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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SENTARA ENTERPRISES Doing Business As	D Employer identification number 54-1917649
	Number and street (or P O box if mail is not delivered to street address) Room/suite 6015 POPLAR HALL DRIVE	E Telephone number (757) 455-7020
City or town, state or country, and ZIP + 4 NORFOLK, VA 23502		G Gross receipts \$ 124,322,404
F Name and address of principal officer ROBERT A BROERMANN 6015 POPLAR HALL DRIVE NORFOLK, VA 23502		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SENTARA.COM		

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1998 **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 ORGANIZATION, WE IMPROVE HEALTH EVERYDAY		
	2 Check this box <input type="checkbox"/> 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	3
	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	1,513
	6 Total number of volunteers (estimate if necessary)	6	171
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	923,557
b Net unrelated business taxable income from Form 990-T, line 34	7b	112,454	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	49,352	42,187
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	112,769,298	123,244,876
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,043	-85,589
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	631,952	951,205
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	113,498,645	124,152,679
	14 Benefits paid to or for members (Part IX, column (A), line 4)	749,846	4,263,814
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	63,666,272	72,478,200
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,492,537	44,950,087
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	104,908,655	121,692,101	
19 Revenue less expenses Subtract line 18 from line 12	8,589,990	2,460,578	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	58,329,408	41,009,876
	21 Total liabilities (Part X, line 26)	17,124,101	12,511,377
22 Net assets or fund balances Subtract line 21 from line 20	41,205,307	28,498,499	

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
	ROBERT A BROERMANN TREASURER/PRESIDENT/DIRECTOR	Date
Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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 Yes No

1 Briefly describe the organization's mission
AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE ORGANIZATION, WE IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH CARE FACILITIES AND SERVICES FOR SICK, INJURED, DISABLED, INDIGENT, AND AGED PERSONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 97,700,844 including grants of \$ 4,263,814) (Revenue \$ 123,272,375)
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 \$ 97,700,844

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Part I.</i>		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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
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.		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	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 [checked]

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 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

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

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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.

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			
(1) DAVID L BERND DIRECTOR/CHAIRMAN	1 00	X		X				0	3,838,264	743,146
(2) ROBERT A BROERMANN DIRECTOR/PRESIDENT/TREASURER	1 00	X		X				0	1,162,266	315,625
(3) HOWARD P KERN DIRECTOR	1 00	X						0	1,612,156	910,858
(4) RAMON C DARCEY VP OF SE (THRU 9/11)	40 00			X				295,156	0	152,157
(5) GRACE R HINES SECRETARY (THRU 9/11)	1 00			X				0	380,192	198,169
(6) JEFFREY P KING SECRETARY (AS OF 10/11)	1 00			X				0	647,981	111,067
(7) JAMES R SCHWAMBURGER DIRECTOR, PHARMACY OPERATIONS	40 00				X			165,376	0	34,305
(8) ROBERT L SOUDERS DIRECTOR, COMMERCIAL REAL ESTATE	40 00					X		136,912	0	56,875
(9) BRIAN L DUNNING CLINICAL PHARMACIST	40 00					X		127,186	0	30,665
(10) RUSSELL B BLOW DIRECTOR, MEDICAL TRANSPORT	40 00					X		127,064	0	62,143
(11) EARL D MORRIS TEAM COORDINATOR	40 00					X		125,847	0	32,560
(12) LAURA E BOROWSKI CLINICAL PHARMACIST	40 00					X		122,572	0	53,338
(13) GAIL HEAGEN FORMER OFFICER	0 00						X	0	107,927	99,259

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						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	42,187					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f	42,187					
Program Service Revenue	2a	PATIENT SERVICE REVENUE	900099	111,346,913	111,346,913			
	b	DME	900099	11,776,025	11,065,682	710,343		
	c	OTHER PROGRAM SERVICE	900099	377,893	357,090	20,803		
	d	REBATES/REFUNDS/DISCOU	900099	37,595	37,595			
	e	EQUITY IN AFFILIATES	900099	-293,550	-293,550			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		123,244,876				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		84,136		84,136		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses	169,725			
			c	Gain or (loss)	-169,725			
	d	Net gain or (loss)		-169,725		-169,725		
	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	INCOME FR PARTNERSHIP	900099	414,405	239,547	174,709	149		
b	INTEREST CHARGES	900099	396,610	396,610				
c	WORKING DESIGN	900099	140,190	122,488	17,702			
d	All other revenue							
e	Total. Add lines 11a-11d		951,205					
12	Total revenue. See Instructions		124,152,679	123,272,375	923,557	-85,440		

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	4,263,814	4,263,814		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	646,994	485,246	161,748	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	74,148	55,611	18,537	
7	Other salaries and wages	57,887,740	43,415,805	14,471,935	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,931,790	2,948,843	982,947	
9	Other employee benefits	5,652,275	4,239,206	1,413,069	
10	Payroll taxes	4,285,253	3,213,940	1,071,313	
11	Fees for services (non-employees)				
a	Management				
b	Legal	114,366	85,775	28,591	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,428,984	2,385,207	43,777	
12	Advertising and promotion	49,099	36,824	12,275	
13	Office expenses	5,874,861	4,406,146	1,468,715	
14	Information technology	543,004	407,253	135,751	
15	Royalties				
16	Occupancy	1,611,071	1,208,303	402,768	
17	Travel	2,215,810	1,661,858	553,952	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,453	13,840	4,613	
20	Interest	848	636	212	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,257,367	2,443,025	814,342	
23	Insurance	817,940	613,455	204,485	
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 EXP	16,989,493	16,989,493	0	
b	SENTARA SERVICE EXP	8,323,666	6,242,750	2,080,916	
c	BAD DEBT PROVISION	2,219,882	2,219,882		
d	TAXES & LICENSES	261,936	196,452	65,484	
e					
f	All other expenses	223,307	167,480	55,827	
25	Total functional expenses. Add lines 1 through 24f	121,692,101	97,700,844	23,991,257	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	17,739,125	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,797,640	4	17,422,055
	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	7,422,719	7	6,927,737
	8 Inventories for sale or use	1,089,335	8	1,287,113
	9 Prepaid expenses and deferred charges	2,983	9	4,265
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	34,219,751		
	b Less accumulated depreciation	23,042,852	10c	11,176,899
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	1,650,031	14	1,712,767
	15 Other assets See Part IV, line 11	4,982,144	15	2,479,040
16 Total assets. Add lines 1 through 15 (must equal line 34)	58,329,408	16	41,009,876	
Liabilities	17 Accounts payable and accrued expenses	2,490,905	17	3,378,653
	18 Grants payable		18	
	19 Deferred revenue	184,457	19	175,050
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	14,448,739	25	8,957,674
	26 Total liabilities. Add lines 17 through 25	17,124,101	26	12,511,377
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	41,089,757	27	28,369,810
	28 Temporarily restricted net assets	115,550	28	128,689
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	41,205,307	33	28,498,499	
34 Total liabilities and net assets/fund balances	58,329,408	34	41,009,876	

Part XI Reconciliation 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	124,152,679
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,692,101
3	Revenue less expenses Subtract line 2 from line 1	3	2,460,578
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,205,307
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15,167,386
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	28,498,499

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA ENTERPRISES

Employer identification number

54-1917649

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

The organization is not a private foundation because it is (For lines 1 through 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?
 (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?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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.")	59,519	44,650	38,325	49,352	42,187	234,033
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	77,298,154	87,599,058	101,436,129	112,617,970	123,272,375	502,223,686
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	77,357,673	87,643,708	101,474,454	112,667,322	123,314,562	502,457,719
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	8,053	6,870	9,225	10,000	10,000	44,148
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	8,053	6,870	9,225	10,000	10,000	44,148
8 Public Support (Subtract line 7c from line 6)						502,413,571

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	77,357,673	87,643,708	101,474,454	112,667,322	123,314,562	502,457,719
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,799	120,815	12,651	50,333	84,285	276,883
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1,367	109,070	18,481	88,930	217,848
c Add lines 10a and 10b	8,799	122,182	121,721	68,814	173,215	494,731
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)	77,366,472	87,765,890	101,596,175	112,736,136	123,487,777	502,952,450
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.890 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.920 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.100 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.080 %

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

Additional Data

Software ID:

Software Version:

EIN: 54-1917649

Name: SENTARA ENTERPRISES

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization SENTARA ENTERPRISES

Employer identification number

54-1917649

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		7,886
j Total lines 1c through 1i			7,886
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE ORGANIZATION IS INVOLVED IN INDIRECT LOBBYING ACTIVITIES THROUGH PAYMENT OF MEMBERSHIP DUES TO THE AMERICAN ASSOCIATION FOR HOME CARE, THE NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE, THE VIRGINIA ASSOCIATION OF HOME CARE & HOSPICE, AND THE NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA ENTERPRISES

Employer identification number 54-1917649

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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?

