operates specialized physician practices

(2) Significant Transactions

(a) Affiliations

On December 6, 2010, Sentara executed an Amended and Restated Affiliation Agreement (the RHC Agreement) with Rockingham Health Care Inc (RHC) and Rockingham Memorial Hospital (RMH) providing for an affiliation between Sentara and RMH, the Valley Wellness Center, RMH Medical Group, LLC, and Rockingham Health Services (collectively referred to as RMH Healthcare) The governing documents of RHC were amended and restated such that effective May 1, 2011, the closing date of affiliation, Sentara became the sole member of RMH Healthcare RHC remained a separate, unaffiliated legal entity RMH Healthcare primarily consists of RMH, a 238-bed community hospital that provides services to a seven-county area surrounding Harrisonburg, Virginia RMH Healthcare also provides preventative health care and rehabilitation services and operates physician practices The transaction is intended to bring together two healthcare organizations, each of whom is firmly committed to providing high-quality care, ensuring patient safety and delivering exceptional customer service by achieving best practices in healthcare delivery, acquiring cutting edge technology and integrated information systems and providing a higher level of medical care to the community Sentara contributed $6,000 to the Foundation of RMH designated for exclusive use in RMH's primary and secondary service areas

Pursuant to the RHC Agreement, Sentara has committed to expend a total investment of $269,000 over a 20-year period to support expansion and enhancement of medical services for the communities served Such amounts will be expended pursuant to plans and budgets approved by RMH Healthcare's Board of Directors and Sentara

On April 1, 2011, Sentara executed an Affiliation Agreement (the MJHSC Agreement) with Martha Jefferson Health Services Corporation (MJHSC) and its subsidiaries providing for an affiliation between Sentara and Martha Jefferson Hospital (MJH), Martha Jefferson Hospital Foundation, MJH Foundation, Martha Jefferson Medical Enterprises, Inc , and Martha Jefferson Medical Group, LLC (collectively referred to as Martha Jefferson) The governing documents of MJHSC were amended and restated such that effective June 1, 2011, the closing date of affiliation, Sentara became the sole member of Martha Jefferson MJHSC remained a separate, unaffiliated legal entity Martha Jefferson primarily consists of MJH, a 176-bed, acute inpatient, outpatient and emergency care provider to residents of Charlottesville, Virginia and its surrounding area The transaction is intended to bring together two healthcare organizations, each of whom is firmly committed to providing high-quality

care, ensuring patient safety and delivering exceptional customer service by achieving best practices in healthcare delivery, acquiring cutting edge technology and integrated information systems and providing a higher level of medical care to the community

Pursuant to the MJHSC Agreement, Sentara has committed to expend a total investment of $266,000 over a 15-year period to support expansion and enhancement of medical services for the communities served Such amounts will be expended pursuant to plans and budgets approved by Martha Jefferson's Board of Directors and Sentara

No consideration was paid to MJHSC or RHC as a result of the Agreements Sentara applied the business combination accounting guidance in Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2010-07, *Not-for-Profit Entities* (Topic 958) *Mergers and Acquisitions* as described in note 3(s) to account for the transactions The guidance primarily characterizes business combinations between not-for-profit entities as nonreciprocal transfers of assets resulting in the contribution of the fair value of the acquiree's net assets to the acquirer ASC 958-805 prescribes that the acquirer recognize an excess of the fair value of the acquisition date unrestricted net assets acquired over the fair value of the consideration transferred as a separate credit in its consolidated statement of operations Accordingly, Sentara recognized, as a component of nonoperating gains, net, contribution income related to the unrestricted net assets acquired in the transactions of $130,060 in its consolidated statements of operations for the year ended December 31, 2011 Sentara also recorded an increase in restricted net assets of $72,140 in its statements of changes in net assets for the year ended December 31, 2011 as a result of the affiliations

The following table summarizes the estimated fair values of the assets acquired and liabilities assumed as of the date of the affiliations

		RMH Healthcare	Martha Jefferson	Total
Assets				
Current assets	$	144,409	130,963	275,372
Property and equipment		134,022	154,649	288,671
Other long-term assets		139,916	188,767	328,683
Total assets	$	418,347	474,379	892,726
Liabilities				
Current liabilities	$	31,091	52,654	83,745
Long-term debt		265,841	228,692	494,533
Other long-term liabilities		60,040	52,208	112,248
Total liabilities		356,972	333,554	690,526
Net assets acquired				
Unrestricted		31,142	98,918	130,060
Temporarily restricted		14,993	41,325	56,318
Permanently restricted		15,240	582	15,822
Total net assets		61,375	140,825	202,200
Total liabilities and net assets	$	418,347	474,379	892,726

The following tables summarize the activity attributable to RMH Healthcare and Martha Jefferson since the dates of affiliation, and Sentara's pro forma combined results as though the affiliation date occurred at the beginning of fiscal years 2011 and 2010

		RMH Healthcare	Martha Jefferson	Total
Since affiliation date				
Operating revenues	$	247,660	137,887	385,547
Net operating income		13,022	2,065	15,087
Changes in net assets				
Unrestricted	$	(15,063)	(49,989)	(65,052)
Temporarily restricted		3,967	(2,865)	1,102
Permanently restricted		(506)	373	(133)
Total changes in net assets	$	(11,602)	(52,481)	(64,083)

		Sentara pro forma combined
Beginning of fiscal year 2011		
Operating revenues	$	4,152,370
Net operating income		252,958
Changes in net assets		
Unrestricted	$	(304,638)
Temporarily restricted		22,586
Permanently restricted		458
Total changes in net assets	$	(281,594)
Beginning of fiscal year 2010		
Operating revenues	$	3,925,850
Net operating income		189,146
Changes in net assets		
Unrestricted	$	378,309
Temporarily restricted		(31,396)
Permanently restricted		358
Total changes in net assets	$	347,271

(b) Joint Venture

SPAH opened on August 4, 2011 as a 160-bed acute care hospital that serves southern Virginia Beach, as well as neighboring Chesapeake and northeastern North Carolina communities SPAH is a joint venture between Sentara and Bon Secours Health System, Inc (Bon Secours) (collectively, the Members) pursuant to an Amended and Restated Master Agreement executed on August 3, 2011 Approximately 80% of the project costs for the new hospital were financed by Sentara, which borrowings were assumed by the joint venture The remaining project costs plus working capital were funded 70% by Sentara and 30% by Bon Secours Distributions to the Members will occur in accordance with the respective membership interests following the accumulation of days cash on hand above certain thresholds SBH was converted to an ambulatory campus of SVBGH on the same date as a result of the transaction and was considered replaced by SPAH in terms of Medicare reimbursement

The financial position and results of operations of SPAH are included in the consolidated financial statements of Sentara Bon Secours' interest is reflected as a noncontrolling interest in the consolidated statements of changes in net assets A deficiency of revenues over expenses of $1,107 and $474 was attributable to Sentara and to the noncontrolling interest, respectively, for the five month period ended December 31, 2011

(3) Summary of Significant Accounting Policies

(a) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with original maturities of three months or less, excluding amounts held in investments

At December 31, 2011 and 2010, unrestricted cash and cash equivalents totaling $141,323 and $109,112, respectively, and unrestricted investments totaling $198,628 and $203,762, respectively, were held by Sentara's insurance subsidiaries, OHP, OHIC and OHG Transfers of funds by these entities to other Sentara affiliates are subject to approval by the Virginia State Corporation Commission Bureau of Insurance

(b) Investments and Assets Limited as to Use

Investments in readily marketable debt and equity securities are carried at fair value All investments, except for the portion required for payment of current liabilities, are classified as noncurrent assets Readily marketable investments are deemed to be trading securities, therefore, investment income or loss (including realized and unrealized gains and losses) is included in nonoperating gains, net, unless restricted as to use by donor or law

Sentara invests in alternative investments in the form of limited liability companies or partnerships Alternative investments are accounted for under the equity method based on Sentara's interest in their underlying net assets Alternative investments are typically not readily marketable, accordingly, their fair value may be different from their carrying value and that difference could be material Sentara's share of alternative investment gains and losses is included in nonoperating gains, net Alternative investments are included in investments in the consolidated balance sheets

Sentara's investments are exposed to several risks, including interest rate, currency, market and credit risks It is at least reasonably possible that changes in the values of investment securities will occur in the near term due to these risks and such changes could materially affect the amounts reported in the consolidated financial statements

