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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
SENTARA HEALTHCARE

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
NORFOLK, VA 23502

D Employer identification number
52-1271901

E Telephone number
(757)455-7020

G Gross receipts $ 1,505,795,547

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SENTARA COM

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

L Year of formation 1982

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AT SENTARA, WE IMPROVE HEALTH EVERY DAY

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	574
6	Total number of volunteers (estimate if necessary)	**6**	58
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,864,456
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	938,793

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,133,614	29,774,513
9	Program service revenue (Part VIII, line 2g)	71,594,703	69,060,766
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,629,132	123,499,503
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,277,276	19,312,233
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	185,634,725	241,647,015
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,141,225	2,363,623
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	63,219,034	68,728,064
16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,474	42,491
b	Total fundraising expenses (Part IX, column (D), line 25) ▶560,561		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	47,218,008	52,899,274
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	111,623,741	124,033,452
19	Revenue less expenses Subtract line 18 from line 12	74,010,984	117,613,563

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,934,194,179	3,142,479,782
21	Total liabilities (Part X, line 26)	2,030,510,903	1,683,742,530
22	Net assets or fund balances Subtract line 21 from line 20	903,683,276	1,458,737,252

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2014-11-12

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

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

WE IMPROVE HEALTH EVERY DAY THROUGH COORDINATING, PROMOTING AND PLANNING FOR THE PROVISION OF HEALTH SERVICES AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 102,251,844 including grants of $ 2,363,623) (Revenue $ 76,547,952)

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 ▶ 102,251,844

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
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**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	167		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	574		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								15,669,570	5,311,798	2,728,164

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 113

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RENOIR CORPORATION 13800 COOPERMINE ROAD HERNDON VA 20171	CONSULTANTS	1,740,527
KPMG LLP 999 WATERSIDE DRIVE NORFOLK VA 23510	PROFESSIONAL SVCS	1,503,105
PMA COMPANIES PO BOX 824857 PHILADELPHIA PA 19182	COMMERCIAL INSURANCE UNDERWRITER	1,175,360
PILOT DIRECT PO BOX 2294 NORFOLK VA 235012294	MEDIA ADVERTISING	1,075,232
TRUVEN HEALTH ANALYTICS INC PO BOX 95334 CHICAGO IL 60694	CONSULTANTS	1,027,743
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 50		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	28,991,480			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	783,033			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		29,774,513			
Program Service Revenue			Business Code				
	2a	SUPPORT SERVICES	900099	68,860,486	67,063,034	1,797,452	
	b	WORKING DESIGN	900099	200,280	179,520	20,760	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		69,060,766			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		39,175,179			39,175,179
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,348,472,856				
	b	Less cost or other basis and sales expenses	1,264,148,532				
	c	Gain or (loss)	84,324,324				
	d	Net gain or (loss) . . . . . ▶		84,324,324			84,324,324
	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	DEEMED DISTR FROM CFC	524298	8,606,876			8,606,876
	b	INTERCO INTEREST CHARGES	900099	7,598,493	7,598,493		
	c	SUBPART F INCOME	524298	1,334,991		981,276	353,715
	d	All other revenue		1,771,873	1,706,905	64,968	
	e	**Total.** Add lines 11a–11d . . . . . ▶		19,312,233			
	12	**Total revenue.** See Instructions . . . . . ▶		241,647,015	76,547,952	2,864,456	132,460,094

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,182,140	2,182,140		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	181,483	181,483		
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	15,214,678	12,171,742	3,042,936	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	104,165	83,332	20,833	
7 Other salaries and wages	39,939,557	31,728,990	7,932,248	278,319
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,537,086	4,413,530	1,103,382	20,174
9 Other employee benefits	4,810,043	3,822,222	955,555	32,266
10 Payroll taxes	3,122,535	2,482,869	620,717	18,949
11 Fees for services (non-employees)				
a Management	4,066,137	3,252,910	813,227	
b Legal	1,306,570	1,045,256	261,314	
c Accounting	822,740	658,192	164,548	
d Lobbying	29,123	23,298	5,825	
e Professional fundraising services See Part IV, line 17	42,491			42,491
f Investment management fees	6,324,274	5,059,419	1,264,855	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,248,558	7,873,838	1,374,470	250
12 Advertising and promotion	6,658,687	5,324,002	1,331,001	3,684
13 Office expenses	1,535,905	1,177,339	294,335	64,231
14 Information technology	997,661	798,129	199,532	
15 Royalties . .				
16 Occupancy	1,219,651	975,721	243,930	
17 Travel	1,045,376	836,301	209,075	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	194,616	155,693	38,923	
20 Interest	11,314,988	11,311,044	3,944	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	593,232	474,586	118,646	
23 Insurance	628,204	502,563	125,641	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNRELATED BUSINESS TAX	694,339	694,339		
b RECRUITING EXPENSES	3,596,814	2,877,451	719,363	
c PURCHASED & CONTRACTED	2,154,212	1,648,390	412,097	93,725
d ORGANIZATIONAL DUES	1,399,804	1,119,843	279,961	
e All other expenses	-931,617	-622,778	-315,311	6,472
25 **Total functional expenses.** Add lines 1 through 24e	124,033,452	102,251,844	21,221,047	560,561
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		607,772,141	2	551,451,730
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		155,227,727	7	151,039,357
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,693,338	9	4,032,660
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 20,432,593			
	b	Less accumulated depreciation	10b 15,636,885	4,729,955	10c	4,795,708
	11	Investments—publicly traded securities		1,267,421,717	11	1,537,314,197
	12	Investments—other securities See Part IV, line 11		257,481,231	12	304,083,251
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		635,868,070	15	589,762,879
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,934,194,179	16	3,142,479,782
Liabilities	17	Accounts payable and accrued expenses		168,675,335	17	178,686,529
	18	Grants payable		2,150,000	18	288,500
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,335,701,801	20	1,315,733,034
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		523,983,767	25	189,034,467
	26	**Total liabilities.** Add lines 17 through 25		2,030,510,903	26	1,683,742,530
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		901,984,504	27	1,456,511,939
	28	Temporarily restricted net assets		1,698,772	28	2,225,313
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		903,683,276	33	1,458,737,252
	34	Total liabilities and net assets/fund balances		2,934,194,179	34	3,142,479,782

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	241,647,015
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,033,452
3	Revenue less expenses Subtract line 2 from line 1	3	117,613,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	903,683,276
5	Net unrealized gains (losses) on investments	5	113,616,370
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	323,824,043
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,458,737,252

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
WILLIAM L ACHENBACH	2 00	X						0	0	0
DIRECTOR/TRUSTEE	3 00									
DAVID L BERND	40 00	X		X				3,601,597	0	215,569
CEO/DIRECTOR/TRUSTEE	14 20									
JOAN P BROCK	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
FREDERICK C COBLE	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
LAWRENCE G CUMMING	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
W ANDREW DICKINSON MD	2 00	X						0	0	0
DIRECTOR/TRUSTEE (THRU 11/18/13)	1 00									
DEBORAH M DICROCE	2 00	X						0	0	0
DIRECTOR/TRUSTEE (THRU 11/18/13)	1 00									
JACK L EZZELL JR	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
ROBERT C FORT	3 00	X		X				0	0	0
DIRECTOR/TRUSTEE/CHAIRMAN	1 00									
L ALVIN GARRISON JR	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
RICHARD O HARRELL III	1 00	X						0	0	0
DIRECTOR (AS OF 5/28/13)	2 00									
HENRY U HARRIS III	3 00	X		X				0	0	0
DIRECTOR/TRUSTEE/VICE CHAIRMAN	1 00									
ANN E C HOMAN	2 00	X						0	0	0
DIRECTOR/TRUSTEE	3 20									
CHARLES F LOVELL JR MD	2 00	X						0	76,000	0
DIRECTOR/TRUSTEE	2 00									
PETER D PRUDEN III	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
MARC B SHARP	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
MARION WALL	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
THOMAS L WOODWARD JR	2 00	X						0	0	0
DIRECTOR/TRUSTEE	1 00									
WILLIAM K BARLOW	1 00	X						0	0	0
TRUSTEE	0 00									
LILLIAN R BEVIER	1 00	X						0	0	0
TRUSTEE	4 00									
CHARLES R BIRDSONG	1 00	X						0	0	0
TRUSTEE	0 00									
WILLIAM K BUTLER II	1 00	X						0	0	0
TRUSTEE	1 00									
DIAN T CALDERONE	1 00	X						0	0	0
TRUSTEE	1 00									
DONALD H CLARK	1 00	X						0	0	0
TRUSTEE	0 00									
RICHARD F CLARK MD	1 00	X						0	0	0
TRUSTEE	0 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
JAMES E CROCKER TRUSTEE	1 00 0 00	X						0	0	0
ALLAN G DONN TRUSTEE	1 00 0 00	X						0	0	0
PAUL A DRESSER JR TRUSTEE	1 00 0 00	X						0	0	0
F DUDLEY FULTON TRUSTEE	1 00 0 00	X						0	0	0
VERNON M GEDDY III TRUSTEE	1 00 0 00	X						0	0	0
EDWARD L HAMM JR TRUSTEE	1 00 0 00	X						0	0	0
NORMAN W HOFFMAN TRUSTEE	1 00 0 00	X						0	0	0
MICHAEL S IVES TRUSTEE	1 00 0 00	X						0	0	0
JAMES R JOSEPH TRUSTEE	1 00 0 00	X						0	0	0
AUBREY L LAYNE JR TRUSTEE	1 00 0 00	X						0	0	0
AUBREY E LOVING JR TRUSTEE	1 00 0 00	X						0	0	0
MICHAEL D LUBELEY TRUSTEE	1 00 0 00	X						0	0	0
JOHN F MALBON TRUSTEE	1 00 0 00	X						0	0	0
GARY T MCCOLLUM TRUSTEE	1 00 0 00	X						0	0	0
JAMES R MESSNER TRUSTEE	1 00 2 20	X						0	0	0
PAUL V MICHELS TRUSTEE	1 00 0 00	X						0	0	0
ROBERT S MILLER III TRUSTEE	1 00 0 00	X						0	0	0
R SCOTT MORGAN TRUSTEE	1 00 0 00	X						0	0	0
E RAY MURPHY TRUSTEE	1 00 2 00	X						0	0	0
VINCENT A NAPOLITANO TRUSTEE	1 00 0 00	X						0	0	0
WESTBROOK J PARKER TRUSTEE	1 00 0 00	X						0	0	0
ROBIN D RAY TRUSTEE	1 00 0 00	X						0	0	0
C EDWARD RUSSELL JR TRUSTEE	1 00 0 00	X						0	0	0
R MICHAEL SORENSEN TRUSTEE	1 00 2 00	X						0	0	0
BARBARA B STOLTZFUS TRUSTEE	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
RONY THOMAS TRUSTEE	1 00 0 00	X						0	0	0
MARY L BLUNT CORP VP	5 00 41 00			X				0	942,023	45,953
ROBERT A BROERMANN CFO/TREASURER	40 00 12 00			X				1,256,843	0	161,559
MICHAEL M DUDLEY SR VP	10 00 41 00			X				951,691	0	752,380
MICHAEL V GENTRY CORP VP	5 00 42 00			X				0	886,093	104,928
ROBERT L GRAVES CORP VP	5 00 40 00			X				0	1,142,791	58,654
VICKY G GRAY SR VP	40 00 1 00			X				793,522	0	46,857
HOWARD P KERN COO/PRESIDENT	40 00 12 20			X				1,865,703	0	660,096
JEFFREY P KING VP/SECRETARY/GEN COUNSEL	40 00 7 00			X				598,006	0	77,049
KENNETH M KRAKAUR SR VP	40 00 11 20			X				1,020,406	0	48,537
DAVID R MAIZEL MD CORP VP	5 00 40 00			X				0	862,479	27,866
GENEMARIE W MCGEE SYS CHIEF NURSE EXECUTIVE	5 00 40 00			X				0	314,313	43,080
MEGAN R PERRY CORP VP	40 00 2 00			X				756,316	0	64,012
ASHLEY W PROVOST ASSIST SECRETARY	40 00 0 00			X				84,544	0	6,809
BERTRAM S REESE CIO/SR VP	10 00 40 00			X				0	1,088,099	14,634
MICHAEL V TAYLOR SR VP	40 00 0 00			X				800,152	0	99,363
DOUGLAS M THOMPSON CORP VP	40 00 0 00			X				546,371	0	45,451
TERRY M GILLILAND MD KE (SVP & CMO)	40 00 6 20				X			691,231	0	70,614
GRACE R HINES DIV VP, STRAT SUPPORT/PROG DEV	40 00 1 00					X		507,450	0	2,132
VIKKI CHARLES VP, CORP FINANCE	40 00 0 00					X		392,021	0	19,760
BRUCE S ROBERTSON PRESIDENT, SLCC	5 00 40 00					X		376,338	0	31,841
LESTER R ELJAIEK VP, HOSPITAL FINANCE	40 00 0 00					X		374,765	0	35,846
EDWARD L TORCOM VP, MANAGED CARE CONTR	40 00 0 00					X		362,871	0	34,386
GARY R YATES MD FORMER (SR VP/CMO)	40 00 0 00						X	689,743	0	60,788

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 - Non-functionally integrated

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	35,320,786	13,489,023	66,189,186	21,133,614	29,774,513	165,907,122
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	35,320,786	13,489,023	66,189,186	21,133,614	29,774,513	165,907,122
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						165,907,122

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	35,320,786	13,489,023	66,189,186	21,133,614	29,774,513	165,907,122
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,713,824	36,386,851	40,093,753	42,959,801	40,863,885	190,018,114
9 Net income from unrelated business activities, whether or not the business is regularly carried on	391,523	29,377	866,623	1,182,283	619,603	3,089,409
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						359,014,645

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 2013 (line 6, column (f) divided by line 11, column (f))	**14**	46 210 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	44 120 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ No

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		223,163
j	Total Add lines 1c through 1i			223,163
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	71,429,647	61,588,154	73,911,554	77,901,428	70,232,826
b	Contributions	783,033	612,380	492,273	324,828	1,592,765
c	Net investment earnings, gains, and losses	5,356,116	9,724,182	-12,427,191	-3,720,513	6,496,683
d	Grants or scholarships	190,000	210,000	187,348	157,906	202,741
e	Other expenditures for facilities and programs	208,417	285,069	201,134	436,283	218,105
f	Administrative expenses					
g	End of year balance	77,170,379	71,429,647	61,588,154	73,911,554	77,901,428

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 97 120 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 2 880 %

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

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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,493,820		2,493,820
b Buildings		4,148,072	3,624,644	523,428
c Leasehold improvements		228,338	226,739	1,599
d Equipment		12,372,787	11,410,502	962,285
e Other		1,189,576	375,000	814,576
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,795,708

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	304,083,251	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BOND ISSUANCE COSTS, NET	5,249,475
(2) OTHER ASSETS	9,010,670
(3) OTHER LONG TERM ASSETS	27,655,727
(4) DUE FROM AFFILIATES	543,217,741
(5) TRUSTEED FUNDS	4,629,266
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	589,762,879

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

1 (a) Description of liability	(b) Book value
Federal income taxes	552,763
DUE TO AFFILIATES	5,382,753
OTHER LT LIABILITIES	151,612,607
OTHER CURRENT LIABILITIES	31,486,344
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	189,034,467

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF ENDOWMENT FUND THE BOARD DESIGNATED ENDOWMENT FUND IS SET ASIDE FOR THE SENTARA FOUNDATION'S USE THE FOUNDATION ASSISTS THE COMMUNITY WITH FILLING THE HEALTH CARE GAPS, DEVELOPING NEW PROGRAMS, AND BUILDING CONSENSUS AROUND CURRENT HEALTH ISSUES THE TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE USED PREDOMINANTLY FOR EDUCATION & RESEARCH, HOSPICE HOUSE, HEART FUNDS AND SENTARA'S HOPE FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other (A) OAKTREE PRINCIPAL OPPORT FUND IV	4,021,691	F
(B) JPMORGAN MULTI STRATEGY FUND	25,483,978	F
(C) OAKTREE MEZZANINE FUND II	1,690,213	F
(D) GOLDMAN SACHS RELATIVE VALUE	207,529	F
(E) UBS TRUMBULL PROPERTY INCOME FUND	90,649,239	F
(F) UBS TRUMBULL PROPERTY FUND	35,152,544	F
(G) OAKTREE REAL ESTATE OPPORTUNITIES FUND IV	10,004,798	F
(H) OAKTREE REAL ESTATE OPPORTUNITIES FUND V	11,054,016	F
(I) HEALTH ENTERPRISES PARTNERS I, LP	1,475,352	F
(J) SANTE HEALTH VENTURES I, LP	3,320,372	F
(K) SANTE HEALTH VENTURES II, LP	721,512	F
(L) POINTER OFFSHORE LTD - HEDGE FUND	22,564,977	F
(M) WELLINGTON DIVERSIFIED INFLATION HEDGES	87,266,306	F
(N) HEALTH ENTERPRISES PARTNERS II, LP	442,123	F
(O) OAKTREE PRIVATE INVESTMENT FUND 2012	7,982,190	F
(P) PIMCO BRAVO II FUND	2,046,411	F

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	UNRELATED TRADE OR BUSINESS		
(2)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		62,075,444
(3)	EUROPE	0	0	INVESTMENTS		207,529
(4)						
(5)						
3a	Sub-total	0	0			62,282,973
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			62,282,973