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)?

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

2a Did the organization include an amount on Form 990, Part X, line 21? 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	115,550	101,643	91,124	98,957	
b Contributions	42,187	49,352	38,325	44,650	
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	29,048	35,445	27,806	52,483	
f Administrative expenses					
g End of year balance	128,689	115,550	101,643	91,124	

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment 100.000 %

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				
b Buildings				
c Leasehold improvements		868,671	392,305	476,366
d Equipment		25,486,127	16,547,998	8,938,129
e Other		7,864,953	6,102,549	1,762,404
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				11,176,899

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 SPECIFIC PURPOSE FUNDS HOSPICE FUNDS ARE TO BE USED FOR THE EDUCATION OF STAFF, VOLUNTEER EXPENSES, AND FOR THE FUNDING OF ANNUAL BEREAVEMENT CAMPS THERE IS ALSO A HOME CARE PATIENT NEED FUND TO PROVIDE MODEST AND TEMPORARY FINANCIAL ASSISTANCE NEEDED BY PATIENTS AND THEIR CAREGIVERS IN ORDER TO IMPROVE PATIENT CARE, COMFORT, AND/OR SAFETY

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA ENTERPRISES

Employer identification number 54-1917649

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) SENTARA HEALTHCARE6015 POPLAR HALL DRIVE NORFOLK,VA 23502, 52-1271901, 501(C)(3), 4,263,814, CORPORATE ALLOCATION TO PARENT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

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

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 PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA ENTERPRISES

Employer identification number

54-1917649

Part I Questions Regarding Compensation

- 1a** Check the appropriate 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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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?
- b** Any related organization?
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?
- b** Any related organization?
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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
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				
(1) 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
(2) 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
(3) 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
(4) RAMON C DARCEY	(i)	192,542	88,307	14,307	143,307	8,850	447,313	0
	(ii)	0	0	0	0	0	0	0
(5) 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
(6) 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
(7) JAMES R SCHWAMBURGER	(i)	132,915	25,998	6,463	20,846	13,459	199,681	0
	(ii)	0	0	0	0	0	0	0
(8) ROBERT L SOUDERS	(i)	107,687	21,353	7,872	41,461	15,414	193,787	0
	(ii)	0	0	0	0	0	0	0
(9) BRIAN L DUNNING	(i)	122,843	4,206	137	24,433	6,232	157,851	0
	(ii)	0	0	0	0	0	0	0
(10) RUSSELL B BLOW	(i)	95,437	25,451	6,176	56,110	6,033	189,207	0
	(ii)	0	0	0	0	0	0	0
(11) EARL D MORRIS	(i)	118,231	7,519	97	18,742	13,818	158,407	0
	(ii)	0	0	0	0	0	0	0
(12) LAURA E BOROWSKI	(i)	116,731	3,634	2,207	47,438	5,900	175,910	0
	(ii)	0	0	0	0	0	0	0
(13) GAIL HEAGEN	(i)	0	0	0	0	0	0	0
	(ii)	0	0	107,927	99,259	0	207,186	0

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	RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION 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, ROBERT BROERMANN, RAMON DARCEY, GRACE HINES 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 RAMON DARCEY (\$9,465) AND GRACE HINES (\$14,160) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J, PART II
	PART I, LINE 7	NON-FIXED PAYMENTS NOT LISTED 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 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 PERFORMANCE PLUS - ELIGIBLE FULL-TIME AND PART-TIME EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN MAY EARN ADDITIONAL COMPENSATION IF THEIR BUSINESS UNIT MEETS FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE GOALS, AND THE SYSTEM NET OPERATING MARGIN GOAL HAS BEEN MET INDIVIDUAL PAYOUT IS BASED ON JOB CLASSIFICATION, BUSINESS UNIT GOAL SUCCESS AND PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION GOALS AND THE PERCENTAGE OF POOL AVAILABLE FOR DISTRIBUTION ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD, BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE, AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA ENTERPRISES

Employer identification number 54-1917649

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

Table with 3 main columns: (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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHLEEN C BROERMANN	FAMILY MEMBER OF DIRECTOR, TREASURER AND PRESIDENT ROBERT A BROERMANN	74,148	EMPLOYEE OF THE ORGANIZATION		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		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

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 ENTERPRISES

Employer identification number

54-1917649

Identifier	Return Reference	Explanation
		<p>SENTARA HEALTHCARE YOUR NOT-FOR-PROFIT HEALTH PARTNER FOR MORE THAN 120 YEARS, SENTARA HEALTHCARE HAS BEEN COMMITTED TO HELPING PEOPLE WITH THEIR HEALTHCARE NEEDS, AND FOR THE SECOND YEAR IN A ROW, MODERN HEALTHCARE MAGAZINE HAS RECOGNIZED US AS THE NATION'S NUMBER-ONE 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 PROVIDERS INCLUDED ON THE LIST MAY BE CONSIDERED AMONG THE NATION'S BEST, OR THEY ARE HIGH PERFORMING 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 100 SITES OF CARE, INCLUDING 10 ACUTE CARE HOSPITALS, SEVEN IN HAMPTON ROADS, ONE IN NORTHERN VIRGINIA, AND TWO IN THE BLUE RIDGE REGION OF VIRGINIA. OUR NOT-FOR-PROFIT SYSTEM PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED-LIVING CENTERS, OUTPATIENT CAMPUSES, 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 PROVIDE MEDICAL TRANSPORT AMBULANCES AND THE NIGHTINGALE AIR AMBULANCE, AND EXTEND HEALTH INSURANCE 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 REMOTE MONITORING SYSTEM FOR INTENSIVE CARE. OUR DEDICATION TO IMPROVING AND INCREASING MEDICAL OPTIONS FOR OUR NEIGHBORS IS REINFORCED BY OUR COMMUNITY OUTREACH PROGRAMS, OUR INTRODUCTION OF NEW MEDICAL PROCEDURES, AND OUR PARTICIPATION IN MEDICAL TRIALS. THROUGH ALL OF THIS WORK, WE ADVANCE OUR MISSION OF IMPROVING HEALTH EVERY DAY. II GROWING THE SENTARA FAMILY SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO NEARBY INDUSTRY LEADERS AND JOINED FORCES 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 SYSTEMS WHO SHARE OUR DEDICATION TO EXCELLENCE AND VALUE. OUR INTEGRATED HEALTHCARE SYSTEM NOW INCLUDES A MARTHA JEFFERSON HOSPITAL. MARTHA JEFFERSON HOSPITAL (MJH), A 176-BED, NOT-FOR-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 BABIES EACH YEAR. MJH PERFORMS MORE THAN 2,700 INPATIENT AND MORE THAN 3,600 OUTPATIENT SURGICAL PROCEDURES ANNUALLY, AND THE EMERGENCY DEPARTMENT TREATS MORE THAN 48,700 PATIENTS. MAJOR 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 HEALTH CENTER. MJH EMPLOYS 1,600 STAFF MEMBERS, WITH 470 PHYSICIANS REPRESENTING MORE THAN 40 SPECIALTIES. B. RMH HEALTHCARE/ROCKINGHAM MEMORIAL HOSPITAL. SENTARA HEALTHCARE FINALIZED ITS AFFILIATION WITH RMH HEALTHCARE (LEGALLY KNOWN AS ROCKINGHAM MEMORIAL HOSPITAL WITH A FICTITIOUS/PUBLIC NAME OF RMH HEALTHCARE) IN MAY 2011. RMH IS A 238-BED, NOT-FOR-PROFIT COMMUNITY HOSPITAL IN HARRISONBURG, VIRGINIA THAT FIRST OPENED ITS DOORS IN 1912 SERVING A POPULATION OF OVER 200,000, THE HOSPITAL ADMITS MORE THAN 15,500 INPATIENTS AND DELIVERS CLOSE TO 1,750 BABIES ANNUALLY. THE STAFF AVERAGES MORE THAN 18,000 SURGICAL PROCEDURES ANNUALLY. THE RMH HAHN CENTER PROVIDES MORE THAN 16,000 CANCER TREATMENTS, AND THE RMH EMERGENCY 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 STAFF HAS 289 PHYSICIANS IN 40 SPECIALTIES, AND THE RMH MEDICAL GROUP EMPLOYS 77 PHYSICIANS IN 13 SPECIALTIES. C. SENTARA POTOMAC HOSPITAL/SENTARA NORTHERN VIRGINIA MEDICAL CENTER. IN DECEMBER 2009, SENTARA HEALTHCARE FINALIZED ITS AFFILIATION WITH POTOMAC HOSPITAL IN NORTHERN VIRGINIA. THE HOSPITAL FORMALLY ADOPTED THE SENTARA NAME IN 2011. SENTARA POTOMAC HOSPITAL (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 OFFERS 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 OPTION OF RECEIVING CARDIOVASCULAR CARE CLOSE TO HOME, THANKS TO THE NEW SERVICES TO BE OFFERED IN THE SENTARA HEART AND VASCULAR CENTER AT POTOMAC.</p>