Sentara has invested in a number of joint ventures, limited liability corporations and other nonpublic entities that provide specialty healthcare services or engage in other activities Investments where Sentara has between a 20% and 50% ownership interest are accounted for using the equity method Sentara's equity in their earnings, which totaled $19,368 and $15,940 for the years ended December 31, 2011 and 2010, respectively, is included in other operating revenue These investments are included in other assets, net, in the consolidated balance sheets and totaled $39,342 and $23,403 at December 31, 2011 and 2010, respectively

Assets limited as to use include assets held by trustees under debt agreements, malpractice funding arrangements, derivative financial instrument agreements or internally designated as endowment funds

(c) Property, Plant, and Equipment

Property, plant, and equipment are recorded at cost at the date of acquisition or fair value at the date of donation Depreciation is computed using the straight-line method over the estimated useful lives of the assets Leasehold improvements are amortized over the life of the lease, or the useful life of the asset, whichever is shorter Estimated useful lives range from 3 to 25 years for land improvements, 10 to 50 years for buildings, fixed equipment, and leasehold improvements, and 3 to 20 years for major movable equipment Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets Gains or losses on disposal of property, plant, and equipment are included in operating income Repairs and maintenance are expensed as incurred

(d) Impairment of Long-Lived Assets

Sentara assesses long-lived assets for impairment by determining whether their carrying value can be recovered through the undiscounted future operating cash flows generated by the assets The amount of impairment, if any, is measured by comparison of the fair value of the assets to their carrying value Fair value is determined using market data or projected discounted future operating cash flows using a discount rate reflecting Sentara's weighted average cost of capital

(e) Goodwill

Goodwill represents the excess or deficiency of the purchase price over the fair value of the net assets of acquired companies In accordance with ASU 2010-07, Sentara no longer amortizes goodwill, but tests the carrying value of goodwill annually for impairment Total goodwill recognized on acquisitions, less accumulated amortization, was $23,743 and $23,593 as of December 31, 2011 and 2010, respectively, and is included in other assets, net

(f) Medical Claims Accrued and Payable

Claims unpaid by Sentara's insurance subsidiaries include amounts billed and not paid and an estimate of costs incurred for unbilled services provided The estimated liability for unbilled services is based principally on historical payment patterns using actuarial techniques Unpaid claims adjustment expenses are accrued based on an estimate of the costs necessary to process unpaid claims Claims unpaid are reviewed and adjusted periodically and, as adjustments are made, differences are included in current operations

(g) Derivative Financial Instruments

Sentara recognizes the fair value of derivative financial instruments, currently consisting of interest rate swap agreements, as assets or liabilities in the accompanying consolidated balance sheets Sentara has elected not to use hedge accounting with respect to any of its derivative financial instruments Accordingly, the change in fair value of these instruments is included in nonoperating income, net Net cash settlement amounts are included in interest expense

(h) Temporarily and Permanently Restricted Net Assets

Net assets and their related changes are classified based on the existence or absence of donor-imposed restrictions Temporarily restricted net assets have been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity Related income is classified as temporarily restricted until expended Net assets have been restricted primarily for the provision of various healthcare services

(i) Nonoperating Gains (Losses), Net and Excess of Revenues over Expenses

Activities related to the provision of healthcare services are reported as operating revenues and expenses Activities which result in gains or losses unrelated to Sentara's primary mission are considered to be nonoperating

The consolidated statements of operations include excess of revenues and gains over expenses Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include nonperiodic changes in the funded status of defined benefit pension plans, contributions of long-lived assets (including assets acquired using donor restricted contributions) and capital contributions from noncontrolling interests

(j) Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as changes to estimates become known and tentative and final settlement adjustments are determined

(k) Charity Care

Sentara provides care to patients that meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because Sentara does not pursue collection of amounts determined to qualify as charity care, related charges are not reported as revenue or included in accounts receivable

(l) Premium and Capitation Revenue

Premium and capitation payments are recognized as revenue during the coverage period Sentara's insurance subsidiaries are obligated to provide healthcare services Premium billings are billed in the month preceding the coverage period and are recorded as unearned revenue until earned Payments received by the Hospitals from SHP are eliminated in consolidation

(m) Medical Claims Expense

Medical claims expense for Sentara's insurance subsidiaries is recognized as services are provided, including estimated amounts for claims incurred but not yet reported These expenses are reported net of subscriber co-pay and deductible amounts and net of reimbursement from coordination of

benefits Reinsurance premiums, net of recoveries, are included in medical claims expense in the accompanying consolidated statements of operations

(n) Income Taxes

Sentara and its not-for-profit subsidiaries have been recognized by the Internal Revenue Service as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code SHI, its incorporated subsidiaries, and SMGI account for income taxes in accordance with FASB Accounting Standards Codification (ASC) Topic 740, *Income Taxes* Income taxes are accounted for under the asset and liability method Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled The effect on deferred tax assets and liabilities of a change in tax rates is recognized in the period that includes the enactment date Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change Sentara accounts for uncertain tax positions in accordance with ASC Topic 740

(o) Use of Estimates

The preparation of the consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Significant items subject to such estimates and assumptions include valuation allowances for receivables, recoverability of long-lived assets and goodwill, medical claims liabilities, self-insurance accruals, third-party payor settlements and retirement obligations Actual results could differ from those estimates

(p) Fair Value of Financial Instruments

The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measuring date FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The fair value hierarchy gives the highest priority to quoted market prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3)

The carrying amounts of cash and cash equivalents, patient accounts receivable, other receivables, accounts payable and accrued expenses, employee compensation and benefits, estimated third-party payor settlements and other liabilities reported in the consolidated balance sheets approximate fair value because of the short maturity of these instruments

(q) Reclassifications

Certain reclassifications have been made to the 2010 consolidated financial statements in order to conform to the 2011 consolidated financial statement presentation These reclassifications had no impact on net assets or excess of revenues over expenses for the year ended 2010

(r) Subsequent Events

Sentara has evaluated subsequent events for recognition and disclosure through April 13, 2012, the date the consolidated financial statements were issued

(s) Newly Issued and Adopted Accounting Pronouncements

On January 1, 2010, Sentara adopted ASU 2010-07 which amends financial accounting and reporting for not-for-profit business combinations The pronouncement establishes, among other things, principles and requirements for how a not-for-profit entity determines whether a combination is a merger or an acquisition, applies the carryover method in accounting for a merger, applies the acquisition method in accounting for an acquisition, including determining which of the combining entities is the acquirer, and determines what information to disclose to enable users of financial statements to evaluate the nature and financial effects of a merger or an acquisition Additionally, goodwill is no longer amortized and negative goodwill is credited to net assets A cumulative effect of change in accounting principle in the amount of $27,416 was recognized in 2010 to reclassify previously recognized negative goodwill, subsequent to certain purchase accounting adjustments, to net assets in accordance with the pronouncement The guidance also requires the presentation of noncontrolling interests in the net assets of consolidated subsidiaries be reported as a separate component of the appropriate class of net assets in the consolidated balance sheets and the amount of consolidated excess of revenues over expenses attributable to Sentara and to the noncontrolling interest to be disclosed

On January 1, 2011, Sentara adopted ASU 2010-23, *Health Care Entities* (Topic 954) *Measuring Charity Care for Disclosure* ASU 2010-23 is intended to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care across healthcare entities that provide it ASU 2010-23 requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be defined as the direct or indirect cost of providing the charity care, and requires disclosure of the method used to identify or determine such costs

On December 31, 2011, Sentara adopted ASU 2011-08, *Intangibles-Goodwill and Other* (Topic 350), *Testing Goodwill for Impairment*, which permits an entity to first assess qualitative factors to determine whether it is more-likely-than-not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment test described in Topic 350 The more-likely-than-not threshold is defined as having a likelihood of more than 50% Sentara determined that it was not more-likely-than-not that the fair value of its reporting unit was less than its carrying amount Accordingly, Sentara concluded that goodwill was not impaired as of December 31, 2011 without having to perform the two-step impairment test

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities* (Topic 954), *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which, among other things, requires certain healthcare entities to present the provision for bad debts associated with patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) rather than an operating expense Additionally, enhanced disclosures about an entity's policies for recognizing revenue, assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts are required The adoption of ASU 2011-07 is effective for Sentara beginning January 1, 2012