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN, UNRELATED TRADE OR BUSINESS THE ORGANIZATION OWNS BAY PRIMEX INSURANCE COMPANY, LTD , A CAPTIVE INSURANCE COMPANY WHOSE PRINCIPAL ACTIVITY IS TH E REINSURANCE, ON A FACULTATIVE BASIS, OF A MODIFIED CLAIMS-MADE RETROSPECTIVELY RATED PRO FESSIONAL AND COMMERCIAL GENERAL LIABILITY INSURANCE POLICY ISSUED BY LEXINGTON INSURANCE COMPANY COVERAGE INCLUDES THE EMPLOYEES OF THE ORGANIZATION, ITS CONTROLLED SUBSIDIARIES, ITS AFFILIATED JOINT VENTURES, CERTAIN PHYSICIANS ON THE MEDICAL STAFF OF ITS RELATED FAC ILITIES, AND SOME NON-EMPLOYED PHYSICIANS PROVISION OF INSURANCE TO NON-EMPLOYED PHYSICIA NS IS CONSIDERED AN UNRELATED TRADE OR BUSINESS AND IS REPORTED AS SUCH ON FORM 990 PART V III LINE 11

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	CORPORATE DEVELOPMINT 4000 FABER PLACE DR CHARLESTON, SC 294058585	CONSULTING		No	942,317	40,969	901,348
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					942,317	40,969	901,348

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

VA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

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

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2B	AS THE PARENT ORGANIZATION, SENTARA HEALTHCARE PERFORMS FUNDRAISING ACTIVITIES FOR ALL OF ITS 501(C)(3) SUBSIDIARIES CONTRIBUTIONS RAISED ARE REPORTED ON THE APPLICABLE FORM 990, DEPENDING ON DONOR SPECIFICATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 37

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) MORTGAGE PAYMENTS	16	23,049			
(2) RENT	79	102,988			
(3) UTILITIES	114	32,594			
(4) FOOD	102	20,800			
(5) TEMPORARY LODGING	1	652			
(6) HOUSEHOLD ITEMS	4	1,400			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S THE SENTARA HEALTH FOUNDATION, A DIVISION OF THE ORGANIZATION, IS RESPONSIBLE FOR AWARDING AND MONITORING THE USE OF GRANT AND SPONSORSHIP FUNDS DONATED TO OTHER ORGANIZATIONS IN THE COMMUNITY WHO SHARE THE SAME MISSION AS THE ORGANIZATION IMPROVING HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY COMMUNITY RECOGNITION GRANTS ARE AWARDED ANNUALLY BY THE FOUNDATION'S GRANT COMMITTEE TO OTHER 501(C)(3) ORGANIZATIONS WITHIN THE COMMUNITY AFTER A RIGOROUS APPLICATION AND REVIEW PROCESS ONCE AWARDED, THE GRANTS ARE DISTRIBUTED THE FOLLOWING YEAR IN TWO PAYMENTS - AT THE BEGINNING OF THE YEAR, THEN AFTER AN INTERIM REPORT HAS BEEN FILED WITH THE FOUNDATION THE INTERIM REPORT MUST INCLUDE THE GRANT OBJECTIVES, ANY CHANGES IN STATUS OF THE ORGANIZATION'S 501(C)(3) STATUS, DETAILS OF THE GRANT OUTCOMES TO DATE AND COMPLIANCE WITH SUBMITTED FINANCIAL BUDGET GRANTEES ARE REQUIRED TO SUBMIT WITH THE REPORT A DETAILED LISTING OF MEASUREMENTS INCLUDING THE NUMBER OF PEOPLE SERVED AND INCOME LEVELS FURTHER, A PLAN OF PROGRAM SUSTAINABILITY MUST BE COMPLETED TO PROMOTE THE INITIATIVE'S GOALS FOR THE FUTURE COMMUNITY BENEFIT SPONSORSHIPS ARE AWARDED QUARTERLY BASED ON THE RECOMMENDATION OF THE FOUNDATION'S SPONSORSHIP REVIEW COMMITTEE APPLICANTS MUST SUBMIT A PROPOSAL IN WRITING DEMONSTRATING HOW FUNDS WILL BE USED TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY SPONSORSHIPS ARE GENERALLY AWARDED TO OTHER 501(C)(3) ORGANIZATIONS WITH ACTIVE COMMUNITY BOARDS WHO OVERSEE THE EXPENDITURE OF SUCH FUNDS THE SENTARA HEALTH FOUNDATION ALSO ADMINISTERS THE H O P E (HELPING OVERCOME PERSONAL EMERGENCY) FUND, A PROGRAM FOR EMPLOYEES OF THE SENTARA HEALTHCARE SYSTEM WHO ARE IN NEED OF EMERGENCY ASSISTANCE THIS PROGRAM IS FUNDED BY DONATIONS FROM EMPLOYEES AND MANAGED BY THE PLANNING COUNCIL, A HUMAN SERVICES AGENCY USED TO PROCESS ALL H O P E FUND APPLICATIONS TO MAINTAIN CONFIDENTIALITY EMPLOYEES WHO EXPERIENCE CATASTROPHIC EVENTS THROUGH NO FAULT OF THEIR OWN SUCH AS FIRE, DEATH IN THE FAMILY, FLOODING, HURRICANE, TORNADO, CURRENT PERSONAL ILLNESS OR SERIOUS PERSONAL FAMILY ILLNESS THAT RESULT IN HARDSHIP MAY APPLY FOR ASSISTANCE APPLICANTS MUST COMPLETE A 3-PAGE APPLICATION FORM APPLICANTS SUBMIT THESE FORMS ALONG WITH THEIR LATEST PAY STUBS, COPIES OF THE BILLS BEING SUBMITTED FOR PAYMENT, AND OFFICIAL DOCUMENTATION OF THE CATASTROPHIC EVENT THE PLANNING COUNCIL THEN INTERVIEWS THE APPLICANT AND DETERMINES IF THE GUIDELINES ARE MET FOR ASSISTANCE IN THE EVENT OF A NATURAL DISASTER, APPLICANTS MUST FIRST APPLY TO OTHER EMERGENCY ASSISTANCE PROGRAMS, SUCH AS THE AMERICAN RED CROSS, SALVATION ARMY, OR F E M A , BEFORE BECOMING ELIGIBLE FOR ASSISTANCE FROM THE H O P E FUND A REVIEW COMMITTEE EVALUATES EACH APPLICATION AND DETERMINES ASSISTANCE LEVELS BASED ON DOCUMENTED,APPROPRIATE NEED FUNDS MAY ONLY BE USED TO PAY EXISTING BILLS OR EXTRAORDINARY EXPENSES RELATED TO A CATASTROPHIC EVENT BILLS THAT ARE NOT NECESSARY FOR THE PRESERVATION OF DAILY LIVING, INCLUDING NON-ESSENTIAL UTILITIES (I E , WIRELESS PHONES, CABLE TV, ETC), ARE NOT COVERED PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS RATHER THAN TO INDIVIDUAL RECIPIENTS FUNDS ARE ONLY DISTRIBUTED PROVIDED ADEQUATE EMPLOYEE DONATIONS HAVE BEEN MADE BY EMPLOYEES FOR EMPLOYEES ASSISTANCE IS PROVIDED AS THE AVAILABILITY OF FUNDS PERMIT, DECISIONS ARE MADE IN THE ORDER IN WHICH COMPLETED APPLICATIONS REQUESTS ARE RECEIVED ASSISTANCE FOR AN INDIVIDUAL EMPLOYEE IS LIMITED TO ONCE PER 12-MONTH PERIOD AND TYPICALLY DOES NOT EXCEED $2,000 DURING 2013, 129 INDIVIDUAL EMPLOYEES WERE ASSISTED BY THE HOPE FUND

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS PARTNERSHIP P O BOX 41093 NORFOLK,VA 23541	20-1830252	501(C)(3)	105,000				HEALTHCARE ACCESS TO UNDERINSURED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR VIRGINIA BEACH,VA 23452	58-0659875	501(C)(3)	7,100				MEN'S HEALTH & RELAYS FOR LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEACH HEALTH CLINIC 3396 HOLLAND RD STE 102 VIRGINIA BEACH,VA 23452	54-1366960	501(C)(3)	12,500				PHARMACY SERVICES FOR INDIGENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUBS 11825 ROCK LANDING DRIVE CHESAPEAKE BUILDING STE B NEWPORT NEWS,VA 23606	54-0538202	501(C)(3)	18,000				INSPIRE AND ENABLE YOUNG PEOPLE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF EASTERN VA 5361 A VIRGINIA BEACH BLVD VIRGINIA BEACH,VA 23462	54-0505879	501(C)(3)	15,000				MENTAL HEALTH SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHESAPEAKE CARE INC 2145 S MILITARY HWY CHESAPEAKE,VA 23320	54-1642754	501(C)(3)	12,500				HEALTHCARE FOR UNINSURED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHESP HEALTH INVESTMENT PROGRAM 1302 JEFFERSON ST CHESAPEAKE,VA 23324	54-1893166	501(C)(3)	12,000				CASE MANAGEMENT TO PRENATAL HISPANICS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS,VA 23607	27-3510814	501(C)(3)	25,000				NEW CLINIC CONTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVMS FOUNDATION P O BOX 5 NORFOLK,VA 23501	23-7053028	501(C)(3)	100,000				EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORKIDS INC P O BOX 6044 NORFOLK,VA 23508	54-1477799	501(C)(3)	25,000				HEALTHCARE FOR HOMELESS SHELTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GHENT AREA MINISTRY 1301 COLONIAL AVENUE STE 2 NORFOLK,VA 23517	26-0082182	501(C)(3)	8,663				RESOURCES AND FINANCIAL AID FOR THE POOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLOUCESTER-MATHEWS FREE CLINIC 2276 GEORGE WASHINGTON MEM HWY HAYES,VA 23072	54-1875619	501(C)(3)	25,000				HEALTHCARE FOR INDIGENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMPTON ROADS BUSINESS ROUNDTABLE 222 CENTRAL PARK AVE STE 1700 VIRGINIA BEACH,VA 23462	46-3297924	501(C)(3)	10,000				COMMUNITY IMPROVEMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMPTON ECUMENICAL LODGINGS AND PROVISIONS INC P O BOX 190 HAMPTON,VA 23669	54-1209213	501(C)(3)	17,000				DENTAL CARE FOR INDIGENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LACKEY FREE CLINIC 1620 OLD WILLIAMSBURG RD YORKTOWN,VA 23690	54-1850915	501(C)(3)	22,000				HEALTHCARE FOR INDIGENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES 860 GREENBRIER CIRCLE STE 502 CHEASPEAKE,VA 23320	13-1846366	501(C)(3)	10,000				MARCH FOR BABIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEPTUNE FESTIVAL 265 KINGS GRANT ROAD STE 102 VIRGINIA BEACH,VA 23452	52-1372330	501(C)(3)	25,000				COMMUNITY ENJOYMENT AND ENRICHMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OFFICE OF HUMAN AFFAIRS - CITY OF NEWPORT NEWS 2410 WICKHAM AVENUE NEWPORT NEWS,VA 23607	23-7014485	501(C)(3)	12,500				PREGNANCY OUTCOMES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OLDE TOWN MEDICAL CTR 5249 OLDE TOWNE RD STE D WILLIAMSBURG,VA 23188	54-1663905	501(C)(3)	25,000				PEDIATRIC DENTAL SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARK PLACE HEALTH AND DENTAL CLINIC 606 W 29TH ST NORFOLK,VA 23503	54-1626757	501(C)(3)	25,000				HEALTHCARE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PENINSULA INST FR COMMUNITY HLTH 4714 MARSHALL AVE NEWPORT NEWS,VA 23607	54-1083954	501(C)(3)	30,000				PEDIATRIC HEALTHCARE FOR INDIGENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PIN MINISTRY 557 S BIRDNECK ROAD SUITE 109 VIRGINIA BEACH,VA 23451	41-2126841	501(C)(3)	10,000				RESOURCES FOR THE POOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PORTSMOUTH COMMUNITY HEALTH CENTER INC 664 LINCOLN ST PORTSMOUTH,VA 23704	54-1626757	501(C)(3)	50,000				HEALTHCARE ACCESS FOR INDIGENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RX PARTNERSHIP 2924 EMERYWOOD PKWY STE 300 RICHMOND,VA 23294	57-1186937	501(C)(3)	15,000				ACCESS TO FREE MEDICATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SETON YOUTH SHELTERS 3333 VIRGINIA BEACH BLVD STE 28 VIRGINIA BEACH,VA 23452	54-1250483	501(C)(3)	15,000				HIGH-RISK TEEN MENTAL HEALTHCARE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST COLUMBA ECUMENICAL MINISTRIES 2414 LAFAYETTE BLVD NORFOLK,VA 23509	54-1394797	501(C)(3)	12,000				PRESCRIPTIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNION MISSION MINISTRIES P O BOX 3203 NORFOLK,VA 23514	54-0506427	501(C)(3)	30,000				HEALTHCARE FOR HOMELESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY GREATER WILLIAMSBURG 312 WALLER MILL ROAD SUITE 100 WILLIAMSBURG,VA 23185	54-0844073	501(C)(3)	8,800				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER ROAD PO BOX 41069 NORFOLK,VA 23513	54-0506322	501(C)(3)	15,800				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF THE VA PENINSULA 739 THIMBLE SHOALS BLVD SUITE 400 NEWPORT NEWS,VA 23606	54-0535602	501(C)(3)	9,500				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UP CENTER 222 W 19TH ST NORFOLK,VA 23517	54-0674774	501(C)(3)	8,000				MENTORING PROGRAM FOR AT RISK YOUTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VA SUPPORTIVE HOUSING P O BOX 8585 RICHMOND,VA 23226	54-1444564	501(C)(3)	22,000				CASE MANAGEMENT FOR HOMELESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PKWY SUFFOLK,VA 23434	26-3302837	501(C)(3)	25,000				PROVIDE DENTAL PROGRAM ACCESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHRO 5200 HAMPTON BLVD NORFOLK,VA 23508	54-0843118	501(C)(3)	20,000				COMMUNITY EDUCATION & ENHANCEMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILLIAM AND MARY ATHLETIC EDUCATIONAL FOUNDATION P O BOX 399 WILLIAMSBURG,VA 23187	54-6056480	501(C)(3)	13,000				FUNDING FOR ATHLETIC SCHOLARSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-1801459	501(C)(3)	250,000				FUNDING FOR GRANTS TO COMMUNITY MEMBERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HALIFAX REGIONAL HEALTH SYSTEM INC 2204 WILBORN AVENUE SOUTH BOSTON,VA 24592	54-1801466	501(C)(3)	1,000,000				FUNDING FOR HEALTHCARE SYSTEM

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS CHARTER TRAVEL WAS PROVIDED TO CERTAIN BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION IN CONNECTION WITH BUSINESS PURPOSES ONLY AND WAS NOT INCLUDABLE IN TAXABLE INCOME FIRST CLASS TRAVEL WAS ALSO PROVIDED TO THE CEO ON CERTAIN LONG-DISTANCE BUSINESS TRIPS DUE TO THE LENGTH OF THE FLIGHT, IN ORDER TO ACCOMMODATE HIS CONDUCTING OF BUSINESS WHILE IN-FLIGHT
PART I, LINE 4B	RECEIVED SUPPLEMENTAL NQ RETIREMENT, EQUITY HOWARD KERN AND MICHAEL DUDLEY PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATION'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 PARTICIPATED 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 2013, MR BERND RECEIVED A TOTAL LUMP SUM DISTRIBUTION OF $844,040 THIS AMOUNT HAS BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J, PART II DAVID BERND AND HOWARD KERN PARTICIPATED 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 THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE VESTING IS DETERMINED BY THE GOVERNING BOARD OF THE ORGANIZATION AND IS SEPARATELY STATED IN EACH PARTICIPANT'S OPTION AGREEMENT THERE WERE NO OPTIONS GRANTED AFTER 2002 DAVID BERND, HOWARD KERN, MICHAEL DUDLEY, MARY BLUNT, ROBERT BROERMANN, MICHAEL GENTRY, ROBERT GRAVES, VICKY GRAY, KENNETH KRAKAUR, GENEMARIE MCGEE, BERTRAM REESE, MICHAEL TAYLOR, DOUGLAS THOMPSON, GARY YATES, M D , GRACE HINES, DAVID MAIZEL, M D , MEGAN PERRY, BRUCE ROBERTSON, JEFFREY KING, AND TERRY GILLILAND, M D , PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY THE ORGANIZATION'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 2013, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN MARY BLUNT ($73,337), MICHAEL DUDLEY ($20,396), MICHAEL GENTRY ($36,378), ROBERT GRAVES ($501,555), VICKY GRAY ($57,356), GRACE HINES ($43,936), HOWARD KERN ($134,952), KENNETH KRAKAUR ($81,091), DAVID MAIZEL, M D ($65,999), GENEMARIE MCGEE ($2,551), BERTRAM REESE ($63,894), BRUCE ROBERTSON ($36,860), DOUGLAS THOMPSON ($41,193), AND GARY YATES, M D ($16,457) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J, PART II
PART I, LINE 7	NON-FIXED PAYMENTS NOT LISTED DURING 2013, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL TOP HAT- WITHIN THE ANNUAL INCENTIVE PROGRAM, EXECUTIVES AND SENIOR LEADERS MAY RECEIVE ADDITIONAL INCENTIVE PAY TO REWARD EXCEPTIONAL INDIVIDUAL PERFORMANCE LONG TERM INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR LONG-TERM INCENTIVE AWARDS BASED ON ACHIEVING SYSTEM MISSION AND STRATEGIC IMPERATIVES AND VALUES IN THE AREAS OF FINANCIAL PERFORMANCE, PATIENT SAFETY, CLINICAL QUALITY, AND OTHER KEY METRICS OVER 3-YEAR PERIODS AWARD OPPORTUNITIES VARY BY LEVEL A NEW 3-YEAR CYCLE BEGINS EACH YEAR FOR FORM 990 PURPOSES, ESTIMATED ANNUAL EARNINGS UNDER EACH ACTIVE CYCLE ARE REPORTED AS DEFERRED COMPENSATION IN THE YEAR EARNED, AND ACTUAL EARNINGS FOR EACH 3-YEAR CYCLE ARE REPORTED AS INCENTIVE COMPENSATION IN THE YEAR PAID THE PLAN TERMINATED ON 12/31/12, WITH THE LAST PAYOUT OCCURRING IN 2013 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