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		<p>AC HOSPITAL THE 12,000 SQUARE FOOT CENTER WITHIN THE HOSPITAL INCLUDES INTERVENTIONAL CARDIAC CATHETERIZATION (PREVIOUSLY UNAVAILABLE IN THE COUNTY,) EMERGENT CARE OF STEMI PATIENTS AND OTHER PROCEDURES FOR CARDIAC DISEASE. RESIDENTS CAN ALSO BENEFIT FROM THE CONVENIENT, HIGH-QUALITY CARE OFFERED BY SENTARA MEDICAL GROUP, A PATIENT-FOCUSED PRACTICE WITH MULTISPECIALTY 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 POSSIBLE, WE SEEK TO EXPAND AND ENHANCE OUR SERVICES IN A VARIETY OF WAYS. WE STRIVE TO BE THE 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 REGIONS. SOME OF THE WAYS WE HAVE DONE THIS RECENTLY INCLUDE: A OFFERING AND STUDYING NEW PROCEDURES AND TECHNOLOGY. IN 2011, SENTARA PHYSICIANS LED THE WAY IN HAMPTON ROADS BY OFFERING 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 SPINAL SURGERY, THE FIRST PAIRED KIDNEY EXCHANGE, AND A NEW ELECTROMAGNETIC NAVIGATIONAL BRONCHOSCOPY PROCEDURE. ALSO 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 LIFESAVING PATIENT INFORMATION WHEN A HEART ATTACK IS SUSPECTED BY AN EMS TECHNICIAN. WE EXPLORED NEW TREATMENTS AS WELL IN NUMEROUS STUDIES. ONE OF THE MOST SIGNIFICANT RESEARCH PROJECTS WAS A STROKE STUDY. OUR DOCTORS AND PATIENTS JOINED THE STUDY. RESULTS 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 AGGRESSIVE MEDICAL MANAGEMENT-WERE ACTUALLY FARING WORSE. THIS IS JUST ONE EXAMPLE OF OUR COMMITMENT TO EXPLORING NEW OPTIONS AND QUICKLY APPLYING ACQUIRED KNOWLEDGE TO BETTER SERVE OUR PATIENTS. 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 DEDICATED TO EDUCATION, PREVENTION, RESEARCH AND THE TREATMENT OF NEUROLOGIC DISORDERS. SENTARA 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 PATIENTS IN THE REGION. IN COLLABORATION WITH EASTERN VIRGINIA MEDICAL SCHOOL AND OTHER NEUROSCIENCE 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 VIRGINIA. 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 IN 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.</p>

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		<p>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 TRANSPORT 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 SIMPLIFYING 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 ELECTROPHYSIOLOGY, 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 PHYSICIANS, AND LABORATORY SERVICES B SENTARA PRINCESS ANNE 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</p>

Identifier	Return Reference	Explanation
		<p>Y PROGRAMS AND HOURLY RESPITE SERVICES FOR SENIORS WHO LIVE AT HOME WITH THEIR FAMILIES THE PROGRAM INCLUDES MEALS, ACTIVITIES AND SOCIALIZATION IN A SAFE ENVIRONMENT MONDAY THROUGH SATURDAY WHEELCHAIR-ACCESSIBLE VAN TRANSPORTATION TO THE PROGRAM AND BACK HOME IS AVAILABLE THE PROGRAM IS DESIGNED TO MEET SENIORS' SOCIALIZATION NEEDS AND FEATURES CRAFTS, CLASSES AND OUTINGS AS PARTICIPANTS ARE ABLE AND INTERESTED</p> <p>THE NEW NIGHTINGALE REGIONAL AIR AMBULANCE IN JUNE 2011, SENTARA HEALTH FOUNDATION HELPED COMPLETE THE PURCHASE OF A NEW HELICOPTER 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 DEFICIT OF AS MUCH AS \$650,000 PER YEAR BECAUSE SENTARA TAKES CARE OF EVERY NIGHTINGALE PATIENT, 24 HOURS PER DAY, REGARDLESS OF ABILITY TO PAY EVERY YEAR, NIGHTINGALE TOUCHES THE LIVES OF ALMOST 700 CRITICALLY ILL AND INJURED PATIENTS</p> <p>THE 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 PRIVATE BEDS SERVING ORTHOPEDIC, MEDICAL, AND SURGICAL PATIENTS IT INCREASED THE HOSPITAL'S BED CAPACITY TO 168 BEDS AND WILL HELP US MEET OUR GOAL OF IMPROVING CARE AND ACCESS FOR SENTARA OBICI HOSPITAL PATIENTS AND THE SURROUNDING WESTERN HAMPTON ROADS COMMUNITY, WHICH IS EXPECTED TO GROW 10 PERCENT BY 2014</p> <p>THE NEW ORTHOPEDIC HOSPITAL AT SENTARA CAREPLEX THE ORTHOPEDIC 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 THE 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</p> <p>THE NEW SENTARA ST. LUKE'S THIS TWO-STORY, 52,000 SQUARE-FOOT MEDICAL OFFICE BUILDING OPENED IN ISLE OF WIGHT, VIRGINIA IN 2010 IT FEATURES AN URGENT CARE CENTER, AN ADVANCED IMAGING CENTER, LABORATORY SERVICES, AND PHYSICAL THERAPY SERVICES IT ALSO HOUSES SEVERAL PRIMARY CARE AND SPECIALTY PHYSICIANS</p> <p>THE NEW PACE LOCATION A SECOND LOCATION FOR THE PACE PROGRAM OPERATED BY SENTARA LIFE CARE CORPORATION, SENTARA'S LONG-TERM CARE DIVISION, OPENED IN PORTSMOUTH, VIRGINIA IN MARCH 2010 PACE, OR PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY, IS AN ADULT DAY CARE PROGRAM THAT IS A NURSING HOME ALTERNATIVE THE FIRST OF ITS KIND IN VIRGINIA, THE PROGRAM IS A PREPAID HEALTH PLAN THAT PROVIDES TOTAL CARE FOR PARTICIPANTS, INCLUDING COMPREHENSIVE MEDICAL AND REHABILITATIVE SERVICES, IN-HOME SERVICES AND TRANSPORTATION</p> <p>SENTARA QUALITY & PATIENT SAFETY DISTINCTIONS A MEASURING QUALITY 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 RESPECTED 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 RECOGNIZED IN MANY WAYS</p> <p>1. TOP 100 INTEGRATED HEALTHCARE NETWORK SENTARA HAS CONSISTENTLY RANKED AMONG THE NATION'S TOP INTEGRATED HEALTHCARE NETWORKS AS PUBLISHED IN MODERN HEALTHCARE'S FACT-BASED RANKING THE ONLY HEALTHCARE SYSTEM IN THE COUNTRY TO BE AMONG THE NATION'S TOP 10 FOR ALL 15 YEARS OF THE SURVEY, SENTARA LANDED AT NUMBER ONE IN 2001, 2010 AND 2011 THE STUDY, PUBLISHED ANNUALLY, HIGHLIGHTS THE TOP 100 INTEGRATED HEALTH CARE NETWORKS A CROSS THE NATION AS SELECTED BY SDI, A HEALTH INFORMATION COMPANY</p>