(4) Net Patient Service Revenue

Net patient service revenue is computed as follows for the years ended December 31

		2011	2010
Gross patient charges	$	6,357,193	5,193,342
Charity care		377,475	297,767
Gross patient service revenue		5,979,718	4,895,575
Deductions			
Medicare, Medicaid, and Tricare contractual deductions		2,374,377	1,909,075
Other discounts and allowances		1,126,555	956,005
Total	$	2,478,786	2,030,495

Sentara has agreements with third-party payors that provide for payments at amounts different from its established rates A summary of payment arrangements with major third-party payors is as follows

Medicare Under the Medicare program, Sentara receives reimbursement under a prospective payment system (PPS) for inpatient services Under the hospital inpatient PPS, fixed payment amounts per inpatient discharge are established based on the patient's assigned diagnosis related group (DRG) When the estimated cost of treatment for certain patients is higher than the average, providers typically will receive additional "outlier" payments RMH is considered a sole-community service provider by Medicare and its prospective payment rates may be adjusted for inpatient operating costs The majority of outpatient services provided to Medicare beneficiaries are prospectively reimbursed based on service groups called ambulatory payment classifications (APCs) The remainder of outpatient services are paid on a cost basis or based on a fee schedule Educational costs are reimbursed by the Medicare program on a reasonable cost basis The Hospitals are paid for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary All hospitals have final settled with the Medicare program through the 2006 cost report year except for SNGH SNGH has settled through the 2005 cost report year

Medicaid The Medicaid program is administered by the Department of Medical Assistance Services (DMAS) of the Commonwealth of Virginia, pursuant to federal and state laws and regulations DMAS

receives funding for program expenditures from both the federal government and the Commonwealth of Virginia Federal or state law or regulations may affect limits on Medicaid payment The majority of Medicaid recipients in Sentara's primary service area are enrolled in health maintenance organizations (HMOs) These HMOs contract with the Medicaid program to provide primary and acute care services to enrolled Medicaid recipients The Hospitals are paid for substantially all services rendered to Medicaid HMO beneficiaries on a prospective payment basis There are certain Medicaid patients excluded from the HMO program for which the Hospitals are reimbursed based on a DRG-based PPS, which is subject to certain limitations and possible retroactive adjustment All hospitals have final settled with the Medicaid program through the 2010 cost report year except for MJH MJH has settled through the 2006 cost report year

In addition to Medicare and Medicaid discussed above, Sentara also provides services to beneficiaries of numerous other third-party payors These payors pay based on negotiated contractual rates which include prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation As a result, there is a reasonable possibility that recorded estimates will change by a material amount in the near term In 2011 and 2010, the effect of these settlement adjustments was to increase net patient service revenue by approximately $5,864 and $11,545 in 2011 and 2010, respectively

Due to the nature of the governmental cost report settlement process, the complexities of governmental and nongovernmental patient billing and other financial statement exposures that are inherent in the provision of healthcare services, Sentara has established financial accounting and reporting policies that formally govern the establishment of associated liability estimates beyond those related to specifically identifiable events The establishment of related liabilities is based on a number of factors, including net patient service revenue volumes Sentara believes that such policy properly provides for Sentara's routine and nonroutine exposures consistent with industry accounting principles and practices These estimated liabilities are included in other long-term liabilities on the consolidated balance sheets in the amounts of $90,872 and $74,581 as of December 31, 2011 and 2010, respectively

In 2010, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively, the Health Care Acts) were signed into law by President Obama The impact of the Health Care Acts is complicated and difficult to predict, but it is anticipated that Sentara's reimbursement in the future will be affected by three major elements of the Health Care Acts designed to (1) increase insurance coverage, (2) change provider and payor behavior, and (3) encourage alternative delivery models Many variables remain unknown until implementation by federal and state governments and reactions by providers, payors, employers and individuals Sentara continues to monitor developments in healthcare reform and participates actively in contemplating and designing new programs that are required by the Health Care Acts

The Health Information Technology for Economic and Clinical Health (HITECH) Act that was enacted as part of the American Recovery and Reinvestment Act of 2009 was signed into law in February 2009 In the context of the HITECH Act, certain healthcare entities must implement a certified Electronic Health Record (EHR) in an effort to promote the adoption and "meaningful use" of health information technology

(HIT) Understanding the strategic importance of an EHR system, Sentara invested in a certified EHR system prior to the HITECH Act The HITECH Act includes significant monetary incentives meant to encourage the adaptation of an EHR system During 2011, Sentara recognized $12,814 in incentive payments which are included in other operating revenue in the 2011 consolidated statement of operations

(5) Receivables, Net

Receivables, net are summarized as follows at December 31

		2011	2010
Patient accounts receivable	$	1,006,470	649,371
Less			
Contractual allowances for third-party payors		542,276	343,915
Allowances for uncollectible accounts		144,925	104,863
Patient accounts receivable, net		319,269	200,593
Premium and capitation receivables, net		53,973	62,172
Estimated third-party payor settlements		14,432	16,928
Other receivables		29,122	22,956
Receivables, net	$	416,796	302,649

(6) Investments and Assets Whose Use is Limited

A summary of investments and assets whose use is limited included in the accompanying December 31 consolidated balance sheets is as follows

		2011	2010
Investments at fair value	$	1,577,715	1,366,700
Investment companies accounted for under the equity method		242,360	116,837
Total investments		1,820,075	1,483,537
Less portion required to pay current liabilities		336,436	242,132
	$	1,483,639	1,241,405

Investments at fair value are as follows

	2011	2010
Unrestricted investments		
Fixed maturities		
Domestic	$ 600,758	654,548
International	7,467	2,015
Equity securities		
Domestic	564,937	472,436
International	13,621	9,911
Multi asset funds	19,950	—
Short-term investments	197,822	147,317
	1,404,555	1,286,227
Donor-restricted investments		
Fixed maturities		
Domestic	3,960	1,710
International	100	—
Equity securities		
Domestic	23,749	663
International	2,465	92
Multi asset funds	5,782	—
Short-term investments	8,317	634
	44,373	3,099
Assets whose use is limited under indenture, self-insurance funding arrangement and derivative financial instrument agreements held by trustee		
Fixed maturities		
Domestic	25,027	43,683
International	103	905
Equity securities – domestic	—	3,086
Alternative investments – hedge funds	25,162	—
Short-term investments	66,161	17,725
	116,453	65,399

		2011	2010
Assets internally designated as endowment fund			
Fixed maturities			
Domestic	$	3,948	5,121
International		62	19
Equity securities			
Domestic		7,362	5,721
International		97	142
Short-term investments		865	972
		12,334	11,975
Total investments at fair value	$	1,577,715	1,366,700

The three levels of the fair value hierarchy are as follows

Level 1 – Quoted prices for identical assets or liabilities in active markets

Level 2 – Quoted prices for similar instruments in active markets, for identical instruments in markets that are not active, and model-driven valuations whose inputs are observable either indirectly or directly

Level 3 – Unobservable inputs that are significant to the fair value of the assets or liabilities

Short-term investments are comprised of cash equivalents and short-term fixed income securities Because of the nature of these assets, carrying amounts approximate fair values, which have been determined from public quotations, when available

Fair values for Sentara's fixed maturity securities are based on prices provided by its investment managers and its custodian bank which use a variety of pricing sources to determine market valuations Sentara's fixed maturity securities portfolio is highly liquid, which allows for a high percentage of the portfolio to be priced through pricing services

Fair values of equity securities have been determined by Sentara from observable market quotations, when available Equity securities where a public quotation is not available are valued by using broker quotes

The following tables present Sentara's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2011 and 2010, respectively

			Fair value measurements at December 31, 2011 using		
		Total	**Level 1**	**Level 2**	**Level 3**
Investments					
Fixed maturities					
Domestic	$	633,693	427,049	206,644	—
International		7,732	316	7,416	—
Equity securities					
Domestic		596,047	596,047	—	—
International		15,972	14,187	1,785	—
Hedge funds		25,162	—	25,162	—
Multi asset funds		25,732	25,732	—	—
Short-term investments		273,377	273,377	—	—
Total	$	1,577,715	1,336,708	241,007	—