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID L BERND CEO/DIRECTOR/TRUSTEE	(I) (II)	1,290,579 0	1,426,213 0	884,805 0	188,187 0	27,382 0	3,817,166 0	394,615 0
MARY L BLUNT CORP VP	(I) (II)	0 504,493	0 335,835	0 101,695	0 25,362	0 20,591	0 987,976	0 75,844
ROBERT A BROERMANN CFO/TREASURER	(I) (II)	700,172 0	548,870 0	7,801 0	138,841 0	22,718 0	1,418,402 0	134,095 0
MICHAEL M DUDLEY SR VP	(I) (II)	511,443 0	405,814 0	34,434 0	733,447 0	18,933 0	1,704,071 0	97,588 0
MICHAEL V GENTRY CORP VP	(I) (II)	0 494,287	0 350,653	0 41,153	0 88,417	0 16,511	0 991,021	0 100,967
ROBERT L GRAVES CORP VP	(I) (II)	0 373,991	0 255,167	0 513,633	0 39,452	0 19,202	0 1,201,445	0 292,602
VICKY G GRAY SR VP	(I) (II)	402,207 0	326,682 0	64,633 0	20,005 0	26,852 0	840,379 0	76,127 0
HOWARD P KERN COO/PRESIDENT	(I) (II)	888,192 0	820,913 0	156,598 0	638,375 0	21,721 0	2,525,799 0	200,477 0
JEFFREY P KING VP/SECRETARY/GEN COUNSEL	(I) (II)	426,148 0	169,597 0	2,261 0	56,092 0	20,957 0	675,055 0	36,604 0
KENNETH M KRAKAUR SR VP	(I) (II)	515,244 0	409,889 0	95,273 0	27,448 0	21,089 0	1,068,943 0	99,050 0
DAVID R MAIZEL MD CORP VP	(I) (II)	0 461,131	0 312,010	0 89,338	0 4,387	0 23,479	0 890,345	0 70,071
GENEMARIE W MCGEE SYS CHIEF NURSE EXECUTIVE	(I) (II)	0 221,908	0 89,064	0 3,341	0 23,141	0 19,939	0 357,393	0 19,056
MEGAN R PERRY CORP VP	(I) (II)	431,464 0	305,564 0	19,288 0	44,492 0	19,520 0	820,328 0	59,389 0
BERTRAM S REESE CIO/SR VP	(I) (II)	0 450,921	0 550,190	0 86,988	0 -8,480	0 23,114	0 1,102,733	0 84,806
MICHAEL V TAYLOR SR VP	(I) (II)	440,316 0	335,327 0	24,509 0	77,404 0	21,959 0	899,515 0	82,329 0
DOUGLAS M THOMPSON CORP VP	(I) (II)	288,623 0	205,607 0	52,141 0	24,097 0	21,354 0	591,822 0	43,525 0
TERRY M GILLILAND MD KE (SVP & CMO)	(I) (II)	473,261 0	182,965 0	35,005 0	64,688 0	5,926 0	761,845 0	0 0
GRACE R HINES DIV VP, STRAT SUPPORT/PROG DEV	(I) (II)	300,865 0	154,455 0	52,130 0	-15,799 0	17,931 0	509,582 0	23,319 0
VIKKI CHARLES VP, CORP FINANCE	(I) (II)	281,441 0	109,761 0	819 0	17,173 0	2,587 0	411,781 0	23,899 0
BRUCE S ROBERTSON PRESIDENT, SLCC	(I) (II)	233,361 0	91,361 0	51,616 0	21,847 0	9,994 0	408,179 0	38,403 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LESTER R ELJAIEK VP, HOSPITAL FINANCE	(I) (II)	266,553 0	107,166 0	1,046 0	14,368 0	21,478 0	410,611 0	19,916 0
EDWARD L TORCOM VP, MANAGED CARE CONTR	(I) (II)	255,882 0	103,644 0	3,345 0	14,870 0	19,516 0	397,257 0	21,220 0
GARY R YATES MD FORMER (SR VP/CMO)	(I) (II)	376,141 0	293,792 0	19,810 0	26,548 0	34,240 0	750,531 0	133,953 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	EDA OF ALBEMARLE COUNTY VA	52-1297503		06-05-2013	160,515,000	CURRENT REFUND MARTHA JEFFERSON SERIES 2008A, 2008B, 2008C, AND 2008D		X		X		X
B	IDA OF THE CITY OF HARRISONBURG VA	54-2000436	415669BN9	12-28-2006	196,167,653	FUND CONSTRUCTION OF REPLACEMENT HOSPITAL		X		X		X
C	IDA OF THE CITY OF HARRISONBURG VA	54-2000436		11-28-2011	75,000,000	MODIFICATION OF THE SERIES 2010 BONDS		X		X		X
D	IDA OF THE CITY OF HARRISONBURG VA	54-2000436		12-14-2011	10,000,000	PARTIAL REFUNDING OF SERIES 2009		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	855,000	3,035,000	3,448,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	160,515,000	216,009,050	75,000,000	10,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,339,016	1,339,016		
8	Credit enhancement from proceeds	4,253,886	4,253,886		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	195,189,648	195,189,648		
11	Other spent proceeds	160,515,000	15,226,499	75,000,000	10,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2013	2010	2011	2007

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X	X			X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X				X		X	
b	Exception to rebate?	X				X		X	
c	No rebate due?		X				X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	SUNTRUST BANK							
c	Term of hedge	5 100000000000						5 100000000000	
d	Was the hedge superintegrated?		X						X
e	Was the hedge terminated?		X						X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X			X		X
b	Name of provider	MORGAN STANLEY & CO		MORGAN STANLEY & CO					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
6	Were any gross proceeds invested beyond an available temporary period?		X	X			X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME EDA THE CITY OF NORFOLK DATE THE REBATE COMPUTATION WAS PERFORMED 12/16/2007
ENTITY 1, ISSUER A	SERIES 2013A & 2013B (MARTHA JEFFERSON HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCES EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE CURRENT REFUNDED THE MARTHA JEFFERSON HOSPITAL SERIES 2008A, SERIES 2008B, SERIES 2008C, AND SERIES 2008D PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT WOULD BE NO LATER THAN 6/5/2018
ENTITY 1, ISSUER B	SERIES 2006 (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE PLUS INVESTMENT EARNINGS (MAINLY FROM THE CONSTRUCTION FUND AND DEBT SERVICE RESERVE FUND) PART II, 4 - SUBSEQUENT TO ACQUISITION OF HOSPITAL BY SENTARA, DEBT SERVICE RESERVE FUND NO LONGER REQUIRED DUE TO HIGH CREDIT RATINGS HELD BY SENTARA THE SERIES 2006 DEBT SERVICE RESERVE PROCEEDS WERE RELEASED TO SENTARA ON 1/10/2012 SENTARA DEPOSITED THESE MONIES INTO A SEPARATELY HELD ACCOUNT AND TRACKED THESE MONIES WERE USED TO PAY DEBT SERVICE ON THE 2006 BONDS UNTIL MONIES WERE FULLY EXPENDED ALL SERIES 2006 PROCEEDS WERE FULLY EXPENDED AS OF 2/15/2013 PART II, 11 - MAINLY INCLUDES DEBT SERVICE RESERVE FUND PROCEEDS USED FOR DEBT SERVICE PURPOSES AFTER THE 1/10/2012 RELEASE DATE PART IV, 1 - SENTARA REBATED 100% OF ACCRUING ARBITRAGE LIABILITY OR $743K TO THE IRS WITHIN 60 DAYS OF THE FIRST INSTALLMENT EVALUATION DATE (12/28/2011 FIRST INSTALLMENT DATE) PART IV, 5A - INVESTMENT AGREEMENTS WERE ENTERED INTO FOR THE SERIES 2006 CONSTRUCTION FUND, WHICH MATURED ON 9/1/2009 AND THE DEBT SERVICE RESERVE FUND, WHICH WAS SCHEDULED TO MATURE ON 8/15/2015 HOWEVER, DUE TO THE RELEASE OF THE DEBT SERVICE RESERVE FUND PROCEEDS, THAT INVESTMENT AGREEMENT WAS TERMINATED EARLY IN JANUARY 2012 PART IV, 5 - TERM OF GIC WAS 2 4 AND 4 7 DUE TO SYSTEM LIMITATIONS, THIS INFORMATION COULD NOT BE ENTERED ON THE APPROPRIATE LINE
ENTITY 1, ISSUER C	SERIES 2011AB&C (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCES EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2010AB&C MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 11/28/2016
ENTITY 1, ISSUER D	SERIES 2011A (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCES EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2009 ISSUE MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 12/14/2016
ENTITY 2, ISSUER A	SERIES 2011B (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCES EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2009 ISSUE MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 1/4/2017
ENTITY 2, ISSUER B	SERIES 2011C (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCES EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2009 ISSUE MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 1/20/2017
ENTITY 2, ISSUER C	SERIES 2003 COMMERCIAL PAPER PROGRAM (SENTARA HEALTHCARE) PART II, 1 - SENTARA ISSUED TAXABLE COMMERCIAL PAPER NOTES IN 2012 TO PARTIALLY REFUND THIS 2003 COMMERCIAL PAPER PROGRAM PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT WITHIN 18 MONTHS OF RECEIPT OF PROCEEDS PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART IV, 2C - SENTARA HAD ARBITRAGE COMPLIANCE REPORT COMPLETED FOR THIS ISSUE AS OF 12/16/2007, WHICH REFLECTED NO REBATE DUE TO THE IRS FOR THIS 2003 ISSUANCE DEBT WAS ISSUED AS REIMBURSEMENT FOR PRIOR EXPENDITURES INCURRED THEREFORE, THIS ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION
ENTITY 2, ISSUER D	SERIES 2008 (SENTARA HEALTHCARE SYSTEM) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDED ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 2006 ISSUE THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES ALL PROCEEDS WERE SPENT ON THE DAY OF ISSUE PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN SEPTEMBER OF 2008 FIRST INSTALLMENT EVALUATION DATE WOULD BE NO LATER THAN 6/25/2013
ENTITY 3, ISSUER A	SERIES 2010 (SENTARA HEALTHCARE SYSTEM - VSBFA) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS (MAINLY FROM PROJECT FUND AND ESCROW FUND) PART II, 11 - OTHER SPENT PROCEEDS INCLUDES REFUNDING PROCEEDS AND INTEREST EARNINGS FROM REFUNDING ESCROW FUND PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 1997A AND 1998 ISSUE THE REFUNDINGS WERE TREATED AS CURRENT REFUNDINGS FOR FEDERAL TAX PURPOSES REFUNDING PROCEEDS WERE DEPOSITED INTO AN ESCROW FUND AND INVESTED THOSE AMOUNTS WERE FULLY EXPENDED ON OR AROUND 3/1/2010 TO REDEEM THE PRIOR BONDS PART IV, 2B - FIRST INSTALLMENT PERIOD FOR THIS ISSUE WILL END NO LATER THAN 1/28/2015 ARBITRAGE COMPLIANCE REPORT COMPLETED THROUGH DECEMBER 31, 2011, WHICH REFLECTED ALL PROCEEDS SPENT AND NO ACCRUING ARBITRAGE LIABILITY FOR SENTARA
ENTITY 3, ISSUER B	SERIES 2010B&C (SENTARA HEALTHCARE SYSTEM - EDA OF NORFOLK) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 2009B & 2009C ISSUE THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES ALL PROCEEDS WERE SPENT ON THE DATE OF ISSUE PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA WAS PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN MAY OF 2010 FIFTH YEAR WOULD BE 3/3/2015
ENTITY 3, ISSUER C	SERIES 2012A (SENTARA HEALTHCARE SYSTEM - EDA OF NORFOLK) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 2009A ISSUE THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES ALL PROCEEDS WERE SPENT ON THE DATE OF ISSUE PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA WAS PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN MAY OF 2012 FIFTH YEAR WOULD BE 4/26/2017
ENTITY 3, ISSUER D	SERIES 2012B (SENTARA HEALTHCARE SYSTEM) PART II, 3 - TOTAL PROCEEDS OF THE ISSUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS ASSOCIATED WITH PROJECT FUND AND ESCROW FUNDS PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 11 - OTHER SPENT PROCEEDS INCLUDES REFUNDING PROCEEDS AND INTEREST EARNINGS FROM REFUNDING ESCROW FUNDS PART II, 12 - UNSPENT PROCEEDS CONSIST OF THE REMAINING PROJECT FUND PROCEEDS PART II, 15 - SERIES 2012B ADVANCE REFUNDED THE MARTHA JEFFERSON SERIES 2002 BONDS MATURING 10/1/2012 - 10/1/2035 WITH A CALL FOR REDEMPTION DATE OF 10/1/2012 THE SERIES 2012B ALSO ADVANCE REFUNDED THE POTOMAC HOSPITAL SERIES 2003 BONDS MATURING 10/1/2012 - 10/1/2036 WITH A CALL FOR REDEMPTION DATE OF 10/1/2013 PART IV, 2A - SENTARA RECEIVES ANNUAL ARBITRAGE COMPLIANCE REPORTS COMPLETED FOR THIS ISSUE THE FIRST INSTALLMENT PERIOD WILL END NO LATER THAN 05/16/2017 ALL PROCEEDS OF THE SERIES 2012B BONDS WERE FULLY EXPENDED AS OF 3/19/2014 ARBITRAGE COMPLIANCE CERTIFICATE WAS PROVIDED FORECASTING RESULTS THROUGH THE 5/1/2017 FIFTH BOND YEAR, WHICH REFLECTED THAT NO ARBITRAGE REBATE LIABILITY WILL BE DUE TO THE IRS AS OF THE FIRST INSTALLMENT PERIOD

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IDA OF THE CITY OF HARRISONBURG VA	54-2000436		01-04-2012	10,000,000	PARTIAL REFUNDING OF SERIES 2009		X		X		X
B	IDA OF THE CITY OF HARRISONBURG VA	54-2000436		01-20-2012	10,000,000	PARTIAL REFUNDING OF SERIES 2009		X		X		X
C	EDA THE CITY OF NORFOLK	23-7253445		07-16-2003	53,100,000	FINANCING FOR CAPITAL AND FIXED ASSETS		X		X		X
D	EDA THE CITY OF SUFFOLK	54-1131047	86481QAA7	06-25-2008	156,615,000	REFUNDED BONDS ISSUED OCTOBER 2006		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,300,000		4,300,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,000,000	10,000,000	53,100,000	156,615,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	53,100,000		53,100,000	
11	Other spent proceeds	10,000,000	10,000,000		156,615,000
12	Other unspent proceeds				
13	Year of substantial completion	2007	2007	2003	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X			X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X	X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	SUNTRUST BANK		SUNTRUST BANK					
c	Term of hedge	5 100000000000		5 100000000000					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	VA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	928105AV7	01-28-2010	296,243,684	REFUND PRIOR BONDS AND FUND NEW PROJECT		X		X		X
B	EDA THE CITY OF NORFOLK	23-7253445	65588TAL3	03-03-2010	132,480,000	REFUNDED SERIES 2009B&C		X		X		X
C	EDA THE CITY OF NORFOLK	23-7253445	65588TAN9	04-26-2012	68,890,000	REFUNDED SERIES 2009A BONDS		X		X		X
D	EDA THE CITY OF NORFOLK	23-7253445	65588NBB7	05-16-2012	163,163,080	REF POTOMAC 2003 & MARTHA JEFFERSON 2002 AND FINANCE NEW PROJECTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	36,065,000	1,370,000	700,000	4,080,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	296,443,256	132,480,000	68,890,000	163,870,428
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,715,612			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	230,220,167			70,949,221
11	Other spent proceeds	63,507,476	132,480,000	68,890,000	88,288,148
12	Other unspent proceeds	4,633,059			4,633,059
13	Year of substantial completion	2011	2010	2012	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X	X		X			X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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) ALLISON K KRAKAUR	FAMILY MEMBER OF KEN KRAKAUR, SENIOR VICE PRESIDENT	98,456	EMPLOYMENT		No
(2) KELLY B LAMPING	FAMILY MEMBER OF DAVID BERND, DIRECTOR, TRUSTEE, AND OFFICER	39,090	EMPLOYMENT		No
(3) MARC A SHARP	FAMILY MEMBER OF MARC B SHARP, DIRECTOR AND TRUSTEE	65,074	EMPLOYMENT		No
(4) KAUFMAN AND CANOLES	ENTITY OF WHICH DIR/TRUST L CUMMING & TRUST C E RUSSELL ARE PARTNERS	157,332	LEGAL SERVICES		No
(5) WILLCOX & SAVAGE	ENTITY OF WHICH TRUSTEE ALLAN G DONN IS A > 5% MEMBER	301,716	LEGAL SERVICES		No
(6) OPACC I	JV ENTITY OF WHICH K KRAKAUR IS A BOARD MEMBER	202,169	RENT EXPENSE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCH L, PART IV	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
SCH L, PART IV	THE ORGANIZATION PAYS VARIOUS EXPENSES ON BEHALF OF AFFILIATED JOINT VENTURES, FOR WHICH IT IS LATER REIMBURSED FOR SCHEDULE L PURPOSES, EXPENSE REIMBURSEMENTS WERE NOT CONSIDERED "BUSINESS TRANSACTIONS" AND ACCORDINGLY, HAVE NOT BEEN REPORTED