Identifier	Return Reference	Explanation
		<p>2 USING TECHNOLOGY TO IMPROVE CARE SENTARA NORFOLK GENERAL HOSPITAL WAS NAMED AS ONE OF THE NATION'S MOST WIRED HOSPITALS DURING 2010, ACCORDING TO THE RESULTS OF THE 2010 MOST WIRED SURVEY AND BENCHMARKING STUDY THE "MOST WIRED" HOSPITALS USE COMPUTERS TO ENABLE PHYSICIANS TO CHECK OR ORDER PATIENT TESTS AND ENTER MEDICATION ORDERS ELECTRONICALLY, AND TO ENABLE PATIENTS TO PAY BILLS VIA COMPUTER AMONG THE REASONS SENTARA NORFOLK GENERAL HOSPITAL WAS INCLUDED ON THE LIST WAS ITS INVESTMENT IN THE ELECTRONIC MEDICAL RECORD SYSTEM, SENTARA ECARE IN 2010, SENTARA HEALTHCARE WAS ALSO HONORED AS A RECIPIENT OF THE 2010 HIMMS (HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY) DAVIES AWARD HIMMS ANALYTICS, A COMPANY THAT COLLECTS AND ANALYZES HEALTHCARE DATA, RECOGNIZES HEALTHCARE ORGANIZATIONS FOR 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</p> <p>3 AWARD-WINNING CARDIAC AND UROLOGY CARE SENTARA HEART HOSPITAL/SENTARA NORFOLK GENERAL HOSPITAL IS A COMPREHENSIVE NETWORK OF PROVIDERS, 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, SENTARA POSTS A MORTALITY SCORE THAT IS BETTER THAN FIVE OF THE TOP 10 PROGRAMS ON THE LIST SENTARA REMAINS THE ONLY HEART PROGRAM IN THE REGION AND ONLY ONE OF THREE HOSPITALS IN VIRGINIA TO BE RANKED BY U.S. NEWS & WORLD REPORT OUR UROLOGY PROGRAM WAS ALSO RECOGNIZED IN THE 2012-2013 LISTINGS IN THE 47TH RANKING</p> <p>4 OUTSTANDING CANCER CARE THE SENTARA CANCER 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 SURVEYED DURING THE YEAR RECEIVED OUTSTANDING ACHIEVEMENT AWARDS-BASED ON FACTORS SUCH AS LEADERSHIP, RESEARCH AND QUALITY IMPROVEMENT THE ACCREDITED PORTION INCLUDED SENTARA NORFOLK GENERAL HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA CAREPLEX HOSPITAL AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER SENTARA LEIGH HOSPITAL WAS ADDED IN 2010 SENTARA POTOMAC HOSPITAL EARNED AN OUTSTANDING ACHIEVEMENT AWARD UNDER THE CATEGORY OF COMMUNITY HOSPITAL CANCER PROGRAMS THE SENTARA CANCER NETWORK AND SENTARA POTOMAC HOSPITAL WERE THE ONLY CANCER PROGRAMS IN VIRGINIA TO EARN OUTSTANDING ACHIEVEMENT AWARDS FOR 2009</p> <p>5 COMPREHENSIVE BREAST HEALTH SERVICES SENTARA IS HOME TO SIX BREAST CENTERS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS, FOLLOWING THE ACCREDITATION OF THREE IN 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 AMERICAN COLLEGE OF RADIOLOGY BREAST IMAGING CENTER OF EXCELLENCE AFTER RIGOROUS EVALUATION OF STAFF, EQUIPMENT, PHYSICIAN CREDENTIALS, TECHNIQUE AND IMAGE QUALITY, THE CENTERS ARE NOW FULLY ACCREDITED IN THE THREE MAJOR AREAS OF BREAST IMAGING AND CANCER DETECTION, MAMMOGRAPHY, STEREOTACTIC BREAST BIOPSY AND ULTRASOUND-GUIDED BIOPSY</p> <p>6 WEIGHT LOSS SURGERY EXCELLENCE AFTER A DETAILED REVIEW OF CLINICAL QUALITY AND SAFETY, SURGICAL OUTCOMES, AND OVERALL PERFORMANCE, WEIGHT LOSS SURGERY PROGRAMS AT SENTARA CAREPLEX HOSPITAL, SENTARA NORFOLK GENERAL HOSPITAL AND SENTARA POTOMAC HOSPITAL HAVE RECEIVED DESIGNATION AS A WEIGHT LOSS SURGERY CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY OF METABOLIC AND BARIATRIC SURGERY</p> <p>7 CLINICAL EXCELLENCE SENTARA BAYSIDE HOSPITAL WAS AWARDED A VOLUNTARY HOSPITALS OF AMERICA 2009 LEADERSHIP AWARD FOR CLINICAL EXCELLENCE FOR ACHIEVING A HIGH LEVEL OF PERFORMANCE IN ACUTE MYOCARDIAL INFARCTION, HEART FAILURE, PNEUMONIA AND SURGICAL CARE IMPROVEMENT PROGRAM CLINICAL QUALITY INDICATORS AS MEASURED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND THE JOINT COMMISSION</p> <p>8 GOLD SEALS OF APPROVAL AND DNVHC ACCREDITATION THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS GIVEN SEVERAL OF OUR HOSPITALS ITS GOLD SEAL OF APPROVAL AND DISEASE SPECIFIC CARE CERTIFICATION SENTARA NORFOLK GENERAL HOSPITAL EARNED VASCULAR CERTIFICATION SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH 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</p>