			Fair value measurements at December 31, 2010 using		
		Total	**Level 1**	**Level 2**	**Level 3**
Investments					
Fixed maturities					
Domestic	$	704,430	639,806	64,624	—
International		2,938	272	2,666	—
Equity securities					
Domestic		483,198	450,378	32,820	—
International		9,828	9,828	—	—
Short-term investments		166,306	166,306	—	—
Total	$	1,366,700	1,266,590	100,110	—

A summary of limited investment companies accounted for under the equity method included in investments in the accompanying December 31 consolidated balance sheets is as follows

		2011	2010	Redemption frequency
Wellington CTF Diversified Portfolios	$	63,196	35,706	Monthly
UBS Trumbull		45,495	—	Quarterly
JP Morgan Multi-Strategy Fund		21,697	21,461	Quarterly
Pointer Offshore LTD		18,892	17,479	Annually
Silchesters International		14,063	—	Monthly
K2 Highland Overseas Fund		12,548	—	Quarterly
TIFF Absolute Return Pool		11,504	—	Quarterly
OCM Real Estate Opportunities Fund IV		11,132	11,116	Discretionary
OCM Real Estate Fund V		8,978	—	Discretionary
OCM Principal Opportunities IV		8,518	6,884	Discretionary
Silver Creek Low Volatility Strategies		3,802	—	Schedule
Property Holdings IV LLC		3,301	—	Discretionary
Oaktree Capital Management (OCM) – Mezzanine Fund II, L P		2,966	5,323	Discretionary
TIFF Private Equity Partners 2005		2,552	—	Discretionary
MREP 2008 Distressed Company		2,313	—	Discretionary
Sante Health Ventures		1,974	1,433	Discretionary
TIFF Private Equity Partners 2007		1,956	—	Discretionary
Property Holdings V LLC		1,942	—	Discretionary
AIG Private Equity Portfolio		1,440	—	Discretionary
MIT Private Equity Fund IV LP		935	—	Discretionary
Health Enterprise Partners		923	933	Discretionary
Cadogan Alternative Strategy LTD		770	15,236	Quarterly
Austin Capital Safe Harbor		558	—	Quarterly
Goldman Sachs Relative Value PLC		353	488	Discretionary
Austin Capital All Seasons Offshore Fund		323	778	Discretionary
CMS Entrepreneurial Real Estate		145	—	Discretionary
Sante Health Ventures II		84	—	Discretionary
Total limited investment companies	$	242,360	116,837	

Sentara's limited investment companies are reported on the equity method based on the underlying net asset value of the investments Due to the nature of the underlying investments held, changes in market conditions and the economic environment may significantly impact the investments' net asset value and the carrying value of Sentara's interest

Sentara generally uses net asset value per share as provided by external investment managers without further adjustment as the practical expedient estimate of the fair value of its alternative investments consistent with the provisions of ASU 2009-12, *Fair Value Measurements and Disclosures (Topic 820)*

Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent) Accordingly, such values may differ from values that would have been used had an active market for the investments existed

Limited investment companies totaling $192,165 at December 31, 2011 are redeemable at their net asset value under the current terms of the subscription agreements, and therefore, their carrying value approximates their estimated fair value However, it is possible that these redemption rights may be restricted or eliminated by the funds in accordance with the underlying agreements in the future

Limited investment companies totaling $50,195 at December 31, 2011 are not redeemable at net asset value under the terms of the partnership and/or subscription agreements Although a secondary market exists for these investments, the market is not active and individual transactions are typically not observable When transactions do occur in this limited secondary market, they may occur at discounts to the reported net asset value Depending on the nature of the investment and other investment features such as lock-up periods, redemption fees, future funding commitments, etc , such a discount could be significant

Sentara has remaining capital commitments of $88,042 at December 31, 2011 for certain limited investment companies

(7) Property, Plant and Equipment

The components of property, plant, and equipment, at cost, and the related accumulated depreciation at December 31 are summarized as follows

		2011	2010
Land	$	123,103	75,561
Land improvements		84,511	65,728
Buildings		1,042,247	814,286
Fixed equipment		500,088	369,710
Major moveable equipment		1,234,169	1,083,395
Leasehold improvements		44,495	46,007
		3,028,613	2,454,687
Less accumulated depreciation and amortization		1,569,322	1,488,380
		1,459,291	966,307
Construction in progress		60,735	197,826
Total	$	1,520,026	1,164,133

Depreciation and amortization related to property, plant and equipment totaled $150,632 and $137,461 for the years ended December 31, 2011 and 2010, respectively

Construction projects in progress at December 31, 2011, to which Sentara is contractually committed, are expected to have remaining project costs of approximately $134,857 The commitments include the costs to complete a new bed tower at SLH, an outpatient facility for SPH and the final payments for the completion of SPAH Capitalized interest of $7,266 and $6,852 was recorded related to construction in progress in 2011 and 2010, respectively

(8) Long-Term Debt

Long-term debt and capital lease obligations at December 31 are summarized as follows

	2011	2010
Sentara Healthcare Obligated Group Revenue and Refunding Bonds		
Series RMH 2011A, payable in annual installments of $400 from 2015 through 2039, with interest at a variable rate of 67 0% of one-month LIBOR plus 0 40% (actual interest rate at December 31, 2011 was 0 68%)	$ 10,000	—
Series RMH 2010A-C, payable in installments ranging from $1,724 to $2,724 through 2040, with interest at a variable rate of 67 0% of one-month LIBOR plus 0 40% (actual interest rate at December 31, 2011 was 0 68%)	75,000	—
Series 2010, payable in installments ranging from $1,600 to $37,160 through 2040, with fixed interest rates ranging from 3 0% to 5 0% (average interest rate for 2011 was 4 7%)	272,970	282,725
Series 2010B-C, payable in installments ranging from $425 to $11,250 through 2034, with interest at a variable rate of SIFMA plus 0 12% (actual interest rate at December 31, 2011 was 0 22%) (note 9)	132,480	132,480
Series 2009A, payable in installments ranging from $215 to $5,850 through 2034, with interest at a variable long-term rate (actual interest rate at December 31, 2011 was 0 41%) (note 9)	68,890	68,890
Series 2008, payable in installments ranging from $1,450 to $26,860 through 2035, with a fixed interest rate of 5 75% (note 9)	156,615	156,615
City of Suffolk 1998, payable in annual installments of $667 through 2017, with a fixed interest rate of 4 71%	4,000	4,667
Isle of Wight 1998, payable in annual installments of $667 through 2017, with a fixed interest rate of 4 76%	4,000	4,667
Sussex County 1998, payable in annual installments ranging from $267 to $533 through 2013, with a fixed		

	2011	2010
Sussex County 1998, payable in annual installments ranging from $267 to $533 through 2013, with a fixed interest rate of 4 69%	$ 800	1,333
Surry County 1997, payable in annual installments ranging from $333 to $667 through 2013, with a fixed interest rate of 4 80%	1,000	1,666
Series 1993, payable in installments ranging from $2,750 to $3,775 through 2018, with fixed interest rates of 5 13% and 6 00% (average interest rate for 2011 was 5 40%)	22,765	25,360
Sentara Potomac Hospital Revenue and Refunding Bonds		
Series 1998, repaid in 2011	—	17,034
Series 2003, payable in installments ranging from $960 to $3,230 through 2036, with fixed interest rates ranging from 3 75% to 5 50% (average interest rate for 2011 was 5 2%)	46,660	47,310
Rockingham Memorial Hospital Revenue and Refunding Bonds		
Series 2009, payable in annual installments of $800 from 2015 through 2039, with interest at a variable rate of 67% of one-month LIBOR plus 1 67% (actual interest rate at December 31, 2011 was 1 95%)	20,000	—
Series 2006, payable in installments ranging from $950 to $11,670 through 2046, with fixed interest rates ranging from 4 5% to 5 0% (average interest rate for 2011 was 4 7%)	189,050	—
Martha Jefferson Hospital Revenue and Refunding Bonds		
Series 2008A-D, payable in installments ranging from $1,120 to $11,480 through 2048, with interest at a variable rate set daily or weekly (actual interest rate at December 31, 2011 was 0 08%)	160,795	—
Series 2003, payable in installments ranging from $1,565 to $2,820 through 2020, with fixed interest rates ranging from 3 0% to 5 25% (average interest rate for 2011 was 4 86%)	21,030	—
Series 2002, payable in installments ranging from $860 to $21,005 through 2035, with fixed interest rates ranging from 3 0% to 5 50% (average interest rate for 2011 was 5 10%)	44,580	—