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316016564

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS SENTARA HEALTHCARE I YOUR NOT-FOR-PROFIT HEALTH PARTNER F OR 125 YEARS, SENTARA HAS BEEN COMMITTED TO HELPING PEOPLE JUST LIKE YOU, PEOPLE WHO WANT THE MOST DEDICATED MEDICAL PROFESSIONALS HELPING THEM THROUGH EVERY STAGE OF LIFE TO PROV IDE A RANGE OF QUALITY CARE, WE HAVE GROWN SLOWLY THROUGHOUT VIRGINIA AND NORTH CAROLINA WE HAVE REACHED OUT TO INDUSTRY LEADERS AND JOINED FORCES, AND WE NOW OPERATE MORE THAN 10 0 SITES OF CARE, INCLUDING 12 ACUTE CARE HOSPITALS - SEVEN IN HAMPTON ROADS, ONE IN NORTHE RN VIRGINIA, TWO IN THE BLUE RIDGE REGION OF VIRGINIA, ONE IN SOUTHERN VIRGINIA AND ONE IN NORTH CAROLINA FOR MORE THAN A DECADE, MODERN HEALTHCARE MAGAZINE HAS RANKED US AS ONE O F THE NATION'S TOP INTEGRATED HEALTHCARE SYSTEMS OUR NOT-FOR-PROFIT SYSTEM PROUDLY INCLUD ES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED-LIVING CENTERS, OUTPATIENT CAMPUSES, PHY SICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE AGENCY, A 3,800-PROVIDE R MEDICAL STAFF, AND FOUR MEDICAL GROUPS IN ADDITION, WE PROVIDE MEDICAL TRANSPORT AMBULA NCES AND NIGHTINGALE AIR AMBULANCE, AND EXTEND HEALTH INSURANCE TO 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 FI RST IN THE NATION TO PIONEER AND DEVELOP THE EICU, A REMOTE MONITORING SYSTEM FOR INTENSIV E CARE. OUR DEDICATION TO IMPROVING AND INCREASING MEDICAL OPTIONS FOR OUR PATIENTS IS REI NFORCED BY OUR ONGOING PARTICIPATION IN NATIONAL AND INTERNATIONAL RESEARCH THESE VITAL M EDICAL TRIALS HELP US ADVANCE TOWARD OUR MISSION OF IMPROVING HEALTH EVERY DAY IN NOVEMBE R 2013, WE PROUDLY CELEBRATED 125 YEARS OF DELIVERING COMPASSIONATE AND QUALITY CARE. WHEN WE BEGAN AS THE RETREAT FOR THE SICK IN 1888 IN NORFOLK, VIRGINIA, MEDICAL PROVIDERS DEDI CATED THEMSELVES TO CARING FOR NORFOLK'S POOR, FOCUSED ON MEETING THEIR IMMEDIATE HEALTHCA RE NEEDS AS NOTED ABOVE AND DETAILED IN THIS REPORT, WE HAVE GROWN INTO A MULTI-STATE, IN TEGRATED HEALTHCARE SYSTEM COMMITTED TO STILL DELIVERING THAT SAME COMPASSIONATE AND QUALI TY CARE AND REACHING FAR BEYOND THE PATIENTS WHO COME DIRECTLY TO US WE STRIVE TO SERVE E VERYONE IN OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION AND FINANCIAL SUPPO RT OF OTHER NOT-FOR-PROFIT HEALTH ORGANIZATIONS II GROWING THE SENTARA FAMILY SINCE THE B EGINNING, SENTARA HAS REACHED OUT TO NEARBY INDUSTRY LEADERS AND JOINED FORCES TO EXTEND H EALTHCARE TO MORE PEOPLE IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND NORTH CAROLINA BY SEEKING PARTNERSHIPS WITH LONG-ESTABLISHED AND SUCCESSFUL HOSPITALS AND HEALTHCARE SYSTEM S WHO SHARE OUR DEDICATION TO EXCELLENCE AND VALUE SOME OF OUR MOST RECENT ADDITIONS INCL UDE A HALIFAX REGIONAL HOSPITAL IN THE FALL OF 2012, HALIFAX REGIONAL HOSPITAL SIGNED A LETTER OF INTENT TO AFFILIATE WITH SENTARA HEALTHCARE IT IS AN INTEGRATED SYSTEM INCLUDIN G A 192-BED HOSPITAL, THREE LONG-TERM CARE FACILITIES, A HOME CARE AND HOSPICE FACILITY, A ND A BROAD RANGE OF SPECIALTIES AND OUTPATIENT SERVICES ACROSS THE SOUTH BOSTON REGION, AB OUT 165 MILES WEST OF NORFOLK THE MERGER WAS COMPLETED JULY 1, 2013, WHICH ALSO MARKED HA LIFAX'S 60TH ANNIVERSARY SERVING THE SOUTH BOSTON COMMUNITY THE SYSTEM'S EXTENSIVE EXPERI ENCE SERVING RURAL COMMUNITIES MAKES IT PARTICULARLY VALUABLE TO LOCALS AND COMPLEMENTS SE NTARA'S COMMITMENT TO PERSONALIZED HEALTHCARE IT IS NOW THE 11TH OF 12 HOSPITALS IN SENTAR A'S NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM B SENTARA ALBEMARLE HOSPITAL, MEDICAL GROUP AND RELATED FACILITIES SENTARA HEALTHCARE AND ALBEMARLE HEALTH OF NORTHEASTERN NORTH CAROL INA BEGAN A PARTNERSHIP MARCH 1, 2014, AFTER APPROVAL BY THE PASQUOTANK COUNTY BOARD OF CO MMISSIONERS AND THE ALBEMARLE HOSPITAL AUTHORITY BOARD OF COMMISSIONERS AND THEIR TWO-YEAR PROCESS OF EVALUATING POTENTIAL PARTNERS ALL FOUR ENTITIES SHARE THE GOALS OF IMPROVING THE COMMUNITY'S ACCESS TO PRIMARY CARE, MANAGING CHRONIC DISEASE AND IMPROVING SERVICES AN D PROGRAMS IN THE REGION LOCATED IN ELIZABETH CITY, SENTARA ALBEMARLE MEDICAL CENTER IS A 182 LICENSED BED, FULL-SERVICE FACILITY OFFERING A WIDE RANGE OF SERVICES, INCLUDING INP ATIENT AND CRITICAL CARE, A FULL ARRAY OF SURGICAL SERVICES, SOPHISTICATED DIAGNOSTIC IMAG ING TECHNOLOGY, COMPREHENSIVE WOMEN'S CARE, CARDIOLOGY, CANCER TREATMENT, REHABILITATION S ERVICES AND MORE SENTARA ALBEMARLE MEDICAL CENTER HAS ASSEMBLED A MEDICAL STAFF OF MORE T HAN 100 PHYSICIANS, REPRESENTING NEARLY 30 SPECIALTIES, AND A CARING STAFF OF ALMOST 1,000 EMPLOYEES IT IS NUMBER 12 OF OUR 12 HOSPITALS ALBEMARLE PHYSICIAN SERVICES SENTARA BRIN GS TOGETHER A DEDICATED TEAM OF PRIMARY CARE AND SPECIALTY PHYSICIANS TO CARE FOR PATIENTS ACROSS NORTHEASTERN NORTH CAROLINA ALL OF THE FACILITIES ADOPTED THE SENTARA NAME IN MAY 2014 III CONSTANTLY LOOKING AHEAD TO BEST SERVE OUR COMMUNITIES AND PROVIDE THE MOST PAT IENT-FOCUSED, COST-EFFECTIVE HEALTHCARE POSSIBLE,

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	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 W E ALSO LEAD AND PARTICIPATE IN RESEARCH EFFORTS TO IDENTIFY AND TEST FUTURE TREATMENTS AND BEST PRACTICES SOME OF THE WAYS WE HAVE DONE THIS RECENTLY INCLUDE A OFFERING NEW PROCE DURES AND TECHNOLOGY SENTARA PHYSICIANS LEAD THE WAY BY OFFERING LIFE-SAVING PROCEDURES PR EVIOUSLY NOT AVAILABLE OR NOT READILY AVAILABLE BY DOING SO, THEY GIVE RESIDENTS THE COMF ORT AND COST-SAVINGS OF BEING CLOSE TO HOME WHILE IMPROVING THEIR HEALTH IN 2013, SENTARA ADDED 3D MAMMOGRAPHY, A BREAKTHROUGH TECHNOLOGY FOR DETECTING EARLY BREAST CANCER, AT EIG HT BREAST IMAGING LOCATIONS FROM WILLIAMSBURG TO VIRGINIA BEACH THIS ADVANCED TECHNOLOGY CREATES 3D BREAST RECONSTRUCTIONS SO RADIOLOGISTS CAN VIEW BREASTS IN THIN LAYERS AND SEE EARLY CANCERS THAT WOULD NOT BE VISIBLE USING OTHER MAMMOGRAPHY IN 2012, SENTARA WILLIAMS BURG REGIONAL MEDICAL CENTER STARTED A NEW TREATMENT FOR SEVERE ASTHMA CALLED BRONCHIAL TH ERMOPLASTY THIS MINIMALLY INVASIVE OUTPATIENT PROCEDURE USES A BRONCHOSCOPE TO DELIVER TH ERMAL ENERGY TO THE LUNGS OF PATIENTS WITH ASTHMA TO DECREASE THE AMOUNT OF SMOOTH MUSCLE IN THE LUNGS THE MUSCLES THAT CONSTRICT AND RESULT IN ASTHMA SY MPTOMS THAT SAME YEAR, THE SENTARA CANCER NETWORK'S MOBILE PET/CT BEGAN PERFORMING BODY SCANS TO DISCOVER AND STAGE CANCERS THAT MAY HAVE SPREAD TO THE BONES THIS IS POSSIBLE DUE TO THE FDA'S APPROVAL OF T HE USE OF 18F-SODIUM FLUORIDE AS AN INJECTION AT ROCKINGHAM MEMORIAL HOSPITAL IN 2012, PA TIENTS WITH THE HEART CONDITION ATRIAL FIBRILLATION BENEFITTED FROM A PROCEDURE CALLED CAR DIAC CRY OABLATION, APPROVED BY THE FDA IN LATE 2010 CRY OABLATION EMPLOYS A SPECIAL BALLOO N THAT'S FILLED WITH A COOLANT TO REDUCE ITS TEMPERATURE TO MINUS 80 DEGREES CELSIUS THE BALLOON IS APPLIED TO THE HEART TISSUES THAT CAUSE IRREGULAR HEARTBEATS, AND THE COLD TEMP ERATURES DESTROY THE TISSUE AND CORRECT THE HEART'S PROBLEM IT HAS PROVED SUCCESSFUL FOR PATIENTS WHO DID NOT RESPOND FULLY TO OTHER TREATMENTS WITH A $725,000 GRANT FROM THE POT OMAC HEALTH FOUNDATION, SENTARA NORTHERN VIRGINIA MEDICAL CENTER PURCHASED A NEW DIGITAL M AMMOGRAPHY VAN WITH THE VAN, THE CENTER REACHES WOMEN WITH LITTLE OR NO INSURANCE, IN HOP ES OF DETECTING CANCER EARLIER IN WOMEN IN PRINCE WILLIAM COUNTY, WHERE THERE'S A HIGHER-T HAN-AVERAGE DEATH RATE FROM BREAST CANCER ON SEPTEMBER 17, 2012, SURGEONS AND CARDIOLOGIS TS AT SENTARA HEART HOSPITAL WERE THE FIRST IN THE WORLD TO BEGIN PERFORMING SURGERIES IN THE DUAL EPICARDIAL ENDOCARDIAL PERSISTENT (DEEP) ATRIAL FIBRILLATION FEASIBILITY TRIAL T HIS FOOD AND DRUG ADMINISTRATION-APPROVED STUDY IS SPONSORED BY CARDIAC DEVICE MANUFACTURE R ATRICURE, INC AND IS DESIGNED TO EVALUATE THE SAFETY AND EFFICACY OF A COMBINED PROCEDU RE WHEREBY THE SURGEON CREATES LINES OF BLOCK ON THE OUTSIDE OF THE HEART WORKING THROUGH TINY CHEST INCISIONS B EXPANDING SERVICE AREAS AND PARTNERSHIPS IN 2013, WE LAUNCHED AN EFFORT TO BETTER SERVE THE SENIOR POPULATION IN HAMPTON ROADS THROUGH A MEDICARE ADVANTAGE PRODUCT FROM OPTIMA HEALTH, SENTARA HEALTHCARE'S AWARD-WINNING HEALTH PLAN, ONE SPECIALIZ ED SENTARA MEDICAL GROUP (SMG) PRACTICE AND A NEW COLLABORATION WITH SMG, EASTERN VIRGINIA MEDICAL SCHOOL, OPTIMA HEALTH, SENTARA HOME CARE AND LIFE CARE AND SENTARA HOSPITALS TO C REATE A SEAMLESS EXPERIENCE FOR PATIENTS ACROSS THE CONTINUUM OF CARE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	IN AUGUST 2012, SENTARA AND MDLIVE ANNOUNCED AN EQUITY PARTNERSHIP TO DELIVER REAL-TIME ME DICAL CONSULTATIONS VIA TELEPHONE AND ONLINE VIDEO THROUGH AN ESTABLISHED NETWORK OF PHYSI CIANS PATIENTS USE THE MDLIVE VIRTUAL CONSULT PLATFORM TO CONSULT DIRECTLY WITH A LICENSE D SENTARA OR PARTNER PHYSICIAN WHO CAN DIAGNOSE LOW-ACUITY ILLNESSES, PROVIDE CARE, AND SU BSCRIBE PRESCRIPTIONS IN 2013, SENTARA EMPLOYEES WITH OPTIMA HEALTH AND CIGNA INSURANCE R ECEIVED THE BENEFIT OF SENTARA MDLIVE APPOINTMENTS FOR A $15 CO-PAY WE SAW OVER 2,000 SEN TARA EMPLOYEES/DEPENDENTS COVERED UNDER OPTIMA INSURANCE REGISTER WITH MDLIVE THAT SAME Y EAR, 429 EMPLOYEES AND THEIR FAMILIES MADE AN APPOINTMENT WITH MDLIVE SENTARA IS WORKING WITH MDLIVE TO PARTNER WITH OTHER HEALTH SYSTEMS TO OFFER THE BENEFITS TO THEIR EMPLOYEES AND IS WORKING TO LEVERAGE THE TECHNOLOGY TO PILOT NEW MODELS TO TRANSFORM CARE AND IMPROV E LIVES C EXPANDING EDUCATIONAL SERVICES CONTINUING TO GROW AND DEVELOP AS WE AIM TO MEE T THE DEMAND FOR WELL-EDUCATED HEALTHCARE EXPERTS, THE SENTARA SCHOOL OF HEALTH PROFESSION ALS CHANGED ITS NAME IN 2009 TO THE SENTARA COLLEGE OF HEALTH SCIENCES (SCHS) AT THE SAME TIME, IT RECEIVED APPROVAL TO OFFER A BACCALAUREATE DEGREE IN NURSING, A REQUIREMENT MORE HOSPITALS ARE SETTING FOR ITS STAFF OUR BACHELOR OF SCIENCE IN NURSING PROGRAM BEGAN IN AUGUST 2010 WITH FOUR WAYS TO RECEIVE A DEGREE TRADITIONAL BSN, LPN TO BSN, RN TO BSN AND EARLY ADMISSION FOR HIGH SCHOOL SENIORS THE COLLEGE IS PROVIDING A NEW POOL OF HIGHLY CO MPETENT NURSES THE FIRST RN TO BSN CLASS GRADUATED IN MAY 2012 WITH SEVEN GRADUATES TWEN TY-SIX STUDENTS ALSO GRADUATED IN THE NEW, TRADITIONAL BSN PROGRAM, AND ONE STUDENT GRADUA TED IN THE NEW LPN TO BSN PROGRAM ALL STUDENTS PRACTICE THEIR SKILLS IN SENTARA'S SIMULAT ION LAB A MINIMUM OF EIGHT TIMES, ENABLING THEM TO PERFECT THEIR CRITICAL-THINKING SKILLS IN A SAFE ENVIRONMENT THE LAB, EQUIPPED WITH SIX, HIGH-FIDELITY PROGRAMMABLE MANNEQUINS W HO CAN CRY, SWEAT, BREATHE RAPIDLY AND DEVELOP SYMPTOMS OF CARDIAC ARREST, IS LOCATED INSI DE SCHS -- A FEATURE NOT FOUND IN MANY NURSING PROGRAMS -- SO THAT IT IS EASILY ACCESSIBLE FOR BOTH STUDENTS AND PROFESSORS, AND CLASSROOM INSTRUCTION OR FEEDBACK CAN OCCUR IMMEDIA TELY AFTERWARDS WE FURTHERED OUR OFFERINGS WITH THE SURGICAL TECHNOLOGY PROGRAM AT THE CO LLEGE LAUNCHING THE FIRST ASSOCIATE OF OCCUPATIONAL SCIENCE DEGREE WITH THE JANUARY 2013 C LASS D RESEARCHING FOR THE FUTURE IN A PATIENT STUDY CONDUCTED AT SENTARA LEIGH HOSPITAL IN 2012, NURSES WERE EMPOWERED TO GIVE IV FLUIDS AT THE EARLIEST SIGNS THAT A KNEE OR HIP JOINT REPLACEMENT PATIENT'S BLOOD PRESSURE WAS TRENDING DOWNWARD BEFORE THE STUDY, A 10- STEP PROCESS INCLUDING A PHYSICIAN ORDER WAS REQUIRED THIS NEW PROTOCOL SPED CARE AND RED UCED THE NUMBER OF PATIENTS WHOSE CONDITIONS WORSENED DUE TO LOW BLOOD PRESSURE BY 30 PERC ENT STUDY FINDINGS WERE SHARED WITH ORTHOPEDIC NURSES FROM AROUND THE UNITED STATES DURIN G THE 33RD ANNUAL NATIONAL ASSOCIATION OF ORTHOPAEDIC NURSES CONFERENCE IN SAN ANTONIO IN MAY 2013 IN APRIL 2012, SENTARA HEART HOSPITAL JOINED THE HEARTLIGHT TRIAL FOR THE TREATM ENT OF SYMPTOMATIC ATRIAL FIBRILLATION USING A FIBER OPTIC LIGHT, DOCTORS LOOK INSIDE THE BEATING HEART OF PATIENTS, TESTING A NEW DEVICE CALLED THE CARDIOFOCUS HEARTLIGHT ENDOSCO PIC ABLATION SYSTEM THE SYSTEM INCLUDES A BALLOON, SMALL CAMERA AND LASER LIGHT TO PRECIS ELY DELIVER LIGHT ENERGY TO MISFIRING AREAS OF THE HEART AND TO HELP RESTORE REGULAR HEART RHYTHM THE STUDY REACHED A MILESTONE IN FEBRUARY 2013 WHEN IT ENROLLED MORE THAN HALF OF THE TOTAL STUDY PARTICIPANTS IN A 10-MONTH, 2012 STUDY, SENTARA PHYSICIANS WORKED WITH T HE EASTERN VIRGINIA MEDICAL SCHOOL STRELITZ DIABETES CENTER TO DEVELOP ALERTS IN THE SENTA RA ECARE HEALTH NETWORK, OUR ELECTRONIC MEDICAL RECORD SYSTEM, WHEN A CHANGE OCCURS IN A D IABETIC PATIENT'S CONDITION THE ALERTS OFFER GUIDANCE ABOUT THE APPROPRIATE CARE FOR EACH SITUATION DURING THE STUDY PERIOD, PATIENTS SHOWED SUBSTANTIAL IMPROVEMENT NEARLY 900 P ATIENTS MOVED FROM THE HIGHEST LEVEL OF RISK FOR COMPLICATIONS TO A HEALTHIER RANGE THE R ESULTS WERE PRESENTED MAY 2, 2013 IN PHOENIX AT THE 22ND ANNUAL SCIENTIFIC AND CLINICAL CO NGRESS OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGIST (AACE) SENTARA PARTNERED W ITH CUPRON AND EOS SURFACES IN 2013 TO LAUNCH THE WORLD'S LARGEST CLINICAL TRIAL TO TEST T HE EFFECTIVENESS OF COPPER-INFUSED HARD SURFACES AND LINENS IN PREVENTING HOSPITAL-ACQUIRE D INFECTIONS THE STUDY LAUNCHED AT SENTARA NORFOLK GENERAL HOSPITAL'S ICU AND SENTARA LEI GH HOSPITAL'S EAST TOWER IN THE FIRST QUARTER OF 2014 WITH MORE THAN 15,000 HORIZONTAL SQU ARE FEET OF PATENT-PENDING CUPRON-ENHANCED EOS SURFACES INSTALLED ANTI-ODOR TEXTILES MANU FACTURED BY ENCOMPASS ARE USED FOR PATIENT BED LINENS, GOWNS AND OTHER TEXTILES THE COMPR EHENSIVE PROGRAM IS BELIEVED TO BE THE WORLD'S LARGEST HOSPITAL EVALUATION OF ANTIMICROBIA L-PROTECTED MATERIALS, WITH THE GOAL OF COMBATING