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		<p>STROKE CENTER BASED ON ITS CONTINUAL INTEGRATION OF QUALITY STANDARDS FOR MANAGEMENT OF STROKE PATIENTS THE JOINT COMMISSION RECOGNIZED SENTARA VIRGINIA BEACH GENERAL HOSPITAL FOR HEART FAILURE AND ACUTE MYOCARDIAL INFARCTION CARE. IN 2011, THE HOSPITAL ALSO RECEIVED FULL ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS AS AN ACCREDITED CHEST PAIN CENTER WITH PCI, (PERCUTANEOUS CORONARY INTERVENTION, ALSO KNOWN AS ANGIOPLASTY) 9 HMC TOP QUALITY AWARD THE HEALTHCARE MANAGEMENT COUNCIL (HMC) ISSUED ITS FIRST TOP QUALITY AWARDS AMONG ITS MEMBER HOSPITALS IN 2010 HMC CLIENT HOSPITALS WORK AGAINST A COMPLEX MATRIX OF PERFORMANCE BENCHMARKS TO IMPROVE CLINICAL OUTCOMES, SAFETY, QUALITY, AND FINANCIALS ONLY SEVEN HOSPITALS RECEIVED PERFORMANCE AWARDS IN 2010 SENTARA LEIGH HOSPITAL WAS AMONG THE HONORABLE 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 NATIONAL QUALITY AWARD FROM THE AMERICAN HEALTH CARE ASSOCIATION AND THE NATIONAL CENTER FOR ASSISTED LIVING A BRONZE AWARD RECOGNIZES LONG TERM CARE PROGRAMS THAT HAVE MADE A SYSTEMATIC COMMITMENT TO QUALITY IMPROVEMENT AND DESIGNED WAYS TO MEASURE PROGRESS 11 QUALITY ASSURANCE AWARD VIRGINIA BEACH FAMILY PRACTICE PREVIOUSLY EARNED RECOGNITION BY THE NATIONAL COMMITTEE ON QUALITY ASSURANCE (NCQA) AS A PATIENT-CENTERED MEDICAL HOME-LEVEL III, UNDER NCQA'S PHYSICIAN PRACTICE CONNECTIONS PROGRAM A SECOND PRACTICE, SENTARA INTERNAL MEDICINE PHYSICIANS, EARNED THE ACCREDITATION AS WELL IN 2011 12 HOME HEALTH QUALITY IMPROVEMENT/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 HOME HEALTH PATIENTS UTILIZING BEST PRACTICE PROTOCOLS IN REDUCING USE OF EMERGENCY ROOM CARE AND EARLY IDENTIFICATION AND INTERVENTION TO SUPPORT PATIENT AMBULATORY NEEDS HAS NOW GARNERED SENTARA HOME CARE SERVICES THE CMS TOP 10% RATING IN THIS NATIONAL CAMPAIGN AND RECEIPT 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 FEDERAL 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 MEETING WITH PATIENTS AND STAFF TO ASSESS QUALITY OF CARE 14 SLEEP CENTER ACCREDITATION THE SLEEP CENTER AT SENTARA BELLEHARBOUR GAINED NATIONAL ACCREDITATION THROUGH THE AMERICAN ACADEMY OF SLEEP MEDICINE (AASM) IN JUNE 2011 ONLY SLEEP CENTERS MEETING STRINGENT PERFORMANCE AND QUALITY STANDARDS ARE HONORED WITH ACCREDITATION THE COMPREHENSIVE, YEAR-LONG REVIEW PROCESS INCLUDES EVALUATION OF CLINICAL QUALITY, PROCEDURE STANDARDS AND STAFFING REQUIREMENTS THE ACCREDITATION PROCESS INCLUDES AN ON-SITE INSPECTION BY AN AASM REPRESENTATIVE AND EVALUATES ALL ASPECTS OF THE SLEEP DISORDER DIAGNOSIS AND TREATMENT, AND THE CENTER'S STAFF AND PHYSICIANS' QUALIFICATIONS 15 DISABILITY EMPLOYMENT CHAMPION THE VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES AWARDED SENTARA CAREPLEX HOSPITAL WITH A 2010 "DISABILITY EMPLOYMENT CHAMPION" AWARD FOR OUR PARTICIPATION IN VIRGINIA'S FIRST "PROJECT SEARCH" THE PROGRAM PUTS RECENT HIGH SCHOOL GRADUATES WITH DISABILITIES INTO TRAINING AND MENTORING PROGRAMS THAT CAN LEAD TO FULL-TIME EMPLOYMENT</p>

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		<p>16 SUPPORTING CAREER AND TECHNICAL EDUCATION THE VIRGINIA DEPARTMENT OF EDUCATION CHOSE SENTARA 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 STUDENTS</p> <p>17 AWARD FOR EMPLOYEE WELLNESS PROGRAM OPTIMA HEALTH AND SENTARA HEALTHCARE WON THE CASE 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 POINT PLATINUM AWARDS RECOGNIZE THE MOST SUCCESSFUL AND INNOVATIVE CASE MANAGEMENT PROGRAMS WORKING TO IMPROVE HEALTHCARE WINNERS WERE RECOGNIZED FOR THEIR INNOVATIVE WORK IN ENSURING THAT INDIVIDUALS RECEIVE SAFE, QUALITY, AND EFFECTIVE HEALTHCARE IN THE LEAST RESTRICTIVE SETTING AND IN A COST-EFFECTIVE MANNER MISSION HEALTH ALSO RECEIVED A 2011 C. EVERETT KOOP NATIONAL HEALTH AWARD HONORABLE MENTION</p> <p>18 CIO AWARD FOR EXCELLENCE IN IT SENTARA RECEIVED A PRESTIGIOUS CIO 100 AWARD IN 2009 FROM CIO MAGAZINE. THE ANNUAL AWARD PROGRAM RECOGNIZES ORGANIZATIONS AROUND THE WORLD THAT EXEMPLIFY THE HIGHEST LEVEL OF OPERATIONAL AND STRATEGIC EXCELLENCE IN INFORMATION TECHNOLOGY SENTARA BEGAN ITS HOSPITAL IMPLEMENTATION OF SENTARA ECARE IN 2008 SENTARA POTOMAC HOSPITAL IMPLEMENTED ECARE IN THE FALL OF 2011 IN OUR HOSPITAL SETTINGS, WE ARE EXPERIENCING PHYSICIAN ORDER ENTRY RATES THAT EXCEED THE NATIONAL AVERAGE. ADDITIONALLY, THE LENGTH OF TIME FROM DRUGS BEING ORDERED BY A PHYSICIAN TO ADMINISTRATION TO THE PATIENT HAS BEEN REDUCED DRAMATICALLY SENTARA ECARE IS ALSO THE REASON WE WERE RANKED 21ST ON THE 2009 INFORMATIONWEEK 500 BY INFORMATIONWEEK, A BUSINESS PUBLICATION THAT IDENTIFIES AND HONORS THE NATION'S MOST INNOVATIVE USERS OF INFORMATION TECHNOLOGY</p> <p>19 EXCELLENCE IN ACTION AWARDS MY INTERVIEW, A DIVISION OF NATIONAL RESEARCH 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 DURING 2010 OF 5,500 QUALIFYING NURSING HOMES, 593 AROUND THE COUNTRY AND ONLY FIVE IN VIRGINIA RECEIVED EXCELLENCE IN ACTION AWARDS</p> <p>20 PATIENT SAFETY OUR FOCUS GOES BEYOND THE BASICS OF MAKING HEALTHCARE SAFE FOR OUR PATIENTS SENTARA HAS BUILT A STRONG "CULTURE OF SAFETY" TO REDUCE MEDICAL ERRORS BY MODELING SUCCESSFUL PROGRAMS FROM THE NUCLEAR POWER AND AVIATION INDUSTRIES THIS CULTURE OF SAFETY PROMOTES BEHAVIORS 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 "BEHAVIOR BASED EXPECTATIONS" OR BBES TO ENSURE THE HIGHEST STANDARD OF CARE. THE GOAL IS TO MAKE THESE TOOLS AND TECHNIQUES A HABIT FOR OUR DEDICATION, WE HAVE RECEIVED NUMEROUS AWARDS FOR PATIENT SAFETY AND QUALITY OF CARE STANDARDS</p> <p>21 THE LEAPFROG HOSPITAL SURVEY THE LEAPFROG HOSPITAL RECOGNITION PROGRAM (LHRP) HONORS HOSPITALS THAT DEMONSTRATE EXCELLENCE OR IMPROVEMENT IN PATIENT SAFETY, QUALITY, AND RESOURCE UTILIZATION THE LHRP RECOGNIZED SENTARA CAREPLEX HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA BAYSIDE HOSPITAL, AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER FOR TOP-LEVEL PERFORMANCE DURING 2010</p> <p>22 INFECTION PREVENTION PREVENTION OF HEALTH CARE-ASSOCIATED INFECTIONS IS A NATIONAL CONCERN, AND SENTARA CONTINUALLY STRIVES TO REDUCE THESE CASES ALL OF OUR HOSPITALS HAVE BEEN WORKING DILIGENTLY TO REDUCE THE OCCURRENCE OF VENTILATOR-ASSOCIATED PNEUMONIA (VAP), WHICH CAN DEVELOP IN PATIENTS WHO HAVE BEEN ON MECHANICAL VENTILATION FOR 48 HOURS OR MORE IN 2011, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER MARKED SEVEN CONSECUTIVE YEARS WITH ZERO CASES OF VAP</p> <p>VOLUNTARY HOSPITALS OF AMERICA (VHA), A VOLUNTARY NATIONAL ORGANIZATION FOCUSED ON HEALTH CARE FINANCIAL PERFORMANCE THROUGH CLINICAL EXCELLENCE AND SUPPLY CHAIN MANAGEMENT, "BLUEPRINTED" THE PRACTICES AT SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS A MODEL FOR HOSPITALS ACROSS THE COUNTRY</p> <p>ADDITIONALLY, CENTRAL LINE BLOODSTREAM INFECTIONS HAVE BEEN SHARPLY REDUCED SENTARA BAYSIDE HOSPITAL IS ONE OF ONLY FIVE HOSPITALS IN VIRGINIA AND MENTIONED IN CONSUMER REPORTS MAGAZINE FOR BEING AMONG THE BEST IN THE COUNTRY FOR PROTECTING PATIENTS IN THE INTENSIVE CARE UNIT AGAINST LIFE-THREATENING CENTRAL LINE BLOODSTREAM INFECTIONS</p> <p>23 IMPROVING PATIENT SAFETY THROUGH TECHNOLOGY SENTARA HEALTHCARE PROVIDES THE SENTARA ECARE HEALTH NETWORK THE CLINICAL SYSTEM USES IN</p>