		2011	2010
Notes payable			
Sentara Healthcare Commercial Paper Note program, $130,000 authorized tax-exempt issue, weighted average maturity and interest rate at December 31, 2011 was 22 7 days and 0 15%, respectively	$	123,800	123,800
Note payable due 2014 with a fixed rate of interest of 7 00%		700	967
Note payable due 2017 with a fixed rate of Prime, adjusted every five years (actual interest rate at December 31, 2011 was 8 25%)		272	293
Capital lease obligations		1,823	603
Total long-term debt outstanding		1,357,230	868,410
Unamortized bond discount, net		(22,501)	4,727
Less amount classified as current		(346,666)	(218,567)
	$	988,063	654,570

(a) Sentara Healthcare Obligated Group Revenue and Refunding Bonds

The Sentara Healthcare Obligated Group Revenue and Refunding Bonds were issued under various sales agreements between Sentara and the Industrial Development Authority (IDA) of the Cities of Norfolk, Chesapeake, Hampton, Suffolk and Virginia Beach and the Counties of Isle of Wight, Sussex and Surry (the Authorities), pursuant to which the Authorities will sell certain improvements back to Sentara for aggregate installment payments sufficient to enable the Authorities to pay the principal and interest on the bonds when due Under the terms of the sales agreements, Sentara delivered to the Authorities promissory notes, pursuant to a Master Trust Indenture, between Sentara and SunTrust Bank, as trustee

In January 2010, Sentara issued $291,360 in fixed rate Healthcare Facilities Revenue and Refunding Bonds primarily to fund the development and construction of SPAH, acquisition of SPH, construction of a three-story addition to SOH and refund the Series 1997A and 1998 Bonds A loss of $1,103 was recognized on the refunding and is included in nonoperating gains, net in the 2010 consolidated statement of operations A premium of $4,883 was recognized on the issuance of the debt and is recognized in long-term debt, excluding current portion on the consolidated balance sheet

In March 2010, Sentara issued $132,480 in variable rate Hospital Facilities Revenue and Refunding Bonds The proceeds of the Bonds were used to assist in the current refunding of the outstanding principal amount of the 2009B-C Series Bonds A loss of $802 was recognized on the refunding and is included in nonoperating gains, net in the 2010 consolidated statement of operations

In November 2011, the Sentara Board of Directors approved an amendment to the Master Trust Indenture including RMH and MJH as affiliates to the Sentara Obligated Group Sentara, RMH and

MJH subsequently initiated debt restructures whereby the promissory notes securing a portion of the debt of RMH and MJH were substituted with the credit of promissory notes issued under the Sentara Master Trust Indenture The substitution of the promissory notes transfers the primary obligation under the debt from RMH and MJH to Sentara As of December 31, 2011, the restructures of the RMH Series 2010 and 2009A for $75,000 and $10,000, respectively, were complete and thus were included as part of the Sentara Obligated Group's debt as Series RMH 2010 A-C and Series RMH 2011A, respectively The remaining debt of RMH, Series 2009B-C and Series 2006 of $20,000 and $161,746, respectively, was restructured in January of 2012 In addition, MJH Series 2008 A-D was restructured in January of 2012 for $160,795

Sentara expects to advance refund or defease all outstanding issuances related to RMH, MJH and SPH primarily with the proceeds of Sentara's Series 2012B Health Care Facilities Revenue and Refunding bonds to be issued on or about May 16, 2012 In connection therewith, Sentara expects that all obligations issued under the respective entities master indentures will be cancelled and discharged

Sentara maintains a balance of short-term investments equal to the 2009A and 2010B-C bonds, which are not covered by a letter of credit (self-liquidity) and also for debt backed by lines of credit that expire in less than one year Long-term debt subject to current remarketing provisions and covered by self-liquidity totaled $325,170 and $201,370 as of December 31, 2011 and 2010, respectively, and is classified as a current liability

(b) Sentara Potomac Hospital

The 1998 and 2003 Hospital Revenue Bonds were issued under sales agreements between SPH and the Industrial Development Authority of the County of Prince William (the Authority), pursuant to which the Authority will sell certain improvements back to SPH for aggregate installment payments sufficient to enable the Authority to pay the principal and interest on the bonds when due Principal and interest payments are due semiannually In September 2011, Sentara repaid the outstanding balance of the 1998 Series of $17,100 A loss of $232 was recognized on the repayment and is included in nonoperating gains, net in the 2011 consolidated statement of operations

(c) Rockingham Memorial Hospital Bonds

In December 2006, RHC issued $190,000 in Hospital Facilities Revenue and Refunding Bonds through the City of Harrisonburg IDA The proceeds of the bonds were used to fund construction of a new hospital facility

During 2009, RHC issued $30,000 in tax-exempt bond financing through the IDA The proceeds of the bonds were used to redeem a portion of its 2007 IDA bonds

In September 2010, RHC issued $75,000 in tax-exempt bonds through the City of Harrisonburg IDA The proceeds of the bonds were used to reimburse RHC for building costs paid from operations The bonds were issued in three series (2010A, 2010B and 2010C) each in the authorized principal amount of $25,000

A discount of $27,437 was recorded on RMH debt in accordance with the application of ASU 2010-07

(d) Martha Jefferson Hospital Bonds

In October 2002, $50,000 Tax-Exempt Hospital Revenue Bonds (MJH and MJH Foundation), Series 2002 (the Series 2002 Bonds) were issued by the Industrial Development Authority of Albemarle County, Virginia (the Albemarle Authority) Proceeds of the Series 2002 Bonds were used for the financing of costs related to the construction of the Outpatient Care Center located at Peter Jefferson Business Park and to certain improvements to and equipment for MJH's acute care facility as well as the funding of a debt service fund for the Series 2002 Bonds and to pay certain costs of the issuance of the Series 2002 Bonds The $50,000 Series 2002 Bonds were issued with an original issue discount of approximately $1,500 and an underwriter's discount of approximately $288

In September 2003, $34,070 Tax-Exempt Hospital Revenue Bonds (MJH), Series 2003 (the Series 2003 Bonds) were issued by the Albemarle Authority Proceeds of the Series 2003 Bonds were used to refund the then-outstanding Series 1993 Bonds, fund a debt service fund for the Series 2003 Bonds, and pay certain costs of issuance of the Series 2003 Bonds The $34,070 Series 2003 Bonds were issued with an original issue premium of approximately $122 and an underwriter's discount of approximately $188

Pursuant to the issuance of the Series 2002 and 2003 Bonds, MJH and MJH Foundation are required to maintain certain funds with the bond trustee for the purpose of debt service

In October 2008, the Economic Development Authority of Albemarle County, Virginia (the Albemarle Authority) issued $160,795 of Variable Rate Hospital Revenue Bonds Series 2008 A, B, C, and D (the 2008 Series Bonds) Proceeds of the 2008 Series Bonds were used to finance a portion of the costs of acquisition, construction, equipping, and furnishing of a replacement acute care hospital facility located in Albemarle County (the Replacement Hospital) Proceeds of the 2008 Series Bonds were also used to finance or refinance working capital, funded interest and routine capital expenditures in connection with the Replacement Hospital

MJH maintains an unsecured line of credit with Branch Banking and Trust Company of $40,000 Borrowings under the line of credit agreement bear interest at a rate of 30-Day LIBOR plus 1½%, adjusted monthly The line of credit agreement expires on August 1, 2013, at which time any and all outstanding principal and interest will be due and payable in full There were no outstanding borrowings on this line of credit as of December 31, 2011

(e) Commercial Paper Revenue Notes

Issuance of the Sentara Healthcare Commercial Paper Revenue Notes (the Notes) was authorized during 1998 under agreements between Sentara and the IDA of the City of Norfolk (the Authority) The Notes will be issued from time to time by the Authority as part of a pooled financing program to provide loans to Sentara to finance the cost of certain capital improvements, to refinance outstanding revenue and refunding bonds and to pay costs associated with the issuance of the Notes It is

management's intent to continuously rollover these Notes However, the outstanding principal amount of all Notes must be repaid by 2028 Each Note will mature between 1 and 270 days after its date of issuance