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THE SPREAD OF PATHOGENS KNOWN TO CONTRIBUTE TO HEALTHCARE INFECTIONS APPROXIMATELY SEVEN MILLION PEOPLE WORLDWIDE SUFFER FROM HOSPITAL-ACQUIRED INFECTIONS EACH YEAR IV BUILDING FOR THE FUTURE ALONG WITH REACHING OUT TO NEW COMMUNITIES, SENTARA HEALTHCARE STRIVES TO B UILD ON OUR EXISTING SERVICES AND IN OUR ESTABLISHED AREAS SO THAT WE EXCEED OUR PATIENTS' EXPECTATIONS AND MEET GROWING HEALTHCARE DEMANDS SOME OF THE CHANGES WE HAVE INVESTED IN RECENTLY WITHIN OUR ESTABLISHED COMMUNITIES INCLUDE A LORTON OUTPATIENT FACILITIES NEW OUTPATIENT FACILITIES OPENED IN LORTON/FAIRFAX COUNTY IN JUNE 2013 IT INCLUDES A 24-HOUR EMERGENCY DEPARTMENT AND AN ADVANCED IMAGING CENTER WITH A 64-SLICE CT AT LORTON MARKETPLA CE AND ANOTHER IMAGING CENTER AT LORTON STATION, WHICH ADDED 3D MAMMOGRAPHY IN JULY 2013 THESE ARE CONVENIENT HEALTHCARE DESTINATIONS IN A FAST-GROWING MARKETPLACE WHERE THE MAJOR ITY OF POPULATION GROWTH WILL BE FROM PEOPLE OVER 65 B BEHAVIORAL HEALTH UNIT A 24-BED I NPATIENT BEHAVIORAL HEALTH UNIT OPENED AT SENTARA VIRGINIA BEACH GENERAL HOSPITAL IN JANUA RY 2014 THE UNIT INCLUDES 16 BEDS DESIGNATED FOR GERIATRIC PATIENTS AND EIGHT GENERAL ADU LT BEDS THE NUMBER OF PATIENTS SEEKING PSY CHIATRIC SERVICES THROUGH THE EMERGENCY DEPARTM ENT AT SENTARA VIRGINIA BEACH GENERAL HAS INCREASED 111 PERCENT SINCE 2006 IN THE PAST, S OME PATIENTS HAVE HAD TO WAIT FOR ADMISSION IN THE EMERGENCY DEPARTMENT, WHERE A STAFF PER SON HAD TO BE COMMITTED TO THE PATIENT FOR HIS OR HER SAFETY THE NEW BEDS SPEED UP ADMISS ION AND IMPROVE CARE C MARTHA JEFFERSON NEUROSCIENCE CENTER THE NEUROSCIENCE CENTER BEGA N SERVING PATIENTS IN JANUARY 2013 IT IS EQUIPPED WITH THE LATEST TECHNOLOGY, WITH ELECTR OMY OGRAPHY (EMG) AND ELECTROENCEPHALOGRAPHY (EEG) DIAGNOSTIC EQUIPMENT, NEW VESTIBULAR BAL ANCE REHABILITATION EQUIPMENT, LOW-DOSE CT-IMAGING, AND COMPLETE COMPLEX BRAIN SURGERY SUC H AS STEREOTACTIC RADIOSURGERY (SRS) FOUR NEUROLOGISTS, TWO NEUROSURGEONS AND 13 REHAB TH ERAPISTS ARE UNDER ONE ROOF TO ENSURE PATIENTS RECEIVE CARE IN ONE LOCATION THE CENTER HA S ROLLED-OUT MULTI-DISCIPLINARY SUBSPECIALTY CLINICS THAT DELIVER A COORDINATED, PATIENT-C ENTERED APPROACH THE CLINICS INCLUDE THE SEIZURE DISORDER AND EPILEPSY CLINIC, THE NEUROP ATHY CLINIC, THE STROKE RECOVERY CLINIC, THE COGNITIVE REHABILITATION CLINIC AND THE VESTI BULAR BALANCE AND FALLS PREVENTION CLINIC D SENTARA EASTERN VIRGINIA MEDICAL SCHOOL (EVM S) COMPREHENSIVE PELVIC FLOOR CENTER SENTARA AND EVMS PARTNERED IN FEBRUARY 2013 TO CREATE THE CENTER AND COMBINE THE LATEST IN RESEARCH, STATE-OF-THE-ART TECHNOLOGY AND A MULTIDIS CIPLINARY CARE TEAM THE CENTER BRINGS TOGETHER SPECIALISTS IN UROGY NECOLOGY, GASTROENTERO LOGY, SPECIALIZED RADIOLOGY, UROLOGY, COLORECTAL MEDICINE AND SURGERY, PHY SICAL MEDICINE A ND REHABILITATION, NUTRITION AND PHY SICAL THERAPY TO HELP PATIENTS WITH PROBLEMS RELATED T O THE LOWER URINARY TRACT AND THE PELVIC FLOOR ALMOST HALF OF ALL WOMEN AND ONE IN FIVE M EN WILL EXPERIENCE URINARY INCONTINENCE, AND ROUGHLY 10 PERCENT OF WOMEN WILL UNDERGO SURG ERY FOR PELVIC ORGAN PROLAPSE OR URINARY INCONTINENCE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	E SENTARA LEIGH TOWERS WORK BEGAN IN DECEMBER 2011 ON A MULTI-PHASE, THREE-YEAR PROJECT T O BUILD A NEW SENTARA LEIGH HOSPITAL ON THE SITE OF THE CURRENT ONE SENTARA OPENED THE NE W EAST TOWER IN NOVEMBER 2013 ALONG WITH OUR PLANNED WEST TOWER, IT REPLACES THREE 1970S- ERA WINGS AT THE NORFOLK, VIRGINIA HOSPITAL THE TOWERS FEATURE STATE-OF-THE-ART PATIENT R OOMS WITH PRIVATE BATHROOMS, NO-STEP SHOWERS AND OVERNIGHT ACCOMMODATIONS FOR FAMILIES TH E PROJECT ALSO INCLUDES A 48-BED ORTHOPEDIC AND REHABILITATION CENTER ON THE FIRST FLOOR A ND EMPLOYS PART OF THE OUTSIDE GARDEN SPACE FOR WALKING EXERCISES ON DIFFERENT GRADES AND SURFACES, MAKING IT A TRUE HEALING GARDEN THE TOWERS PROJECT WILL CONTINUE AS OUR STAFF M AINTAINS EXCELLENT, UNINTERRUPTED PATIENT CARE DURING THE PHASED CONSTRUCTION F SENTARA HOSPICE HOUSE IN MARCH 2013, SENTARA OPENED SENTARA HOSPICE HOUSE, AN 8,311 SQUARE-FOOT FA CILITY TO PROVIDE CARE FOR UP TO 12 PEOPLE AND THEIR FAMILIES PREVIOUSLY, WITH ONLY FIVE LIVE-IN HOSPICES IN VIRGINIA AND NONE IN HAMPTON ROADS, PATIENTS WERE NOT OFTEN ABLE TO CH OOSE THIS CARE NOW THEY CAN G ROCKINGHAM MEMORIAL HOSPITAL (RMH) WOMEN'S CENTER CONSTRU CTION BEGAN ON THE RMH FUNKHOUSER WOMEN'S CENTER IN JUNE 2012 AND WAS COMPLETED JUNE 2013 THE 15,000 SQUARE FOOT CENTER HOUSES WOMEN'S IMAGING, INCLUDING ADVANCED BREAST IMAGING/M AMMOGRAPHY AND BONE DENSITY SCREENING, RMH BREAST CARE, THE IMAGE RECOVERY CENTER AND RMH HEART CHECK FOR MEN AND WOMEN AND A SURGEON'S OFFICE H ROCKINGHAM MEMORIAL HOSPITAL (RMH) OUTPATIENT ORTHOPEDICS & ADVANCED IMAGING CENTER RMH GAINED APPROVAL FOR THE NEW CENTER IN JULY 2012 THE NEW FACILITY WILL BE AN ORTHOPEDIC AND SPORTS MEDICINE DESTINATION INCLU DING ADVANCED IMAGING, RMH ORTHOPEDICS AND SPORTS MEDICINE, REHABILITATION THERAPY, A SPOR TS PERFORMANCE ARENA AND AN INTERVENTIONAL SUITE FOR PAIN MANAGEMENT AND SPECIAL PROCEDURE S THE CENTER IS SCHEDULED TO BE COMPLETED IN LATE 2015 I MARTHA JEFFERSON OUTPATIENT CA RE CENTER A NEW OUTPATIENT CARE CENTER OPENED IN THE FALL OF 2012, WITH A FREE-STANDING 24 -HOUR ED AND IMAGING, LABORATORY SERVICES AND A PRIMARY CARE PRACTICE THE ED SHORTENS TRA VEL TIME FOR EMS PROVIDERS, AND THE FACILITY AS A WHOLE HELPS CUT TRAVEL TIME FOR PATIENTS IN THE NORTHERN COUNTIES OF VIRGINIA V SENTARA QUALITY & PATIENT SAFETY DISTINCTIONS A MEASURING QUALITY HEALTHCARE SINCE OUR HEALTH SYSTEM'S EARLIEST YEARS, WE HAVE BELIEVED T HE COMMUNITY DESERVES HEALTHCARE THAT IS MEASURABLY BETTER SENTARA'S GOAL IS TO BE ACCRED ITED BY RESPECTED NATIONAL ORGANIZATIONS AND TO ACHIEVE TOP 10 PERCENT PERFORMANCE WHEREVE R BENCHMARKS EXIST WE ARE PROUD OF THE WORK WE HAVE DONE SO FAR TOWARD THIS GOAL, AS IT H AS BEEN RECOGNIZED IN MANY WAYS 1 TOP 100 INTEGRATED HEALTHCARE NETWORK SENTARA HAS CONS ISTENTLY RANKED AMONG THE NATION'S TOP INTEGRATED HEALTHCARE NETWORKS AS PUBLISHED IN MODE RN 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 CAR E NETWORKS ACROSS THE NATION AS SELECTED BY SDI, A HEALTH INFORMATION COMPANY 2 USING TE CHNOLOGY TO IMPROVE CARE SENTARA HEALTHCARE WAS BEEN NAMED ONE OF THE NATION'S MOST WIRED HEALTH SYSTEMS IN THE 2013 AND 2012 MOST WIRED SURVEY AND BENCHMARKING STUDY HOSPITALS & HEALTH NETWORKS POLLED ABOUT 1,570 HOSPITALS THE SURVEY ASSESSES HOSPITALS AND HEALTH SYS TEMS' MEANINGFUL USE OF ELECTRONIC MEDIA TECHNOLOGY IN FOUR AREAS INFRASTRUCTURE, BUSINESS AND ADMINISTRATIVE MANAGEMENT, CLINICAL QUALITY AND SAFETY, AND CARE CONTINUUM 3 AWARD- WINING CARDIAC AND NEPHROLOGY CARE SENTARA HEART HOSPITAL/SENTARA NORFOLK GENERAL HOSPITAL IS A COMPREHENSIVE NETWORK OF PROVIDERS, FACILITIES AND SERVICES WORKING TOGETHER TO ENSU RE THE HIGHEST LEVEL OF CARE SENTARA NORFOLK GENERAL HOSPITAL HAS BEEN RANKED THE NUMBER ONE HOSPITAL IN VIRGINIA AND HAMPTON ROADS BY U S NEWS & WORLD REPORT IN THE 2014-15 U S NEWS BEST HOSPITALS RANKINGS, THE HOSPITAL WAS RECOGNIZED WITH TWO NATIONALLY RANKED TOP 50 PROGRAMS CARDIOLOGY AND HEART SURGERY ARE RANKED 44TH, WHICH MARKS THE PROGRAM'S 14TH CONSECUTIVE YEAR AMONG THE NATION'S ELITE PROGRAMS IN THE U S NEWS NATIONAL SURVEY FOR THE FIRST TIME, EAR, NOSE AND THROAT IS ALSO AMONG THE NATION'S TOP 50 PROGRAMS AT NUMBER 41 THIS NATIONAL RANKING IS DUE, IN PART, TO INNOVATIVE PROCEDURES USED BY SURGEONS AND R ADIOLOGISTS WITH EASTERN VIRGINIA MEDICAL SCHOOL MEDICAL GROUP FOR PATIENTS WITH HEAD AND NECK CANCERS AND TRAUMATIC INJURIES THE TWO SPECIALTIES ARE THE ONLY TOP-50 RANKED HEART AND ENT PROGRAMS IN VIRGINIA IN ADDITION TO THE NATIONAL RANKINGS, U S NEWS INCLUDED RAN KINGS FOR STATE AND METRO AREAS SEVEN SENTARA HOSPITALS WERE FEATURED IN THE RANKINGS, WI TH SENTARA NORFOLK GENERAL HOSPITAL LISTED AT NUMBER ONE IN THE REGION AND NUMBER ONE IN T HE STATE MARTHA JEFFERSON HOSPITAL RANKED 11TH IN