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		<p>NOVATIVE TECHNOLOGY TO LINK PATIENT MEDICAL INFORMATION BETWEEN OUR HOSPITALS, PHYSICIAN PRACTICES AND OTHER HEALTH CARE SITES OVER A PROTECTED NETWORK, ENABLING THE SECURE SHARING OF PATIENT INFORMATION, INCREASING PATIENT SAFETY AND REDUCING PREVENTABLE MEDICAL ERRORS MY CARE, THE COMPONENT OF ECARE THAT ALLOWS PATIENTS TO ACCESS PART OF THEIR MEDICAL RECORDS, WAS PROMOTED TO PATIENTS IN 2011 A PHONE APP WAS CREATED TO PROVIDE EASY ACCESS AS WELL 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 IMPLEMENT THE EICU SYSTEM, WHICH USES A NETWORK OF CAMERAS, MONITORS, ALERTS, AND TWO-WAY COMMUNICATION LINKS DOCTORS AND CRITICAL CARE NURSES AT THE EICU COMMAND CENTER MAKE VIRTUAL ROUNDS ON ICU PATIENTS THIS SENTARA-PIONEERED TECHNOLOGY IS NOW USED TO HELP CARE FOR PATIENTS IN NEARLY 5,000 ICU BEDS NATIONALLY ANOTHER SAFETY INITIATIVE ADOPTED BY SENTARA IS BEDSIDE MEDICATION VERIFICATION, INCLUDING BAR-CODING TECHNOLOGY NATIONAL STUDIES HAVE FOUND THAT BEDSIDE VERIFICATION CAN REDUCE HOSPITAL MEDICATION ERRORS BY NEARLY 70 PERCENT ALSO 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 LIFESAIVING PATIENT INFORMATION WHEN A HEART ATTACK IS SUSPECTED BY AN EMS TECHNICIAN VI COMMITMENT TO THE COMMUNITY AS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, WE CONTINUOUSLY REINVEST IN THE COMMUNITY-BY PURCHASING THE MOST MEDICALLY ADVANCED TECHNOLOGY, BUILDING NEW, STATE-OF-THE-ART HEALTHCARE FACILITIES, TRAINING MEDICAL PROFESSIONALS, AND PROVIDING THE HIGHEST QUALITY HEALTHCARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY IT'S NOT JUST OUR MISSION, IT'S OUR COMMITMENT TO THE COMMUNITY SENTARA OBICHI HOSPITAL WAS AWARDED A NATIONAL JACKSON HEALTHCARE CHARITABLE SERVICE AWARD IN 2011 FOR ITS COMMUNITY OUTREACH PROGRAM THAT OFFERS CHRONIC DISEASE MANAGEMENT FOR PEOPLE LIVING AT 200 PERCENT OF THE POVERTY LEVEL WHO HAVE CONGESTIVE HEART FAILURE, DIABETES OR BOTH DISEASES THE SENTARA OBICHI HOSPITAL COMMUNITY HEALTH OUTREACH PROGRAM WAS ONE OF 10 HOSPITAL PROGRAMS THAT RECEIVED A \$10,000 CHECK IN SUPPORT OF THE PROGRAMS ONGOING SERVICE HERE ARE SOME OF THE OTHER WAYS WE'VE INVESTED IN THE PEOPLE WE SERVE A THE SENTARA HEALTH FOUNDATION WE ESTABLISHED THE 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 FOUNDATION HAS TOUCHED THE LIVES OF MANY VIRGINIA RESIDENTS FROM THE EASTERN SHORE TO GREATER 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 CARE, PRENATAL SUPPORT, MEDICATION ASSISTANCE AND REDUCED-COST PRIMARY CARE THE FOUNDATION ALSO SPONSORS COMMUNITY EVENTS, SUCH AS THE SUSAN G KOMEN TIDEWATER RACE FOR THE CURE, THE AMERICAN HEART ASSOCIATION HEART GALA AND HEART WALK AND THE AMERICAN CANCER SOCIETY RELAY FOR LIFE 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 HEALTHCARE THAT EQUALS MORE THAN \$587,500 EACH DAY</p>