The maximum aggregate principal amount of Notes outstanding at any one time shall not exceed the lesser of $130,000 or the aggregate amount of advances available under a Liquidity Facility Agreement (Liquidity Facility) Under the terms of the current Liquidity Facility, Sentara may borrow, subject to certain conditions, up to $130,000 to pay the principal portion of the Notes that have not been successfully remarketed Borrowings under the Liquidity Facility bear interest at certain rates under several options granted to Sentara There was no amount outstanding under the Liquidity Facility as of December 31, 2011 or 2010 The Liquidity Facility expires on December 31, 2012

(f) Other

The Hospital Revenue Bonds and Revenue and Refunding Bonds are not secured by any security interest in or lien on any revenues or real property The Master Trust Indentures place certain restrictions on Sentara relative to operating ratios and incurrence of additional indebtedness

RMH's Bonds are secured by a pledge of its unrestricted revenues as well as by a security interest in unrestricted current assets, tangible personal property and investment securities held

MJH's Bonds are not secured by any security interest in or lien on any revenues or real property Their Master Trust Indenture places certain restrictions on MJH including a requirement to maintain certain financial covenants, including a combined debt service coverage ratio of 120%

At December 31, 2011, management believes that Sentara was in compliance with all such restrictions

The fair value of all bonds and commercial paper revenue notes are determined by market quotations using Level 1 criteria The fair value of all bonds and commercial paper revenue notes at December 31, 2011 and 2010 was approximately $1,345,074 and $874,000, respectively

Estimated maturities and sinking fund requirements of all long-term indebtedness at December 31, 2011 are as follows

2012	$	21,496
2013		23,758
2014		23,654
2015		25,586
2016		27,307
Thereafter		1,235,429
	$	1,357,230

(9) Derivative Financial Instruments

Sentara uses interest rate swaps as a part of its risk management strategy to manage exposure to fluctuations in interest rates and to manage the overall cost of its debt The interest rate swaps are not used for speculative purposes and are measured at fair value in the consolidated balance sheets

The following table provides details regarding Sentara's fair value of derivative instruments currently classified as other long-term liabilities, and none of which are designated as cash flow hedging instruments

Interest rate swap	Fair value	Notional amount outstanding	Rate paid	Rate received	Average rate received in 2011	Counterparty	Term
2004	$ (52,582)	199,781	3 51%	67% of one-month (1M) LIBOR	0 16%	Citigroup (75%) and Goldman Sachs (25%)	30 years
2008	92	156,615	SIFMA + 0 19	5 75%	5 75	Citigroup	10 years
Sussex 1998	(1,670)	800	3 33%	59% of 1M LIBOR	0 49	Bank of America	25 years
RMH 2009 (Fixed Swap)	(868)	30,000	3 28%	67% of 1M LIBOR + 1 67%	1 82	SunTrust	5 years
MJH 2007 (Basis Swap)	(1,778)	76,325	SIFMA	67% of 1M LIBOR + 0 41%	0 56	UBS	20 years
MJH 2008 (Fixed Swap)	(50,104)	160,795	4 13%	SIFMA	0 18	UBS	40 years

In order to manage the credit risk of the swap agreements, Sentara and the counterparties are required to provide collateral in the event that the combined fair value of the swap agreements exceeds a predetermined threshold amount The collateral posting requirements are based upon the rating classification of Sentara's long-term, unsecured, unsubordinated debt securities as assigned by a relevant rating agency As of December 31, 2011, Sentara posted $44,102 in collateral with counterparties

The fair value of the interest rate swap agreements is the estimated amount that Sentara would receive or pay to terminate the swap agreements at the reporting date, taking into account current interest rates and the current creditworthiness of the swap counterparties The swap agreements are valued based on readily observable market parameters for all substantial terms of the contracts and are therefore categorized as Level 2 securities The change in the fair value of the interest rate swap agreements for the years ended December 31, 2011 and 2010 was a loss of $58,001 and $10,510, respectively, and is included in nonoperating gains, net in the consolidated statements of operations Sentara is exposed to credit loss in the event of nonperformance by the swap counterparties Sentara manages this risk through the monitoring of the credit standing of its counterparties

(10) Retirement Obligations

Sentara maintains a noncontributory defined benefit pension plan that covers substantially all employees of Sentara Healthcare and its subsidiaries (Sentara Plan), except for SPH and those entities that maintain separate plans, RMH (RMH Plan) and MJH (MJH Plan, collectively referred to as the Plans) MJH and RMH plan benefits were frozen effective December 31, 2005 and January 1, 2008, respectively Accordingly, plan benefits are no longer increased for future service cost and compensation and no new participants are eligible for benefits subsequent to the frozen plan effective dates

The Plans conform to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA) Sentara's funding policy is to contribute amounts to the Plans sufficient to meet the minimum funding requirements under ERISA The Plans use a December 31 measurement date

The following table sets forth amounts recognized in the consolidated financial statements of Sentara as of and for the years ended December 31, 2011 and 2010 related to the Sentara Plan

		2011	2010
Accumulated benefit obligation at measurement date	$	966,498	790,995
Change in projected benefit obligations			
Benefit obligation at previous measurement date	$	880,997	782,197
Service cost		39,028	35,023
Interest cost		45,174	44,455
Actuarial loss		147,668	50,576
Benefit payments		(31,255)	(31,254)
Projected benefit obligations at measurement date	$	1,081,612	880,997
Change in assets			
Fair value of assets at previous measurement date	$	783,654	672,830
Actual return on assets		17,170	84,078
Employer contributions		72,000	58,000
Benefit payments		(31,255)	(31,254)
Fair value of assets at measurement date	$	841,569	783,654
Amounts recognized in the consolidated balance sheets at December 31			
Long-term liabilities	$	(240,043)	(97,343)
Amounts recognized in unrestricted net assets at December 31			
Net actuarial loss	$	(393,132)	(225,362)
Prior service cost		(111)	(1,041)
Components of net periodic pension cost			
Service cost	$	39,028	35,023
Interest cost		45,174	44,455
Expected return on plan assets		(54,513)	(50,514)
Prior service cost recognized		930	949
Amortization of actuarial loss		17,241	13,398
Net periodic pension cost	$	47,860	43,311

The following table sets forth the benefit obligations, the assets and components of net periodic benefit cost of the RMH and MJH Plans from the dates of affiliation to December 31, 2011, and a reconciliation of

the amounts recognized in the accompanying consolidated financial statements as of and for the year ended December 31, 2011

		RMH Plan	MJH Plan
Accumulated benefit obligation at end of year	$	105,669	76,576
Change in projected benefit obligation			
Projected benefit obligation as of affiliation date	$	107,432	70,021
Service cost		2,887	671
Interest cost		3,962	2,111
Actuarial loss		18,064	10,162
Benefits paid		(1,778)	(1,058)
Projected benefit obligation at end of year	$	130,567	81,907
Change in plan assets			
Fair value of plan assets as of affiliation date	$	74,946	49,564
Actual return on plan assets		(4,354)	(638)
Employer contributions		26,400	17,613
Benefits paid		(1,778)	(1,058)
Fair value of plan assets at end of year	$	95,214	65,481
Amounts recognized in the consolidated balance sheets at December 31			
Long-term liabilities	$	(35,353)	(16,426)
Amounts recognized in unrestricted net assets at December 31			
Net actuarial loss	$	(26,249)	(12,928)
Components of net periodic pension cost			
Service cost	$	2,887	671
Interest cost		3,963	2,111
Expected return on plan assets		(3,831)	(2,129)
Net periodic pension cost	$	3,019	653

For the years ended December 31, 2011 and 2010, Sentara recognized a reduction in unrestricted net assets of $206,606 and $1,172, respectively, related to nonperiodic changes in the Plans assets and benefit obligations

The estimated actuarial loss and prior service cost for the Plans that will be amortized from accumulated other comprehensive loss into net periodic cost over the next year are $28,610 and $180, respectively No assets of the Plans are expected to be returned to Sentara for the year ending December 31, 2012

The assumptions used to determine benefit obligations for the Plans at December 31, 2011 are as follows

	Sentara Plan	RMH Plan	MJH Plan
Discount rate	4 51%	4 65%	4 50%
Rate of compensation increase	4 75	5 00	3 50

Weighted average assumptions used to determine net periodic benefit cost for the Plans for 2011 are as follows

	Sentara Plan	RMH Plan	MJH Plan
Discount rate	5 32%	5 61%	5 25%
Expected long-term return on plan assets	7 25	7 50	7 25
Rate of compensation increase	4 75	5 00	3 50