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THE STATE AND SENTARA ROCKINGHAM MEMORIAL HOSPITAL 15TH SENTARA VIRGINIA BEACH GENERAL H OSPITAL WAS 8TH IN THE STATE AND SECOND IN HAMPTON ROADS, SENTARA WILLIAMSBURG REGIONAL ME DICAL CENTER TIED WITH SENTARA LEIGH HOSPITAL FOR 20TH IN THE STATE AND WAS RANKED THIRD I N HAMPTON ROADS SENTARA LEIGH WAS SIXTH IN HAMPTON ROADS SENTARA PRINCESS ANNE HOSPITAL RANKED 15TH IN THE STATE AND THIRD IN HAMPTON ROADS 4 OUTSTANDING CANCER CARE AFTER A TH REE-DAY SURVEY IN 2012, THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER RE-ACCREDIT ED THE SENTARA CANCER NETWORK FOR THREE YEARS WITH COMMENDATIONS THE ACCREDITATION WAS AS AN "INTEGRATED NETWORK" THE ONLY ONE IN VIRGINIA WITH NO DEFICIENCIES 5 SENTARA SYSTEM STROKE TEAM IN FEBRUARY 2013, THE VIRGINIA HOSPITAL ASSOCIATION SELECTED SENTARA'S STANDAR DIZED STROKE PROGRAM AS A LEADING BEST PRACTICE THE SYSTEM STROKE TEAM AT SENTARA DEVELOP ED A STANDARDIZED PROGRAM AND IMPLEMENTED IT AT 10 SENTARA HOSPITALS THE TEAM EVALUATED T HE ENTIRE STROKE PROCESS FROM DIAGNOSIS IN THE FIELD AND TREATMENT IN THE EMERGENCY DEPART MENT TO PATIENT DISCHARGE THE RESULTS INCLUDED A REDUCTION IN SYSTEM-WIDE STROKE MORTALIT Y FROM 11 PERCENT IN 2008 TO FIVE PERCENT IN 2012, A REDUCTION IN AVERAGE LENGTH OF STAY B Y TWO DAYS WITH AN ASSOCIATED COST SAVINGS OF $1 1 MILLION, AND INCREASED STROKE CORE METR IC PERFORMANCE FROM 54 9 PERCENT OF GOAL MET IN 2009 TO 92 1 PERCENT OF GOAL MET IN 2012 6 THE JOINT COMMISSION AND DET NORSKE VERITAS HEALTHCARE, INC (DNVHC) ACCREDITATION THE J OINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS GIVEN SEVERAL OF OUR HOSP ITALS ITS GOLD SEAL OF APPROVAL AND DISEASE-SPECIFIC CARE CERTIFICATION AN INDEPENDENT, N OT-FOR-PROFIT ORGANIZATION, THE JOINT COMMISSION ACCREDITS AND CERTIFIES MORE THAN 20,500 HEALTH CARE ORGANIZATIONS AND PROGRAMS IN THE UNITED STATES JOINT COMMISSION ACCREDITATIO N AND CERTIFICATION IS RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY THAT REFLECTS AN ORGAN IZATION'S COMMITMENT TO MEETING CERTAIN PERFORMANCE STANDARDS THEIR MISSION IS TO CONTINU OUSLY IMPROVE HEALTHCARE FOR THE PUBLIC BY EVALUATING HEALTHCARE ORGANIZATIONS AND INSPIRI NG THEM TO EXCEL IN PROVIDING SAFE AND EFFECTIVE CARE OF THE HIGHEST QUALITY AND VALUE SE NTARA NORFOLK GENERAL HOSPITAL EARNED THE JOINT COMMISSION'S VASCULAR CERTIFICATION SENTA RA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPIT AL, SENTARA CAREPLEX HOSPITAL, SENTARA OBICI HOSPITAL, AND SENTARA PRINCESS ANNE HOSPITAL ALL EARNED PRIMARY STROKE CERTIFICATION VOLUNTARY HOSPITALS ASSOCIATION "BLUEPRINTED" THE SENTARA HAMPTON ROADS HOSPITALS' STROKE PROGRAMS AS A "LEADING PRACTICE IN STROKE CARE" W ITH A WEBINAR ORIGINATING FROM SENTARA ROCKINGHAM MEMORIAL HOSPITAL (RMH) WAS CERTIFIED B Y THE JOINT COMMISSION AS AN ADVANCED PRIMARY STROKE CENTER THE SURVEYORS RECOGNIZED RMH' S PATIENT DISCHARGE PHONE CALL PROGRAM AND ITS COLLABORATION WITH LOCAL EMS PROVIDERS AS B EST PRACTICES IN STROKE CARE DNVHC ACCREDITED MARTHA JEFFERSON HOSPITAL WITH A HOSPITAL C ERTIFICATION AND A STROKE PROGRAM CERTIFICATION DNVHC'S ACCREDITATION PROGRAM INVOLVES AN NUAL HOSPITAL SURVEYS AND ENCOURAGES HOSPITALS TO OPENLY SHARE INFORMATION ACROSS DEPARTME NTS AND TO DISCOVER IMPROVEMENTS IN CLINICAL WORKFLOWS AND SAFETY PROTOCOLS DNVHC IS AN I NTERNATIONAL COMPANY BASED OUTSIDE OF OSLO, NORWAY FOUNDED IN 1864 IN 2012, DNV MERGED WI TH GERMAN-BASED GERMANISCHER LLOYD TO FORM THE DNV-GL GROUP

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	7 AWARD FOR SUPPORTING BREASTFEEDING FOUR SENTARA HOSPITALS IN HAMPTON ROADS AND SIX PROG RAM CHAMPIONS RECEIVED BUSINESS INVESTMENT IN BABIES (BIB) AWARDS IN 2012 FROM THE BUSINES S CASE FOR BREASTFEEDING PROGRAM ADMINISTERED THROUGH CINCH, THE COALITION FOR INFANT AND CHILD HEALTH AT EASTERN VIRGINIA MEDICAL SCHOOL SENTARA WAS AMONG THE EMPLOYERS CITED FOR CREATING A SUPPORTIVE ENVIRONMENT FOR NURSING MOTHERS TO PUMP BREAST MILK DURING THE WORK DAY BY PROVIDING TIME, PRIVATE SPACE, AND WRITTEN POLICIES HOSPITALS INCLUDED SENTARA NOR FOLK GENERAL, SENTARA LEIGH, SENTARA VIRGINIA BEACH GENERAL, AND SENTARA PRINCESS ANNE 8 FIVE-STAR RANKINGS, SILVER ACHIEVEMENT, AND EXCELLENCE IN ACTION AWARDS FOR NURSING CENTE RS IN 2013, FOR THE THIRD YEAR IN A ROW, TWO SENTARA NURSING CENTERS RECEIVED A FIVE STAR OVERALL RANKING IN U S NEWS & WORLD REPORT'S ANNUAL BEST NURSING HOMES SURVEY BEST NURSI NG HOMES RECOGNIZES TOP-RATED HOMES IN THE UNITED STATES OF MORE THAN 15,500 HOMES RATED, SENTARA NURSING CENTER WINDMERE, VIRGINIA BEACH AND NURSING CENTER PORTSMOUTH WERE AMONG FEWER THAN ONE IN EIGHT THAT RECEIVED A FIVE-STAR OVERALL RATING IN ALL FOUR QUARTERS SEN TARA NURSING CENTER BARCO, NORTH CAROLINA RECEIVED FIVE STARS IN 2012 AND 2013 AS WELL SE NTARA NURSING CENTER-CURRITUCK RECEIVED A 2012 SILVER-ACHIEVEMENT IN QUALITY AWARD FROM TH E AMERICAN HEALTHCARE ASSOCIATION AND NATIONAL CENTER FOR ASSISTED LIVING THE COMPETITIVE AWARDS FOLLOW CRITERIA IN THE BALDRIGE PERFORMANCE EXCELLENCE PROGRAM AND MARK MEASURABLE PROGRESS IN QUALITY IMPROVEMENTS IN LONG TERM CARE B PATIENT SAFETY OUR FOCUS GOES BEYO ND THE BASICS OF MAKING HEALTHCARE SAFE FOR OUR PATIENTS SENTARA HAS BUILT A STRONG "CULT URE OF SAFETY" TO REDUCE MEDICAL ERRORS BY MODELING SUCCESSFUL PROGRAMS FROM THE NUCLEAR P OWER AND AVIATION INDUSTRIES THIS CULTURE OF SAFETY PROMOTES BEHAVIORS THAT RESULT IN SAF E, 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 KNOW N AS "BEHAVIOR BASED EXPECTATIONS" OR BBE'S TO ENSURE THE HIGHEST STANDARD OF CARE THE GO AL IS TO MAKE THESE TOOLS AND TECHNIQUES A HABIT FOR OUR DEDICATION, WE HAVE RECEIVED NUM EROUS AWARDS FOR PATIENT SAFETY AND QUALITY OF CARE STANDARDS 1 THE LEAPFROG HOSPITAL SU RVEY THE LEAPFROG HOSPITAL RECOGNITION PROGRAM (LHRP) HONORS HOSPITALS THAT DEMONSTRATE EX CELLENCE OR IMPROVEMENT IN PATIENT SAFETY, QUALITY, AND RESOURCE UTILIZATION IN 2012, THE LEAPFROG GROUP DEVELOPED THE HOSPITAL SAFETY SCORE, GRADING MORE THAN 2,600 OF THE NATION 'S HOSPITALS ON PATIENT SAFETY IN VIRGINIA, 58 HOSPITALS WERE NAMED IN THE REPORT, AND SE VEN SENTARA HOSPITALS ACHIEVED THE HIGHEST GRADE OF A FOR DELIVERING SAFE CARE TO PATIENTS IN 2013, LEAPFROG RECOGNIZED SENTARA NORFOLK GENERAL HOSPITAL WITH AN A RATING 2 INFEC TION 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 D EVELOP IN PATIENTS WHO HAVE BEEN ON MECHANICAL VENTILATION FOR 48 HOURS OR MORE IN 2013, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER MARKED NINE CONSECUTIVE YEARS WITH ZERO CASES OF VAP, WHICH NO OTHER HOSPITAL IN THE COUNTRY CAN CLAIM THE DEPARTMENT OF HEALTH AND HU MAN SERVICES AND THE CRITICAL CARE SOCIETIES COLLABORATIVE HAVE RECOGNIZED WILLIAMSBURG FO R OUTSTANDING ACHIEVEMENT AND LEADERSHIP IN THE ELIMINATION OF VAP VOLUNTARY HOSPITALS OF AMERICA (VHA), A VOLUNTARY NATIONAL ORGANIZATION FOCUSED ON HEALTH CARE FINANCIAL PERFORM ANCE THROUGH CLINICAL EXCELLENCE AND SUPPLY CHAIN MANAGEMENT, "BLUEPRINTED" THE PRACTICES AT SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS A MODEL FOR HOSPITALS ACROSS THE COUNTR Y 3 IMPROVING PATIENT SAFETY THROUGH TECHNOLOGY SENTARA HEALTHCARE PROVIDES THE SENTARA ECARE HEALTH NETWORK THE CLINICAL SYSTEM USES INNOVATIVE TECHNOLOGY TO LINK PATIENT MEDIC AL INFORMATION BETWEEN OUR HOSPITALS, PHYSICIAN PRACTICES AND OTHER HEALTH CARE SITES OVER A PROTECTED NETWORK, ENABLING THE SECURE SHARING OF PATIENT INFORMATION, INCREASING PATIE NT SAFETY AND REDUCING PREVENTABLE MEDICAL ERRORS MYCHART, THE COMPONENT OF ECARE THAT AL LOWS 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 CURRENTLY, 140,000 PATIENTS ACCESS MYCHART EACH YEAR 2013 MARKED THE 13TH YEAR THAT WE EMPLOYED OUR EICU REMOTE MONITORING S YSTEM FOR OUR SICKEST HOSPITAL PATIENTS SENTARA WAS THE FIRST HOSPITAL SYSTEM IN THE COUN TRY TO IMPLEMENT THE EICU SYSTEM, WHICH USES A NETWORK OF CAMERAS, MONITORS, ALERTS, AND T WO-WAY COMMUNICATION LINKS DOCTORS AND CRITICAL CARE NURSES AT THE EICU COMMAND CENTER MA KE VIRTUAL ROUNDS ON ICU PATIENTS THIS SENTARA-PIONEERED TECHNOLOGY IS NOW USED TO HELP C ARE FOR PATIENTS IN NEARLY 5,000 ICU BEDS NATIONAL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	LY ANOTHER SAFETY INITIATIVE ADOPTED BY SENTARA IS BEDSIDE MEDICATION VERIFICATION, INCLU DING BAR-CODING TECHNOLOGY NATIONAL STUDIES HAVE FOUND THAT BEDSIDE VERIFICATION CAN REDU CE HOSPITAL MEDICATION ERRORS BY NEARLY 70 PERCENT VI COMMITMENT TO THE COMMUNITY AS A N OT-FOR-PROFIT HEALTHCARE ORGANIZATION, WE CONTINUOUSLY REINVEST IN THE COMMUNITY-BY PURCHA SING THE MOST MEDICALLY ADVANCED TECHNOLOGY, BUILDING NEW, STATE-OF-THE-ART HEALTHCARE FAC ILITIES, TRAINING MEDICAL PROFESSIONALS, AND PROVIDING THE HIGHEST QUALITY HEALTHCARE TO A LL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IT'S NOT JUST OUR MISSION, IT'S OUR COMMIT MENT TO THE COMMUNITY MARTHA JEFFERSON HOSPITAL WAS HONORED BY THE CHARLOTTESVILLE REGION AL CHAMBER OF COMMERCE WITH THE 2012 HOVEY S DABNEY AWARD FOR CORPORATE CITIZENSHIP ORGA NIZATIONS RECEIVING THIS AWARD ARE KNOWN FOR ENGAGING IN SOUND, SUCCESSFUL BUSINESS PRACTI CE AND BEING GOOD PARTNERS WITH OTHER BUSINESSES, INVESTING DIRECTLY IN THE ECONOMIC AND C ULTURAL ADVANCEMENT OF THE COMMUNITY, PURSING A POSITIVE WORK ENVIRONMENT, AND INSPIRING B Y EXAMPLE THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES AWARDED ROCKINGHAM MEMORIAL HOSPITAL (RMH) WITH A $3 1 MILLION, FIVE-YEAR GRANT IN NOVEMBER 2012 TO HELP FAMILIES AT RISK FROM SUBSTANCE ABUSE AS A FISCAL AGENT, RMH OVERSEES ADMINISTRATION OF THE GRANT, AN D CENTRAL SHENANDOAH VALLEY FAMILY PARTNERSHIP HELPS FAMILIES WITH CHILDREN IN DANGER OF B EING REMOVED FROM THEIR HOMES BECAUSE OF SUBSTANCE ABUSE BY A CAREGIVER SOLIANT HEALTH NA MED MARTHA JEFFERSON HOSPITAL THE TOP VOTE-GETTER IN THE COUNTRY IN ITS ANNUAL "MOST BEAUT IFUL HOSPITAL" SURVEY IN 2012 HERE ARE SOME OF THE OTHER WAYS WE'VE INVESTED IN THE PEOPL E WE SERVE A THE SENTARA HEALTH FOUNDATION WE ESTABLISHED THE SENTARA HEALTH FOUNDATION IN 1998 TO IMPROVE HEALTH AND QUALITY OF LIFE THROUGHOUT SOUTHEASTERN VIRGINIA AND NORTH C AROLINA, AND TO DEMONSTRATE OUR NOT-FOR-PROFIT MISSION THE FOUNDATION HAS TOUCHED THE LIV ES OF MANY VIRGINIA RESIDENTS FROM THE EASTERN SHORE TO GREATER HAMPTON ROADS THROUGH GRAN TS SUPPORTING COMMUNITY HEALTH PROGRAMS SPECIFICALLY, IT HAS AWARDED OVER $10 MILLION IN GRANTS, INCLUDING $601,800 IN 2013 PROGRAMS INCLUDE DENTAL CARE, PRENATAL SUPPORT, MEDICA TION ASSISTANCE, AND REDUCED-COST PRIMARY CARE THE FOUNDATION ALSO SPONSORS COMMUNITY EVE NTS, SUCH AS THE SUSAN G KOMEN TIDEWATER RACE FOR THE CURE, THE AMERICAN HEART ASSOCIATIO N 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 2013, SENTARA REINVESTED $299,989,000 INTO OUR COMMUNITIES SENTARA EARMARKED $20,454,000 FOR HEALTH CARE TEACHING PROGRAMS TO ENSURE A QUALIFIED POOL OF PHY SICIANS AND NURSES WE ALSO SPENT $5,355,000 TO SUPPORT LOCAL COMMUNITY PROGRAMS THAT PROVIDED HEALTH EVENTS AND HEALTH SCREENINGS TO INDI VIDUALS WE FUNDED $274,180,000 IN UNCOMPENSATED PATIENT CARE FOR PEOPLE WHO WERE UNINSURE D OR UNDERINSURED 2 MEDICALLY UNDERSERVED SENTARA MEDICAL GROUP'S PHY SICIANS AND MEDICAL STAFF VOLUNTEER THOUSANDS OF HOURS TO EASTERN VIRGINIA MEDICAL SCHOOL (EVMS), FREE CLINIC S, COMMUNITY EDUCATION, AND CIVIC AND CHARITABLE PROGRAMS WE SUPPORT AND OPERATE UNCOMPEN SATED CARE CLINICS THROUGHOUT THE REGION, INCLUDING THE SENTARA AMBULATORY CARE CENTER (AC C) THE ACC IS A COLLABORATIVE EFFORT WITH EVMS AND IS LOCATED NEAR SENTARA NORFOLK GENERA L HOSPITAL IT FEATURES AN APPOINTMENT SIDE, WHICH FUNCTIONS LIKE A DOCTOR'S OFFICE, AND A SAME-DAY "WALK-IN" SERVICE SIDE FOR MORE PRESSING AND IMMEDIATE HEALTH CONCERNS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	IN NOVEMBER 2012, SENTARA PARTNERED WITH THE FREE FOUNDATION TO OPEN A VIRGINIA BEACH FACI LITY THE NON-PROFIT COLLECTS, REFURBISHES, STERILIZES, AND DISTRIBUTES USED DURABLE MEDIC AL EQUIPMENT TO THOSE WHO CANNOT AFFORD IT THE SENTARA HEALTH FOUNDATION SUPPORTED THE FR EE SET-UP AND DONATED SPACE C IN SUPPORT OF COMMUNITY HEALTH INITIATIVES 1 SENTARA COMM UNITY 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 COMMUN ITY ABOUT HEALTH OUR CAMPAIGNS HAVE INCLUDED -NATIONAL DRUG TAKE BACK DAY -DRIVE-THRU FL U SHOTS -WOMEN'S DAY HEALTH FAIR -WEBINARS FOR WEIGHT LOSS SURGERY -PAINT FACEBOOK PINK TO RAISE AWARENESS FOR BREAST HEALTH -TEXT OUTREACH TO PREGNANT WOMEN -EATING FOR LIFE, AN A WARD-WINNING NUTRITION AND HEALTHY EATING PROGRAM -KNOW YOUR NUMBERS, A CARDIOVASCULAR RIS K REDUCTION AND HEALTH IMPROVEMENT PROGRAM -WALK-ABOUT WITH HEALTHY EDGE, A WALKING PROGRA M THAT ENCOURAGES WALKING FOR CARDIOVASCULAR HEALTH -GET OFF YOUR BUTT STAY SMOKELESS FOR LIFE, A SMOKING CESSATION PROGRAM -HEALTHY HEART PROGRAM, A CARDIOVASCULAR DISEASE REDUCT ION PROGRAM -SENTARA LIVING, A COMPREHENSIVE WELLNESS PROGRAM FOR SENIORS - SENTARA'S MOBIL E MAMMOGRAPHY UNIT VISITS NUMEROUS WORK SITES EVERY YEAR TO ENCOURAGE WELLNESS -CAMP LIGH THOUSE, A GRIEF CAMP FOR KIDS AGES 5-16 WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE -DON 'T SIT ON COLON CANCER HEALTHY EATING AND SCREENING CAMPAIGN AND 5K - PROSTATE CANCER EDUCA TION AND FREE SCREENINGS -MOBILE ER TENTS AT VIRGINIA BEACH ROCK 'N' ROLL HALF MARATHON -A NEW BLOG FOR WOMEN OF CHILDBEARING AGE WITH INFORMATION AND SUPPORT FOR MOTHERS AND MOTHE RS-TO-BE -COURAGE F U N, A PROJECT TO COMBAT CHILDHOOD OBESITY THROUGH SOCCER TRAINING AND WEIGHT MANAGEMENT EDUCATION -LUNG CANCER SCREENING EDUCATION FOR SMOKERS 55 AND OLDER WHO HAVE SMOKED A PACK A DAY FOR OVER 30 YEARS 2 TOBACCO-FREE ENVIRONMENTS HOSPITALS SEE THE EFFECTS OF TOBACCO EVERY DAY IN HEART DISEASE, RESPIRATORY AILMENTS, AND CANCERS IN RESP ONSE, SENTARA HAS IMPLEMENTED OUR TOBACCO-FREE ENVIRONMENT (TFE) CAMPAIGN NO ONE IS ALLOW ED TO SMOKE, CHEW OR DIP ANYWHERE ON CAMPUS, NOT EVEN IN CARS THE GOAL IS NOT JUST TO AVO ID 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 ADOPTED THE TOBACCO FREE ENVIRONMENT INITIATIVES WE HAVE EARNED THE AMERICAN CANCER SOCIETY "EXCELLENCE IN THE WORKPLACE TOBACCO CONTROL" AWARD FOR OUR EFFORTS VII O PTIMA HEALTH PLAN A IMPROVING HEALTH OPERATING WITH THE SAME MISSION IN MIND -- TO IMPROV E 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 MEM BERS THROUGHOUT THE STATE OUR QUALITY PROVIDER NETWORK FEATURES MORE THAN 15,000 PROVIDER S INCLUDING SPECIALISTS, PRIMARY CARE PHY SICIANS, AND HOSPITALS B SUPPORTING THE COMMUNI TY OPTIMA HEALTH PROVIDES MORE THAN INSURANCE FOR OUR COMMUNITIES, WE REACH OUT THROUGH HE ALTH SCREENINGS, EVENTS, EDUCATION MATERIALS, AND IMMUNIZATIONS OUR HIGHLIGHTS IN 2013 IN CLUDED -HEALTH IMPROVEMENT EVENT PARTICIPATION NUMBERS INCREASED FROM THE PREVIOUS YEAR (IN 2012 THERE WERE 43,263 PARTICIPANTS COMPARED TO 43,351 PARTICIPANTS IN 2013) THESE EVE NTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS -EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTHY HEART, MEDITA TION, TAI CHI AND YOGA, OUR CARDIOVASCULAR DISEASE RISK REDUCTION PROGRAMS, COLLECTIVELY I NCREASED IN DISTRIBUTION BY 9 PERCENT OVER 2012 -FLU PATROL ADMINISTERED A TOTAL OF 10,58 3 IMMUNIZATIONS 8,573 WERE GIVEN TO OPTIMA HEALTH INSURED EMPLOYERS IN VIRGINIA THIS NUM BER SURPASSED OUR GOAL OF 8,000 -PREVENTIVE BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS DELIVERED MESSAGES TO 255,945 ADULT HEALTH PLAN MEMBERS PREVENTIVE BIRTHDAY C ARD REMINDERS FOR CHILDREN DELIVERED ANNUAL PHY SICAL EXAM MESSAGES TO 149,026 HEALTH PLAN MEMBERS SELF-CARE MANUALS WERE DISTRIBUTED TO HEALTH PLAN MEMBERS AND COMMUNITY ORGANIZAT IONS 1,775 WENT OUT IN 2013 -OUR TOBACCO CESSATION PROGRAM HAD 11,404 INTERVENTIONS IN 2 013 WE SENT OUT 46,261 CAMPUS-WIDE ELECTRONIC INTERVENTIONS TO PROMOTE THE GREAT AMERICAN SMOKEOUT AND DISTRIBUTED 5,719 QUIT KITS OUR CERTIFIED TOBACCO TREATMENT SPECIALISTS FAC ILITATED 17 TOBACCO CESSATION AWARENESS GROUP PROGRAMS FOR 56 PARTICIPANTS AND PROVIDED 38 TOBACCO AWARENESS PRESENTATIONS FOR COMMUNITY AND EMPLOYER GROUPS WE CONTACTED OVER 320 INPATIENTS FOUR WEEKS AFTER THEIR HOSPITAL DISCHARGE FOR TOBACCO CESSATION FOLLOW-UP -DUR ING THE MONTH OF NOVEMBER, 17,029 EMPLOY EES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCT ION WITH THE HEALTHY EDGE/MISSION HEALTH PROGRAM OF THOSE, 9,690 EMPLOY EES ATTENDED 132 ON-SITE HEALTH SCREENINGS WITHIN SIX MONTHS IN 20