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		<p>SENTARA INVESTED \$15,360,000 IN HEALTH CARE TEACHING PROGRAMS TO ENSURE A QUALIFIED POOL OF PHYSICIANS AND NURSES WE ALSO SPENT \$15,892,000 TO SUPPORT LOCAL COMMUNITY PROGRAMS THAT PROVIDED HEALTH EVENTS AND HEALTH SCREENINGS TO MORE THAN 39,000 INDIVIDUALS IN ADDITION, SENTARA EMPLOYEES DONATED TO THE UNITED WAY TO THE TUNE OF OVER \$1 MILLION IN 2011 NUMEROUS EMPLOYEES ALSO VOLUNTEER AT UNITED WAY AGENCIES FOR THE ANNUAL DAY OF CARING OUR SENTARA 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 THOSE 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</p> <p>2 MEDICALLY UNDERSERVED SENTARA MEDICAL GROUP'S PHYSICIANS AND MEDICAL STAFF VOLUNTEER THOUSANDS OF HOURS TO EASTERN VIRGINIA MEDICAL SCHOOL (EVMS), FREE CLINICS, COMMUNITY EDUCATION AND CIVIC AND CHARITABLE PROGRAMS WE SUPPORT AND OPERATE UNCOMPENSATED CARE CLINICS THROUGHOUT THE REGION, INCLUDING THE SENTARA AMBULATORY CARE CENTER (ACC) THE ACC IS A COLLABORATIVE EFFORT WITH EVMS AND IS LOCATED NEAR SENTARA NORFOLK GENERAL HOSPITAL IT FEATURES AN APPOINTED SIDE, WHICH FUNCTIONS LIKE A DOCTOR'S OFFICE AND A SAME-DAY "WALK-IN" SERVICE SIDE FOR MORE PRESSING AND IMMEDIATE HEALTH CONCERNS</p> <p>C IN SUPPORT OF EDUCATION AS PART OF OUR COMMITMENT TO PROVIDE THE LATEST IN HEALTH INFORMATION, SENTARA PRODUCES EXPLORE HEALTH WITH SENTARA, AN EDUCATIONAL PROGRAM THAT PRESENTS MEDICAL BREAKTHROUGHS, INNOVATIVE TREATMENT OPTIONS, AND CONTEMPORARY HEALTH ISSUES</p> <p>D IN SUPPORT OF COMMUNITY HEALTH INITIATIVES</p> <p>1 SENTARA COMMUNITY HEALTH AND PREVENTION AS PART OF SENTARA'S COMMITMENT TO PREVENTIVE HEALTH MEASURES, WE SPONSOR AND HOST SPECIAL COMMUNITY INITIATIVES THAT ARE DESIGNED 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 -EATING FOR LIFE, AN AWARD-WINNING NUTRITION AND HEALTHY EATING PROGRAM -KNOW YOUR NUMBERS, A CARDIOVASCULAR RISK REDUCTION AND HEALTH IMPROVEMENT PROGRAM -WALK-ABOUT WITH HEALTHY EDGE, A WALKING PROGRAM THAT ENCOURAGES WALKING FOR CARDIOVASCULAR HEALTH -GET OFF YOUR BUTT STAY SMOKELESS FOR LIFE, A SMOKING CESSATION PROGRAM -HEALTHY HEART PROGRAM, A CARDIOVASCULAR DISEASE REDUCTION PROGRAM -SENTARA LIVING, A COMPREHENSIVE WELLNESS PROGRAM FOR SENIORS -SENTARA'S MOBILE MAMMOGRAPHY UNIT VISITS NUMEROUS WORK SITES EVERY YEAR TO ENCOURAGE WELLNESS -CAMP LIGHTHOUSE, A GRIEF CAMP FOR KIDS AGES 5-16 WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE</p> <p>2 TOBACCO-FREE ENVIRONMENTS HOSPITALS SEE THE EFFECTS OF TOBACCO EVERY DAY IN HEART DISEASE, RESPIRATORY AILMENTS AND CANCERS IN RESPONSE, SENTARA HAS IMPLEMENTED OUR TOBACCO-FREE ENVIRONMENT (TFE) CAMPAIGN NO ONE IS ALLOWED TO SMOKE, CHEW OR DIP ANYWHERE ON CAMPUS, NOT EVEN IN CARS THE GOAL IS NOT JUST TO AVOID THE AESTHETIC AND HEALTH ISSUES OF SECOND-HAND SMOKE, BUT TO PUT SENTARA'S MISSION INTO PRACTICE BY HELPING STAFF, PATIENTS AND VISITORS QUIT THIS HABIT AS OF 2011, ALL OF OUR FACILITIES HAVE ADOPTED THE TOBACCO FREE ENVIRONMENT INITIATIVES WE HAVE EARNED THE AMERICAN CANCER SOCIETY "EXCELLENCE IN THE WORKPLACE TOBACCO CONTROL" AWARD FOR OUR EFFORTS</p> <p>VII OPTIMA HEALTH PLAN A IMPROVING 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, HAVING EXTENDED COVERAGE TO SOUTHWEST VIRGINIA IN 2011 OUR QUALITY PROVIDER NETWORK FEATURES MORE THAN 15,000 PROVIDERS INCLUDING SPECIALISTS, PRIMARY CARE PHYSICIANS AND HOSPITALS</p> <p>B SUPPORTING THE COMMUNITY OPTIMA HEALTH PROVIDES MORE THAN INSURANCE FOR OUR COMMUNITIES, WE REACH OUT THROUGH HEALTH SCREENINGS, EVENTS, EDUCATION MATERIALS AND IMMUNIZATIONS OUR HIGHLIGHTS INCLUDED -HEALTH IMPROVEMENT EVENTS TOTALED 1,866 EVENTS WITH 39,049 PARTICIPANTS 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 CARDIOVASCULAR HEALTH RISKS -EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTHY HEART, GUIDED IMAGERY AND YOGA, OUR CARDIOVASCULAR DISEASE RISK REDUCTION PROGRAMS, INCREASED PARTICIPATION BY 12 PERCENT OVER 2010 -SELF CARE MANUALS WERE DISTRIBUTED TO HEALTH PLAN MEMBERS AND COMMUNITY ORGANIZATIONS 14,399 WENT OUT IN 2011 - PREVENTIVE BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS DELIVERED ME</p>

Identifier	Return Reference	Explanation
		<p> 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 OYEEES 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 ADVERSIDY AND SHOWING EXCEPTIONAL FINANCIAL STRENGTH THESTREET COM IS THE NATION'S LEADING INDEPENDENT PROVIDER OF RATINGS AND ANALY S 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 </p>

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
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>SENTARA ENTERPRISES PROVIDES A WIDE RANGE OF SERVICES FOR RECOVERING, DISABLED OR CHRONICALLY ILL PERSONS IN NEED OF SKILLED NURSING, PRIVATE DUTY NURSING, REHABILITATION SERVICES (I.E., PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY), INFUSION SERVICES, OR COMPANION SERVICES SENTARA HOME CARE SERVICES ALSO OFFERS SPECIALTY PROGRAMS IN MENTAL HEALTH, HIGH-RISK OBSTETRICAL CARE, HIGH-RISK NEWBORN CARE, ASTHMA, DIABETES AND PEDIATRICS SENTARA ENTERPRISES PROVIDED 424,642 HOME CARE VISITS DURING 2011 IN ADDITION TO HOME CARE, SENTARA ENTERPRISES OFFERS A COMPLETE RANGE OF MEDICAL EQUIPMENT AND ACCESSORIES SUCH AS HOSPITAL BEDS, WHEELCHAIRS, BILIBLANKETS, AND DIABETIC SUPPLIES THROUGH ITS HOME MEDICAL EQUIPMENT DIVISION RESPIRATORY SERVICES SUCH AS OXYGEN, CPAPS, BIPAPS, NEBULIZERS AND APNEA MONITORS ARE ALSO AVAILABLE SENTARA ENTERPRISES MADE 77,756 DME DELIVERIES AND 31,983 RESPIRATORY SETUPS DURING 2011 SENTARA ENTERPRISES ALSO OPERATES MEDICAL TRANSPORT, A GROUND AMBULANCE AND WHEELCHAIR TRANSPORT SERVICE MEDICAL TRANSPORT HAS 109 AMBULANCES AND 5 WHEELCHAIR VANS AND PROVIDED 104,575 BASIC, ADVANCED LIFE SUPPORT AND WHEELCHAIR TRANSPORTS DURING 2011 ALL SERVICES ARE PROVIDED TO THE COMMUNITY REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY THE COST OF UNCOMPENSATED CARE PROVIDED BY SENTARA ENTERPRISES TO THE COMMUNITY DURING 2011 WAS OVER \$5.4 MILLION THE FOLLOWING IS A DESCRIPTION OF PROGRAMS AND ACCOMPLISHMENTS OF THE SENTARA HEALTHCARE SYSTEM FOR 2011</p>

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 1A FORM 1096	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
	FORM 990, PART VI, SECTION A, LINE 2	BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC DAVID BERND AND HOWARD KERN 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	EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS 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	HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY 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	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS 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, A MENDMENT 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	FORM 990 REVIEW PROCESS 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 THE 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	<p>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 AND PRESIDENT/TREASURER, WHO ALSO SERVE AS CEO AND CFO/TREASURER OF THE SYSTEM THE PROCESS WAS LAST UNDERTAKEN DURING 2011 FOR THE POSITIONS LISTED</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PROVISION OF GOVERNING DOCS, COI POLICY AND FINANCIALS TO PUBLIC 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
GOVERNING BODY INDEPENDENCE	FORM 990, PT VI, LINES 1A AND B	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