The assumptions used to determine benefit obligations and net periodic benefit for the Sentara Plan at December 31, 2010 are as follows

Benefit obligation	
Discount rate	5 32%
Rate of compensation increase	4 75
Net periodic benefit cost	
Discount rate	5 79%
Expected long-term return on plan assets	7 25
Rate of compensation increase	4 75

In developing the expected long-term rate of return on assets assumption, Sentara considered the current level of expected returns on risk-free investments (primarily government bonds), the historical level of the risk premium associated with the other asset classes in which the portfolio is invested, and the expectations for future returns of each asset class The expected return for each asset class was then weighted based on the target allocation to develop the expected long-term rate of return on assets assumption for the portfolio This resulted in the selections listed above for the years ended December 31, 2011 and 2010

(a) Investment Policy and Strategy

The overall financial objectives for the Plans' assets are (1) to provide funds for the timely payment of the Plans' obligations and (2) to produce an investment rate of return that improves the overall funding status of the Plans consistent with the first objective The investment objective of the Plans seeks to strike a balance between higher returns and controlling funding status volatility To achieve its objectives, the Plans' assets are allocated based on a target allocation established by the Sentara Finance Committee and approved by the Sentara Board of Directors A registered investment

manager has been approved by the Finance Committee of the Sentara Board of Directors and reviews fund performance at each quarterly meeting The Plans' targeted asset allocation by asset category is as follows

Asset category	Target allocation percentage		
	Sentara	RMH	MJH
Equity securities	30% – 60%	60% – 70%	60% – 70%
Debt securities	20% – 50%	20% – 30%	20% – 30%
Alternative investments	0% – 20%	5% – 15%	5% – 15%
Cash	0% – 10%	0% – 10%	0% – 10%

The allocation to fixed income investments is structured to match the expected stream of future benefit payments in order to minimize funding volatility risk Other investments are also diversified within asset classes (e g , within equities by economic sector, industry, quality and size) in order to provide assurance that no single security or class of securities will have a disproportionate impact on the Plans

The following tables present the Plans' assets measured at fair value aggregated by the level in the fair value hierarchy within which those measurements fall as of December 31, 2011 and 2010, respectively

		Fair value measurements at December 31, 2011 using		
	Total	Level 1	Level 2	Level 3
Investments				
Fixed maturities				
Domestic	$ 291,310	247,544	43,766	—
International	9,071	7,746	1,325	—
Equity securities				
Domestic	438,098	424,546	11,873	1,679
International	9,627	9,627	—	—
Domestic alternative investments	97,350	—	33,264	64,086
Joint ventures / partnerships	454	—	—	454
Real estate	$ 4,440	—	—	4,440
Short-term investments	151,914	151,914	—	—
Total	1,002,264	841,377	90,228	70,659

		Fair value measurements at December 31, 2010 using		
	Total	Level 1	Level 2	Level 3
Investments				
Domestic fixed maturities	$ 150,852	129,419	21,433	—
Equity securities				
Domestic	510,742	493,936	16,806	—
International	23,532	23,532	—	—
Domestic alternative investments	72,652	—	19,476	53,176
Short-term investments	25,876	25,876	—	—
Total	$ 783,654	672,763	57,715	53,176

The following table provides a reconciliation for all Level 3 assets measured at fair value on a recurring basis of the beginning and ending balances

	Level 3 investments			
	Fixed maturities	Equity securities	Alternative investments	Total
Beginning balance, December 31, 2009	$ 39	—	49,977	50,016
Total net gains (losses) unrealized and realized	—	—	1,006	1,006
Purchases, sales, issuances and settlements	(39)	—	2,193	2,154
Ending balance, December 31, 2010	—	—	53,176	53,176
Addition of RMH and MJH investments	—	—	5,232	5,232
Total net gains unrealized and realized	—	—	4,362	4,362
Purchases, sales, issuances and settlements	—	—	7,889	7,889
Ending balance, December 31, 2011	$ —	—	70,659	70,659

(b) Contributions

Sentara expects to contribute $76,500 to its Plans for the year ending December 31, 2012

(c) Estimated Future Benefit Payments

The following benefit payments, which reflect expected future employee service, as appropriate, are expected to be paid by the Plans in the following years ending December 31

2012	$	67,250
2013		71,768
2014		75,117
2015		79,835
2016		83,536
2017 – 2021		483,107

The expected benefits to be paid are based on the same assumptions used to measure the Plans' benefit obligations at December 31, 2011

(d) Supplemental Executive Retirement Plan

Sentara maintains a supplemental executive retirement plan for certain executives Compensation expense under the plan was $2,098 and $1,348 for the years ended December 31, 2011 and 2010, respectively Accrued benefit liabilities under this plan totaled $8,356 and $7,503 as of December 31, 2011 and 2010, respectively, and are included in other liabilities

(e) Defined Contribution Retirement Plans

Substantially all of the employees of Sentara participate in defined contribution retirement plans under Sections 403(b) and 401(k) of the Code Sentara matches a percentage of contributions made by the employees Sentara's contribution expense related to these plans for the years ended December 31, 2011 and 2010 was $21,589 and $21,165, respectively, and is included in benefits in the accompanying consolidated statements of operations

(11) Charity Care and Other Community Benefits

(a) Charity

Sentara is committed to providing quality healthcare to all, regardless of their ability to pay Patients who meet the criteria of its charity care policy receive services without charge or at amounts less than its established rates The criterion for charity care considers the household income in relation to the federal poverty guidelines and the equity value of real property and/or other assets Sentara provides services without charge for patients with adjusted gross income equal to or less than 200% of the federal poverty guidelines For uninsured patients with adjusted gross income greater than 200% of the federal poverty guidelines, a sliding scale discount is applied Income and asset information obtained from patient and credit reporting data are used to determine patients' ability to pay Sentara maintains records to identify and monitor the level of charity care it furnishes under its charity care policy The charity care policies of the new affiliates are generally consistent with that of Sentara's policy

Due to the complexity of the eligibility process, Sentara provides eligibility services to patients free of charge to assist in the qualification process These eligibility services include, but are not limited to, the following

- Financial assistance brochures and other information are posted at each point of service When patients have questions or concerns, they are encouraged to call a toll-free number to reach customer service representatives during the business day Financial assistance programs are also published on the Sentara website and included on the statements provided to patients
- Sentara employs financial counselors who are available to help patients complete applications for Medicaid or other government payment assistance programs, or apply for care under Sentara's charity care policy, if applicable Sentara also employs an external firm to assist in the eligibility process
- Any patient, whether covered by insurance or not, may meet with a Sentara representative and receive financial counseling from Sentara's dedicated financial assistance unit

Sentara recognizes that a large number of uninsured and insured patients meet the charity care guidelines but do not respond to Sentara's attempts to obtain necessary financial information In these instances, Sentara uses credit reporting data to properly classify these unpaid balances as charity care as opposed to bad debt expense Utilization of income and asset information and credit reporting data indicate the vast majority of amounts reported as provision for bad debts represent amounts due from patients that would otherwise qualify for charity benefits but do not respond to Sentara's attempts to obtain the necessary financial information In these cases, reasonable collection efforts are pursued, but yield few collections Finally, management believes that the net loss associated with providing care to Medicaid patients is a component of providing charity care

Costs incurred are estimated based on the cost to charge ratio for each hospital and applied to charity care charges Since Sentara does not pursue collections of amounts determined to meet the criterion under the charity care policy, such amounts are not reported as net patient service revenue The amounts reported as charity care represent the cost of rendering such services The following information measures the level of charity and uncompensated care costs provided for the years ended December 31

		2011	2010
Components of estimated cost of charity and other uncompensated care			
Charity care	$	115,616	91,534
Medicaid		21,921	10,003
Bad debt		73,917	61,037
Total estimated cost	$	211,454	162,574

(b) Medical Education and Other Community Benefits

In addition to charity and uncompensated care, Sentara provides other community benefits These benefits include, among other items, educational activities, health services and donations sponsored by Sentara in the communities served

Sentara provides support to other charitable organizations through direct contributions and sponsorships as well as free community health screenings and health education throughout the Hampton Roads community Expenses for community health programs represent Sentara's dedicated Community Health and Prevention Department Additional costs for similar activities carried out across the Sentara system are not specifically accumulated and include salaries and other operating expenses