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	13, WE IDENTIFIED 5,746 EMPLOYEES WITH TWO OR MORE HEALTH RISKS AND 5,423 AGREED TO ENGAGE WITH A HEALTH COACH 3,238 EMPLOYEES AGREED TO CONTINUE ENGAGING WITH THEIR HEALTH COACH 1,554 EMPLOYEES FROM 2013 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 678 EMPLOYEES SUBMITTED MAMMOGRAPHY, COLORECTAL CANCER SCREENING AND PROS TATE CANCER SCREENING PROGRAM COUPONS IN 2013 -12,205 CITY OF VIRGINIA BEACH AND VIRGINIA BEACH PUBLIC SCHOOL EMPLOYEES ENROLLED IN THE WELLNESS FOR LIFE PROGRAM OF THOSE, 7,199 EMPLOYEES ATTENDED 59 ON-SITE HEALTH SCREENINGS WITHIN NINE MONTHS 4,996 EMPLOYEES WERE I DENTIFIED WITH TWO OR MORE HEALTH RISKS OVERALL, 80 PERCENT OF ELIGIBLE EMPLOYEES PARTICI PATED -HAMPTON ROADS SANITATION DISTRICT AWARDED A THREE-YEAR HEALTH IMPROVEMENT SERVICES CONTRACT TO OPTIMA HEALTH & PREVENTIVE SERVICES THIS UNIQUE CONTRACT IS BETWEEN OPTIMA H EALTH AND A GROUP THAT IS INSURED WITH ANOTHER CARRIER FOR OUR OUTSTANDING WELLNESS SERVIC ES OUR HEALTH PROGRAMMING IMPACTED 812 EMPLOYEES IN 2013 - POCKET EKG SCREENED 341 PARTIC IPANTS IN 2013 WE IDENTIFIED 320 (94 PERCENT) OF THOSE PARTICIPANTS WITH CARDIOVASCULAR H EALTH RISKS -WE SUPPORTED COMMUNITY PARTNERS INCLUDING VIRGINIA DEPARTMENT OF HEALTH, VIR GINIA DIABETES COUNCIL, PENINSULA AGENCY ON AGING, COMMUNITY HEALTH CENTERS, AND VARIOUS C HURCHES WITH CARDIOVASCULAR HEALTH RISK REDUCTION RESOURCES, CANCER RISK REDUCTION PROGRAM S AND CLINICAL EXPERTISE FOR PROGRAM DEVELOPMENT C ACCREDITATION AND AWARDS THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HAS RECOGNIZED OUR QUEST FOR EXCELLENCE BY AWARDIN G OUR COMMERCIAL HMO AND MEDICAID HMO PRODUCTS WITH AN "EXCELLENT" ACCREDITATION STATUS W E HAVE MAINTAINED THIS RATING SINCE 1998, A CLAIM NO OTHER HEALTH PLAN IN THE REGION CAN M AKE OPTIMA HEALTH RECEIVED AN A+ RATING FROM THESTREET COM (WEISS RATINGS, INC) FOR FINA NCIAL SOUNDNESS, RECOGNIZING OUR ABILITY TO WITHSTAND SEVERE ECONOMIC ADVERSITY AND SHOWIN G EXCEPTIONAL FINANCIAL STRENGTH THESTREET COM IS THE NATION'S LEADING INDEPENDENT PROVID ER OF RATINGS AND ANALYSES OF FINANCIAL SERVICE COMPANIES, MUTUAL FUNDS, AND STOCKS THE R ATING RECOGNIZES OPTIMA HEALTH AS AN OUTSTANDING INSURER OFFERING EXCELLENT FINANCIAL STAB ILITY FOR ITS CUSTOMERS FEWER THAN FIVE PERCENT OF THE NATION'S HMOS AND HEALTH INSURERS MEET THESTREET COM RATING'S CRITERIA FOR EXCEPTIONAL FINANCIAL STRENGTH VIII CONCLUSION THROUGH ALL THAT WE DO AT SENTARA HEALTHCARE AND OPTIMA HEALTH, WE STRIVE TO IMPROVE HEALT H EVERY DAY, WHETHER IT IS BY USING THE MOST ADVANCED MEDICAL EQUIPMENT POSSIBLE, CARING F OR 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 HOSP ITAL BY HOSPITAL AND PHYSICIAN'S OFFICE BY PHYSICIAN'S OFFICE, WE BELIEVE WE MAY HELP OVER THREE MILLION PEOPLE WHETHER ENROLLED "PATIENTS" OR COMMUNITY MEMBERS - ACROSS VIRGINIA A ND NORTH CAROLINA, THANKS TO ALL OF OUR VITAL HEALTH SERVICES AND PROGRAMS OFFERED EACH YE AR

Return Reference	Explanation
FORM 990, PART V, LINE 1A FORM 1096	THE ORGANIZATION IS THE 501(C)(3) SOLE MEMBER OR SHAREHOLDER OF SEVERAL OTHER ORGANIZATIONS FOR WHICH IT MAINTAINS AGENCY RELATIONSHIPS AND ISSUES 1099S THE NUMBER REPORTED IS A BEST ESTIMATE OF THE 1099S ATTRIBUTABLE TO THE ORGANIZATION THE EXACT NUMBER CANNOT BE DETERMINED, AS SOME OF THE 1099S ISSUED BY THE ORGANIZATION ARE ATTRIBUTABLE TO MORE THAN ONE ENTITY, AND THERE IS NO REPORTING MECHANISM TO DETERMINE 1099S ATTRIBUTABLE SOLELY TO THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS DAVID BERND AND HOWARD KERN HAVE A BUSINESS RELATIONSHIP C EDWARD RUSSELL, JR AND LAWRENCE CUMMING HAVE A BUSINESS RELATIONSHIP R SCOTT MORGAN, LAWRENCE A CUMMING, AUBREY L LAYNE JR , W ANDREW DICKINSON, ROBERT S MILLER AND JOHN F MALBON HAVE A BUSINESS RELATIONSHIP DAVID BERND AND GARY YATES, M D HAVE A BUSINESS RELATIONSHIP HOWARD KERN AND MICHAEL GENTRY HAVE A BUSINESS RELATIONSHIP THE ORGANIZATION'S OFFICERS AND DIRECTORS SERVED TOGETHER ON THE BOARDS OF OTHER 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING CHANGES WERE MADE TO THE ORGANIZATION'S GOVERNING DOCUMENTS IN 2013 -THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION SO THAT IT HAS NO MEMBERS, THEREBY DISSOLVING ITS BOARD OF TRUSTEES WHOSE GOVERNANCE AUTHORITY WAS LIMITED TO THE ANNUAL ELECTION/RATIFICATION OF THE ORGANIZATION'S TRUSTEES AND DIRECTORS, AND THE APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS -DIRECTORS ARE NOW ELECTED BY THE BOARD OF DIRECTORS RATHER THAN THE BOARD OF TRUSTEES -DIRECTORS MAY BE REMOVED BY THE AFFIRMATIVE VOTE OF NOT LESS THAN TWO-THIRDS OF THE DIRECTORS THEN IN OFFICE -THE NUMBER OF DIRECTORS WAS CHANGED TO NO LESS THAN THIRTEEN AND NO MORE THAN TWENTY-ONE FROM NO LESS THAN FIFTEEN AND NO MORE THAN TWENTY-SIX -DIRECTOR TERM LIMITS WERE REVISED FROM NO MORE THAN THREE, THREE-YEAR TERMS (9 YEARS TOTAL) TO ALLOW FOR THE ADDITION OF AN INTERIM TERM (FILLING A VACANCY) AND TO EXTEND THE TERM OF CHAIR, VICE CHAIR AND GOVERNING COMMITTEE CHAIR THROUGH TERM OF SERVICE -A PROVISION WAS ADDED TO PROVIDE THAT THE BYLAWS SHALL CONSTITUTE A "DIRECTOR AGREEMENT" UNDER THE VIRGINIA NONSTOCK CORPORATION ACT -THE ORGANIZATION'S COMPENSATION COMMITTEE IS NO LONGER RESTRICTED TO USING AN INDEPENDENT EXPERT TO OBTAIN A REASONABLENESS OF COMPENSATION ANALYSIS PRIOR TO APPROVING ANY COMPENSATION TO A "DISQUALIFIED PERSON" AS DEFINED IN IRC SECTION 4958(F)(1) -THE CHIEF EXECUTIVE OFFICER NOW HAS THE AUTHORITY TO APPOINT SUBORDINATE OFFICERS OR AGENTS, INCLUDING, BUT NOT LIMITED TO, THOSE OFFICERS OR AGENTS WHO OVERSEE AND MANAGE THE DAY-TO-DAY OPERATION OF THE ORGANIZATION'S HOSPITALS AND SHALL HAVE THE POWER AND AUTHORITY TO DESIGNATE ANY OTHER OFFICER OF THE ORGANIZATION TO DO SO -LANGUAGE WAS ADDED TO CLARIFY THAT THE ORGANIZATION'S BYLAWS MAY BE AMENDED BY A MAJORITY OF DIRECTORS IN OFFICE (VERSUS A MAJORITY IN ATTENDANCE AT A MEETING) IN ADDITION, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ORIGINALLY LOCATED WITHIN ITS BYLAWS, WAS REMOVED AND REPLACED WITH THE FOLLOWING "THE BOARD OF DIRECTORS OF THE CORPORATION SHALL ADOPT, AND AT ALL TIMES HAVE IN EFFECT, A POLICY ADDRESSING DUALITY OF INTEREST OR POSSIBLE CONFLICTS OF INTEREST ON THE PART OF DIRECTORS, OFFICERS, AND MEMBERS OF A COMMITTEE WITH BOARD OF DIRECTORS DELEGATED POWER OF THE CORPORATION, AS NECESSARY TO COMPLY WITH APPLICABLE STATE AND FEDERAL LAW" AS A RESULT OF ITS REMOVAL FROM THE BYLAWS, THE CONFLICT OF INTEREST POLICY IS NOW IN A STAND-ALONE DOCUMENT WHICH HAS BEEN ADOPTED BY THE ORGANIZATION'S BOARD OF DIRECTORS THE STAND-ALONE POLICY IS SUBSTANTIALLY THE SAME AS THE POLICY THAT WAS ORIGINALLY LOCATED WITHIN THE ORGANIZATION'S BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS THROUGH APRIL 21, 2013, THE ORGANIZATION HAD MEMBERS WHO WERE INDIVIDUALS DESIGNATED INDIVIDUALLY AS TRUSTEES AND COLLECTIVELY AS THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES, EXCEPT EX-OFFICIO TRUSTEES, WERE DIVIDED INTO THREE (3) CLASSES OF APPROXIMATELY EQUAL NUMBER AND WERE ELECTED FOR TERMS OF THREE (3) YEARS DIRECTORS OF THE ORGANIZATION SERVED AS EX OFFICIO TRUSTEES WITH THE SAME VOTE AS OTHER TRUSTEES EFFECTIVE APRIL 22, 2013, THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION SO THAT IT HAD NO MEMBERS, AND THE BOARD OF TRUSTEES WAS DISSOLVED SEE CORE PART VI, LINE 4 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THROUGH APRIL 21, 2013, THE BOARD OF TRUSTEES, INCLUDING EX OFFICIO TRUSTEES, ELECTED/RATIFIED THE BOARD OF DIRECTORS, WHICH SERVES AS THE ORGANIZATION'S GOVERNING BODY EFFECTIVE APRIL 22, 2013, THE BOARD OF DIRECTORS NOW ELECT THE ORGANIZATION'S DIRECTORS SEE CORE PART VI, LINE 4 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS THROUGH APRIL 21, 2013, THE BOARD OF TRUSTEES ANNUALLY ELECTED/RATIFIED THE ORGANIZATION'S TRUSTEES AND DIRECTORS, AND THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS WAS SUBJECT TO ITS APPROVAL EFFECTIVE APRIL 22, 2013, THE BOARD OF TRUSTEES WAS DISSOLVED, AS THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION SO THAT IT HAD NO MEMBERS SEE CORE PART VI, LINE 4 FOR ADDITIONAL INFORMATION