Identifier	Return Reference	Explanation
	FORM 990, PART VII	COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS HOURS DEVOTED TO RELATED ORGANIZATIONS DAVID L BERND DEVOTED AN AVERAGE OF 50 HOURS PER WEEK TO RELATED ORGANIZATIONS ROBERT A BROERMANN DEVOTED AN AVERAGE OF 49 HOURS PER WEEK TO RELATED ORGANIZATIONS HOWARD P KERN DEVOTED AN AVERAGE OF 51 HOURS PER WEEK TO RELATED ORGANIZATIONS GRACE R HINES DEVOTED AN AVERAGE OF 48 HOURS PER WEEK TO RELATED ORGANIZATIONS JEFFREY P KING DEVOTED AN AVERAGE OF 44 HOURS PER WEEK TO RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	RECLASS OF INTERCOMPANY BALANCES TO EQUITY -15,037,829 PARTNERSHIP INCOME TAX > BOOK -129,557 SEC 351 TRANSFER FROM PARENT 7,655,794 SEC 351 TRANSFER TO SUB -7,655,794 TOTAL TO FORM 990, PART XI, LINE 5 -15,167,386

Identifier	Return Reference	Explanation
	SECTION 1 351-3 (B) TRANSFEREE STATEMENT	STATEMENT PURSUANT TO IRC REGULATION SECTION 1 351-3(B) BY SENTARA ENTERPRISES 54-1917649, A TRANSFEREE CORPORATION THE TRANSFER TOOK PLACE ON AUGUST 4, 2011 PROPERTY RECEIVED FROM THE TRANSFEROR TRANSFEROR NAME - SENTARA HEALTHCARE TRANSFEROR ID# - 52-1271901 DESCRIPTION OF PROPERTY - SENTARA INDEPENDENCE PROPERTY 800 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23455 COST OR ADJUSTED BASIS - \$7,655,794 FAIR MARKET VALUE - \$7,655,794

Identifier	Return Reference	Explanation
	SECTION 1 351-3(A) TRANSFEROR STATEMENT	STATEMENT PURSUANT TO IRC REGULATION SECTION 1 351-3(A) BY SENTARA ENTERPRISES 54-1917649, A SIGNIFICANT TRANSFEROR THE TRANSFER TOOK PLACE ON AUGUST 4, 2011 PROPERTY PROVIDED TO THE TRANSFEREE. TRANSFEREE NAME - MPB, INC TRANSFEREE ID# - 54-1346393 DESCRIPTION OF PROPERTY - SENTARA INDEPENDENCE PROPERTY 800 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23455 COST OR ADJUSTED BASIS - \$7,655,794 FAIR MARKET VALUE - \$7,655,794

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA ENTERPRISES

Employer identification number 54-1917649

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: (1) MEDICAL TRANSPORT LLC, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502, 20-4510710, MEDICAL TRANSPORT, VA, 32,585,056, 5,451,204, N/A.

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.)

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled organization (Yes/No). Row 1: 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.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
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 VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
						Yes	No
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501 (C)(3)	LN7_NORMALGOVTSUPPOR	N/A		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 HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501 (C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	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 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 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	216,444	CORP BOOKS/REC
(2) POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	P	121,531	CORP BOOKS/REC
(3) SENTARA MEDICAL GROUP	C	99,299	CORP BOOKS/REC
(4) SENTARA MEDICAL GROUP	K	249,462	CORP BOOKS/REC
(5) SENTARA MEDICAL GROUP	L	378,134	CORP BOOKS/REC
(6) SENTARA HOSPITALS	B	141,219	CORP BOOKS/REC
(7) SENTARA HOSPITALS	C	2,611,769	CORP BOOKS/REC
(8) SENTARA HOSPITALS	K	2,647,483	CORP BOOKS/REC
(9) SENTARA HOSPITALS	L	554,824	CORP BOOKS/REC
(10) SENTARA HOSPITALS	M	2,385,165	CORP BOOKS/REC
(11) SENTARA HOSPITALS	P	1,151,457	CORP BOOKS/REC
(12) MPB INC	B	1,404,025	CORP BOOKS/REC
(13) MPB INC	K	854,075	CORP BOOKS/REC
(14) MPB INC	N	504,833	CORP BOOKS/REC
(15) MPB INC	Q	7,655,794	CORP BOOKS/REC
(16) SENTARA LIFE CARE CORP	C	290,471	CORP BOOKS/REC
(17) SENTARA LIFE CARE CORP	K	285,494	CORP BOOKS/REC
(18) SENTARA LIFE CARE CORP	L	404,041	CORP BOOKS/REC
(19) SENTARA LIFE CARE CORP	P	86,337	CORP BOOKS/REC
(20) OPTIMA HEALTH PLAN	K	18,371,417	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 PRINCESS ANNE HOSPITAL	K	53,702	CORP BOOKS/REC
(22) ST LUKES PROPERTIES LLC	A	395,059	CORP BOOKS/REC
(23) ST LUKES PROPERTIES LLC	D	6,894,490	CORP BOOKS/REC

Affiliations Schedule

▶ **File with each consolidated income tax return.**

OMB No. 1545-0025

For tax year ending **12/31** 2011

Name of common parent corporation SENTARA ENTERPRISES & SUBSIDIARY	Employer identification number 54-1917649
Number, street, and room or suite no. If a P.O. box, see instructions. 6015 POPLAR HALL DRIVE	
City or town, state, and ZIP code NORFOLK, VA 23502	

Part I Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions)

Corp No.	Name and address of corporation	Employer identification number	Portion of overpayment credits and estimated tax payments	Portion of tax deposited with Form 900+ Form 8868
1	Common parent corporation Subsidiary corporations:		35,949	18,000
2	MPB, INC. 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502	54-1346393		
3				
4				
5				
6				
7				
8				
9				
10				
Totals (Must equal amounts shown on the consolidated tax return.) ▶			35,949	18,000

Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions)

Corp No.	Principal business activity (PBA)	PBA Code No.	Did the subsidiary make any nondividend distributions?		Stock holdings at beginning of year			
			Yes	No	Number of shares	Percent of voting power	Percent of value	Owned by corporation no.
1	Common parent corporation MEDICAL EQUIPMENT	446199						
2	Subsidiary corporations: TITLE HOLDING COMPANY	531120		✓	5000	100 %	100 %	1
3						%	%	
4						%	%	
5						%	%	
6						%	%	
7						%	%	
8						%	%	
9						%	%	
10						%	%	

Part III Changes in Stock Holdings During the Tax Year

Corp No	Name of corporation	Shareholder of Corporation No	Date of transaction	(a) Changes		(b) Shares held after changes described in column (a)	
				Number of shares acquired	Number of shares disposed of	Percent of voting power	Percent of value
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%

(c) If any transaction listed above caused a transfer of a share of subsidiary stock (defined to include dispositions and deconsolidations), did the share's basis exceed its value at the time of the transfer? See instructions Yes No

(d) Did any share of subsidiary stock become worthless within the meaning of section 165 (taking into account the provisions of Regulations section 1.1502-80(c)) during the taxable year? See instructions Yes No

(e) If the equitable owners of any capital stock shown above were other than the holders of record, provide details of the changes.

(f) If additional stock was issued, or if any stock was retired during the year, list the dates and amounts of these transactions.

Part IV Additional Stock Information (see instructions)

1 During the tax year, did the corporation have more than one class of stock outstanding? Yes No
 If "Yes," enter the name of the corporation and list and describe each class of stock.

Corp. No.	Name of corporation	Class of stock

2 During the tax year, was there any member of the consolidated group that reaffiliated within 60 months of disaffiliation? Yes No
 If "Yes," enter the name of the corporation(s) and explain the circumstances.

Corp. No.	Name of corporation	Explanation

3 During the tax year, was there any arrangement in existence by which one or more persons that were not members of the affiliated group could acquire any stock, or acquire any voting power without acquiring stock, in the corporation, other than a de minimis amount, from the corporation or another member of the affiliated group? Yes No
 If "Yes," enter the name of the corporation and see the instructions for the percentages to enter in columns (a), (b), and (c).

Corp. No.	Name of corporation	(a) Percent of value	(b) Percent of outstanding voting stock	(c) Percent of voting power
		%	%	%
		%	%	%
		%	%	%
		%	%	%

Corp. No.	(d) Provide a description of any arrangement.