Sentara also underwrites much of the cost of training allied health professionals, physicians and residents in its emergency rooms, clinics and inpatient facilities Sentara maintains a dynamic partnership with Eastern Virginia Medical School to support medical education The Sentara College of Health Sciences, previously known as the Sentara School of Health Professions (the School), in continuous operation since 1892, educates nurses, surgical and cardiovascular technicians needed to provide the community with vital health services

The following is a summary of Sentara's community commitment as measured by charity care and community benefit costs

		2011	2010
Nonreimbursed cost of charity and uncompensated care	$	211,454	162,574
Medical education		16,187	14,690
Direct contributions and sponsorships		16,051	1,563
Community health programs		951	639
Total community benefits, at cost	$	244,643	179,466

Sentara also recognizes its responsibility to provide other healthcare services and programs for the benefit of the community, at reduced rates or free This includes the Ambulatory Care clinic, a clinic designed to offer primary and specialized outpatient services to members of the Norfolk community who are either uninsured or under insured Sentara also operates an emergency medical helicopter service and both Level 1 and Level 3 Trauma Centers

(12) Concentration of Credit Risk

Patient receivables and patient service revenue consist of amounts earned for patient care Payments are made either directly by patients or by third-party payors, including the federal (Medicare) and state (Medicaid) governments and private insurance carriers Services are generally provided without requiring collateral from patients or third-party payors

A breakdown of net patient receivables by significant payor type is as follows

	2011	2010
Medicare	32%	35%
Medicaid	9	9
Anthem (Blue Cross)	17	22
SHP – HMO/PPO	9	12
All others (none more than 10%)	33	22
Total	100%	100%

Premium and capitation receivables consist primarily of amounts earned by Sentara's health plans for providing benefits to subscribers OHP and SHP have concentrations of credit risk with the U S Government's Office of Personnel Management (OPM) for subscriber benefits provided under the Federal Employee Health Benefits Program (FEHBP), and with the Virginia DMAS for benefits to Medicaid recipients

A breakdown of premium and capitation receivables by significant customers is as follows

	2011	2010
OPM	8%	8%
DMAS	39	39
Other (none more than 10%)	53	53
Total	100%	100%

(13) Functional Expenses

Sentara provides various healthcare services to patients within its geographic region Expenses related to providing these services are as follows

		2011	2010
Healthcare services	$	2,893,799	2,689,250
General and administrative		792,111	505,847
Total operating costs and expenses	$	3,685,910	3,195,097

(14) Commitments and Contingent Liabilities

(a) General Liability and Malpractice Insurance

Sentara insures its professional, general and managed care liability risks through insurance policies issued by Lexington Insurance Company. Professional and managed care liability risks are primarily insured on a claims-made basis and general liability risks are insured on a claims-incurred basis. Lexington policy limits are $2,000 per occurrence and $23,000 in the aggregate per year for professional and managed care liability and $1,000 per occurrence for general liability. For the period July 1, 2003 through July 1, 2011, all subsidiaries except OHP, SHI, and SMG had a $1,500 per occurrence self-insured retention (SIR) under the policies for professional liabilities and a $750 per occurrence SIR for general liabilities. Effective July 1, 2011, the SIR was eliminated and all new exposures were assumed by Sentara's wholly owned captive insurance company, Bay Primex.

Accrued professional liability costs on an undiscounted basis as of December 31, 2011 and 2010 amounted to $84,012 and $95,343, respectively. Cash and investments totaling $46,884 and $44,266 as of December 31, 2011 and 2010, respectively, have been designated by Sentara to settle these claims. Included in accrued professional liability costs are estimated claims incurred but not reported in the amounts of $28,552 and $24,476 as of December 31, 2011 and 2010, respectively.

The Lexington policies are reinsured by Bay Primex. The sole activity of Bay Primex is 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 Sentara and its related entities.

All Sentara entities are covered by the same excess liability policies through three independent carriers with total annual coverage limits of $60,000 per occurrence and $60,000 in the aggregate for amounts exceeding the primary coverage limits.

Effective June 2004, RMH and MJH entered into a joint venture agreement with other Virginia health systems to establish Virginia Solution SPC, Ltd. (the Captive), which provides primary professional liability, general liability and workers' compensation insurance to each of the respective entities. The Captive provides primary professional liability insurance on a claims-made basis with limits of $2,000 per claim and $6,000 in the aggregate. Primary general liability coverage is also provided by the Captive on a claims-made basis with limits of $2,000 per occurrence. In addition, RMH and MJH purchased excess coverage of $20,000 per claim and $20,000 in the aggregate provided through a Sentara excess liability policy.

Professional liability policies entered into on a claims-made basis must be renewed or replaced with equivalent insurance if claims incurred during their term but asserted after their expiration are to be insured. The estimated liability for professional and general liability claims will be significantly affected if current and future claims differ from historical trends. While management monitors reported claims closely and considers potential outcomes as estimated by its actuaries when determining its professional and liability accruals, the complexity of the claims, the extended period of time to settle the claims and the wide range of potential outcomes complicate the estimation. In the opinion of management, adequate provision has been made for the related risk.

(b) Stop-Loss Coverage

OHP and OHIC carry a stop-loss coverage policy for medical claims expense through HCC Life Insurance Company (HCC) The deductible under the policy is $1,000 per member per policy year Once the deductible is met in a policy year, HCC will reimburse 90% of eligible medical expenses up to a maximum of $5,000 per member per policy year This stop-loss coverage does not relieve OHP and OHIC of its primary obligation to its members Stop-loss expense related to the policy was $656 and $671 for the years ended December 31, 2011 and 2010, respectively

(c) Employee Health Benefits

Sentara is self-insured for employee health benefits Payments under the plan are limited to $300, $250 and $225 per participant per year for Sentara, RMH and MJH, respectively The liabilities associated with these claims totaled $12,264 and $5,503 at December 31, 2011 and 2010, respectively

(d) Workers' Compensation Insurance

Sentara is self-insured for workers' compensation insurance The liability associated with these claims totaled $4,522 and $4,881 at December 31, 2011 and 2010, respectively

(e) Lease Commitments

Certain Sentara subsidiaries are parties to operating leases for property and equipment Rental expense incurred during the years ended December 31, 2011 and 2010 was approximately $50,000 and $47,000, respectively Future minimum lease payments are as follows

2012	$	25,027
2013		23,188
2014		20,730
2015		20,092
2016		18,659
Thereafter		53,966
Total future minimum lease payments	$	161,662

(f) Litigation

Sentara is subject to various legal proceedings and claims that are inherent to the provision of healthcare services After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on Sentara's consolidated financial position

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation Sentara, through its compliance program, seeks to ensure compliance with such laws and regulations and to rectify instances of noncompliance Compliance with such laws and

regulations is subject to future government review and interpretation as well as significant regulatory action, which can include fines, penalties and exclusion from the Medicare and Medicaid programs

Sentara identified potential compliance violations during due diligence on recent acquisitions and has self-disclosed these potential violations to relevant regulatory authorities Sentara expects to work collaboratively with these authorities to determine what, if any, fines and penalties might be appropriate Although it is probable that some payments will have to be made by Sentara subsidiaries to relevant regulatory authorities, management believes, based on the information available to date, that the ultimate outcome to these matters will not have a material effect on Sentara's consolidated financial position or results of operations Sentara is not aware of any ongoing violations, and policies and procedures have been put in effect which are intended to ensure future compliance at these subsidiaries

(15) Nonoperating Gains, Net

Nonoperating gains, net are summarized as follows

		2011	2010
Investment income	$	38,665	37,654
Realized gains (losses) on investments, net		28,595	(24,032)
Unrealized (losses) gains on investments, net		(55,180)	88,026
Equity in (losses) earnings of limited investment companies		(4,449)	13,756
Change in market value of derivative instruments		(58,001)	(10,510)
Excess of fair value of net assets acquired over consideration paid		130,060	—
Other		(1,920)	(3,326)
Nonoperating gains, net	$	77,770	101,568

(16) Other Operating Expenses

Other operating expenses are summarized as follows

		2011	2010
Supplies	$	496,734	424,387
Professional fees		142,017	116,631
Purchased and contracted services		123,375	84,136
Repairs and maintenance		84,408	68,977
Rent		50,413	47,046
Insurance		10,582	20,291
Marketing		30,832	30,949
Utilities		32,105	23,499
Other		30,466	7,638
Other operating expenses	$	1,000,932	823,554