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS TRUSTEES, DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES SUBMIT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED THE ORGANIZATION'S LEGAL DEPARTMENT MONITORS TRANSACTIONS INVOLVING POTENTIAL CONFLICTS OF INTEREST, TO ENSURE THAT THEY ARE REASONABLE AND AT ARM'S LENGTH REPORTS ON SUCH TRANSACTIONS ARE MADE TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD AS NECESSARY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS THE COMPENSATION PHILOSOPHY OF THE ORGANIZATION IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, 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 ORGANIZATION PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES THE COMPENSATION COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES THE STUDY COMPARED THE COMPENSATION OF THE ORGANIZATION'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEAR THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 29 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 ORGANIZATION'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A)ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CEO, PRESIDENT AND COO, SENIOR VICE PRESIDENT AND CFO, SENIOR VICE PRESIDENT AND CIO, SENIOR VICE PRESIDENTS AND CORPORATE VICE PRESIDENTS THE PROCESS WAS LAST UNDERTAKEN DURING 2013 FOR ALL POSITIONS LISTED

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

Return Reference	Explanation
FORM 990, PT VI, LINES 1A AND B	VOTING MEMBERS OF THE GOVERNING BODY THROUGH APRIL 21, 2013, THE ORGANIZATION HAD INDIVIDUAL MEMBERS, KNOWN AS TRUSTEES AND COLLECTIVELY AS THE BOARD OF TRUSTEES, WHOSE GOVERNANCE AUTHORITY WAS ONLY WITH THE COLLECTIVE BOARD AND WAS LIMITED TO THE ANNUAL ELECTION/RATIFICATION OF THE ORGANIZATION'S TRUSTEES AND DIRECTORS, AND THE APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS DUE TO THE BOARD OF TRUSTEES' LIMITED AUTHORITY, THE ORGANIZATION'S TRUSTEES HAVE NOT BEEN COUNTED AS VOTING MEMBERS OF THE GOVERNING BODY IN RESPONSE TO PART VI, LINES 1A AND 1B EFFECTIVE APRIL 22, 2013, THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION SO THAT IT HAD NO MEMBERS, AND THE BOARD OF TRUSTEES WAS DISSOLVED SEE CORE PART VI, LINE 4 FOR ADDITIONAL INFORMATION

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

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	JOINT VENTURE POLICY THE ORGANIZATION 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL CONTRIBUTIONS TO SUBS -121,521,637 CAPITAL DISTRIBUTION FROM SUBS 29,000,000 DEEMED DISTRIBUTION FROM CFC NOT ON BOOKS -8,606,876 CHANGE IN FUNDED STATUS OF PENSION LIABILITY 215,019,959 PARTNERSHIP INCOME TAX > BOOK -59,432 RECLASS OF INTERCOMPANY BALANCES TO EQUITY 109,805,383 SUBPART F INCOME NOT ON BOOKS -1,334,991 ASC 958-805 EXCESS FMV ON SUBSIDIARY ACQUISITIONS 101,521,637

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316016564

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SENTARA QUALITY CARE NETWORK LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-1265616	HEALTH CARE	VA	0		SENTARA HEALTHCARE

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
See Additional Data Table							

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE R	THE ORGANIZATION AND ITS SUBSIDIARIES PARTICIPATE IN CASH MANAGEMENT ARRANGEMENTS WHEREBY ALL CASH OPERATING ACCOUNTS ARE SWEPT INTO OR FUNDED BY A MASTER OVERNIGHT INVESTMENT ACCOUNT ON A DAILY BASIS, IN ORDER TO MAINTAIN A $0 BALANCE IN ALL OPERATING ACCOUNTS AND MAXIMIZE INVESTMENT EARNINGS THE DAILY TRANSFERS OF CASH, WHICH RESULT FROM THIS CONSOLIDATED CASH ARRANGEMENT, HAVE NOT BEEN REPORTED ON SCHEDULE R PART V

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CLARKSVILLE SENIOR CARE LLC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1957066	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
(1) HALIFAX REGIONAL DEV FOUNDATION INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801459	HLTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
(2) HALIFAX REGIONAL HOSPITAL INCORPORATED 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-0648699	HEALTHCARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(3) HALIFAX REGIONAL LONG TERM CARE INC 103 ROSE HILL DRIVE SOUTH BOSTON, VA 24592 54-6074529	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
(4) HALIFAX REGIONAL PROPERTIES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801463	HLTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
(5) SENTARA PRINCESS ANNE HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1277419	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	Yes	
(6) SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(7) SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
(8) SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
(9) SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
(10) MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
(11) OPTIMA HEALTH PLAN 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	11A - I	SENTARA HEALTHCARE	Yes	
(12) 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	
(13) SENTARA RMH MEDICAL CENTER 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-0506331	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(14) 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	
(15) 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	
(16) MARTHA JEFFERSON HOSPITAL FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 30-0041113	FUNDRAISING	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
(17) MARTHA JEFFERSON HOSPITAL 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-0261840	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SVI	EXCLUDED	-4,342	216,440		No			No	40 000 %
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SH	EXCLUDED	-2,171	108,225		No			No	20 000 %
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	SH	RELATED	128,778	1,006,197		No			No	61 540 %
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	SH	RELATED	1,452,185	2,340,371		No			No	52 000 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	SH	RELATED	996,083	3,333,613		No			No	45 000 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	CHS	RELATED	110,676	370,401		No			No	5 000 %
AMER HEALTH EVAL CTR-WMSBG LLC 739 THIMBLE SHOALS STE 105 NEWPORT NEWS, VA 23606 26-3761741	HEALTH CARE	VA	SVI	UNRELATED		-53,127		No			No	35 000 %
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	SH	RELATED	1,173,569	5,092,986		No			No	50 000 %
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	SVI	UNRELATED	452,787	18,187		No			No	33 330 %
HEALTHCARE PERFORMANCE IMPROVEMENT LLC 5041 CORPORATE WOODS DR STE 180 VIRGINIA BEACH, VA 23462 20-4024074	CONSULTING	VA	SVI	UNRELATED	778,552	1,185,657		No			No	39 430 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SE	UNRELATED	27,915	927,643		No			No	25 000 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SH	UNRELATED	27,915	927,643		No			No	25 000 %
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	SH	RELATED	607,583	1,216,284		No			No	53 040 %
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	SE	RELATED	-35,744	23,779		No			No	70 000 %
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTHCARE	VA	PHC	RELATED	-983,815	2,896,696		No			No	50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CAREPLEX WEST LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 20-2738977	RENTAL RE	WI	SVI	UNRELATED	103,397	6,088,914	Yes				No	55 140 %
PORT WARWICK II LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 20-2739075	RENTAL RE	WI	SVI	UNRELATED	106,184	4,239,997	Yes				No	100 000 %
OPACC I LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 39-2021431	RENTAL RE	WI	SVI	UNRELATED	-83,261	3,470,995	Yes				No	100 000 %
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-4185117	MGT SVCS	VA	SH	RELATED	174,527	5,678		No			No	40 000 %
CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	SH	RELATED	1,746,333	2,167,800		No			No	50 000 %
PORT WARWICK III LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 61-1499371	RENTAL RE	WI	SVI	UNRELATED	47,933	3,033,359	Yes				No	100 000 %
VALIANCE HEALTH LLC 3190 PEOPLES DRIVE HARRISONBURG, VA 22801 54-1866081	HEALTH CARE	VA	RMH	RELATED	186			No			No	33 340 %
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	MJME	UNRELATED	96,779	277,599		No			No	50 000 %
NORTHERN VIRGINIA HOME CARE LLC 601 SOUTH CARLIN SPRINGS RD ARLINGTON, VA 22204 45-3940053	HOME CARE	VA	SE	RELATED	-242,323	-53,271		No			No	100 000 %
MNS SUPPLY CHAIN NETWORK LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 45-4235238	GPO	DE	SHC	UNRELATED	-346	24,529		No			No	33 330 %
LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBRIDGE, VA 22192 45-5347932	HEALTH CARE	VA	PHC	RELATED	-287,156	1,816,035		No			No	42 030 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	HALIFAX REGIONAL HOSPITAL INC	C	563,278	473,165	100 000 %	Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	HALIFAX REGIONAL PROFESSIONAL SERVICES LLC	C	9,999,437	4,533,174	100 000 %	Yes	
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	SENTARA HEALTHCARE	C		990,087	100 000 %	Yes	
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	SENTARA HOLDINGS INC	C	5,293,863	51,088,354	100 000 %	Yes	
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	SENTARA HEALTH PLANS INC	C	8,817	2,531,120	100 000 %	Yes	
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	SENTARA HEALTH PLANS INC	C	114,809,763	36,016,154	100 000 %	Yes	
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	SENTARA HEALTH PLANS INC	C	35,858,987	4,286,258	100 000 %	Yes	
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	SENTARA HOLDINGS INC	C	15,898,982	11,302,304	100 000 %	Yes	
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	SENTARA MEDICAL GROUP	C	5,877,731	2,492,031	100 000 %	Yes	
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	SENTARA HOLDINGS INC	C		2,038,526	100 000 %	Yes	
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	SEN OBICI PROF CTR	C		2,245	100 000 %	Yes	
POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBRIDGE, VA 22191 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C	628,932	1,625,192	100 000 %	Yes	
ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-1721387	CONTRACTING SVCS	VA	ROCKINGHAM MEMORIAL HOSPITAL	C			100 000 %	Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	MARTHA JEFFERSON HOSPITAL	C	3,079,575	415,526	100 000 %	Yes	
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	SENTARA HEALTHCARE	C	12,639,782	74,736,002	100 000 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MPB INC	B	16,633,291	CORP BOOKS/REC
MPB INC	K	135,422	CORP BOOKS/REC
MPB INC	L	1,498,819	CORP BOOKS/REC
MPB INC	O	52,159	CORP BOOKS/REC
OBICI ASC	Q	145,878	CORP BOOKS/REC
OPTIMA HEALTH PLAN	S	29,000,000	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	B	23,292,391	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	C	1,069,479	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	2,055,955	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	O	357,859	CORP BOOKS/REC
PRINCESS ANNE ASC	Q	208,992	CORP BOOKS/REC
SENTARA ENTERPRISES	B	378,434	
SENTARA ENTERPRISES	C	5,784,683	CORP BOOKS/REC
SENTARA ENTERPRISES	L	3,896,547	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	L	6,794,109	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	M	6,341,881	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	O	981,853	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	Q	9,062,792	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	S	980,370	CORP BOOKS/REC
SENTARA HOSPITALS	B	353,542	
SENTARA HOSPITALS	C	172,250,512	CORP BOOKS/REC
SENTARA HOSPITALS	L	47,150,436	CORP BOOKS/REC
SENTARA HOSPITALS	M	308,781	CORP BOOKS/REC
SENTARA HOSPITALS	N	580,328	CORP BOOKS/REC
SENTARA HOSPITALS	P	62,271	CORP BOOKS/REC

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SENTARA HOSPITALS	Q	143,484	CORP BOOKS/REC
SENTARA LIFE CARE CORP	C	7,341,502	CORP BOOKS/REC
SENTARA LIFE CARE CORP	L	2,840,975	CORP BOOKS/REC
SENTARA MEDICAL GROUP	B	56,441,768	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	1,147,504	CORP BOOKS/REC
SENTARA MEDICAL GROUP	L	2,989,576	CORP BOOKS/REC
SENTARA MEDICAL GROUP	Q	255,667	CORP BOOKS/REC
SMG INNOVATIONS INC	Q	642,847	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	A	7,598,493	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	D	151,039,357	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	L	5,060,437	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	Q	116,586,443	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	S	11,866,434	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	Q	652,219	CORP BOOKS/REC
BAY PRIMEX INSURANCE COMPANY LTD	S	8,606,876	CORP BOOKS/REC
SENTARA VENTURES INC	O	244,813	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	R	20,000,000	CORP BOOKS/REC
HALIFAX REGIONAL DEVELOPMENT FOUNDATION	B	250,000	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	Q	117,441	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	B	1,993,476	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	Q	37,060,200	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	O	225,258	CORP BOOKS/REC

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316016564

TY 2013 Earnings and Profits Other Adjustments Statement

Name: SENTARA HEALTHCARE

EIN: 52-1271901

Description	Amount
DEFERRED ACQUISITION COSTS	-1,176
RELATED PARTY PREMIUMS	-6,968,757
UNEARNED PREMIUMS ADJUSTMENT	-595,879
MVMNT IN RETRO PREM ADJ	-5,924,262
RLTED PTY CLMS PD/MVMNT LOSS RSRV	17,366,470

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316016564

TY 2013 Itemized Other Current Assets Schedule

Name: SENTARA HEALTHCARE

EIN: 52-1271901

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	INTEREST RECEIVABLE	156,286	159,682
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	INSURANCE BALANCES RECEIVABLE	4,871,354	4,414,693
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	FUNDS HELD IN ESCROW	242,608	2,577,299
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	DEFERRED ACQUISITION COSTS	78,662	79,838
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	PREPAID EXPENSES	10,366	10,366

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316016564

TY 2013 Other Deductions Schedule

Name: SENTARA HEALTHCARE

EIN: 52-1271901

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ACTUARIAL FEES		106,000
INVESTMENT MANAGEMENT FEES		50,936
MANAGEMENT FEES		65,500
BANK CHARGES		629
PROFESSIONAL FEES		73,221
MEETING EXPENSES		28,289
LICENSE FEES		13,277
MISCELLANEOUS		2,035
UNDERWRITING EXPENSES		12,299,895

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316016564

TY 2013 Itemized Other Investments Schedule

Name: SENTARA HEALTHCARE

EIN: 52-1271901

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	INVESTMENTS - TRADING	55,762,409	59,432,326

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316016564

TY 2013 Itemized Other Liabilities Schedule

Name: SENTARA HEALTHCARE

EIN: 52-1271901

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	UNEARNED PREMIUMS	4,751,484	4,042,322
BAY PRIMEX INSURANCE COMPANY LTD	98-0704114	PROVIS FOR OUTSTANDING LOSSES & RETRO ADJ	61,967,291	64,887,927

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316016564

TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: SENTARA HEALTHCARE

EIN: 52-1271901

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