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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Doing Business As

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

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

D Employer identification number
54-1547408

E Telephone number
(757)455-7020

G Gross receipts $ 1,919,010,532

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

H(a) Is this a group return for 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 1990

M State of legal domicile VA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	12,602
6	Total number of volunteers (estimate if necessary)	**6**	2,271
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	24,645,259
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,240,295

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	16,531,589	13,691,692
9	Program service revenue (Part VIII, line 2g)	1,814,539,868	1,889,889,700
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,085,426	2,178,314
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,047,406	8,570,001
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,842,204,289	1,914,329,707
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,226,728	27,265,706
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)	737,213,905	785,908,870
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	905,972,263	954,462,943
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,661,412,896	1,767,637,519
19	Revenue less expenses Subtract line 18 from line 12	180,791,393	146,692,188

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,117,692,895	1,139,263,060
21	Total liabilities (Part X, line 26)	170,304,993	159,712,676
22	Net assets or fund balances Subtract line 21 from line 20	947,387,902	979,550,384

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: 2014-11-10

ROBERT A BROERMANN 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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,542,926,953 including grants of $ 27,265,706) (Revenue $ 1,869,938,015)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,542,926,953

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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	1,293		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12,602		
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible 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** 4		
	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** 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		No

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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			
(1) DAVID L BERND DIRECTOR/CHAIRMAN	3 00 51 20	X		X				0	3,601,597	215,569
(2) ROBERT A BROERMANN DIRECTOR/TREASURER	4 00 48 00	X		X				0	1,256,843	161,559
(3) HOWARD P KERN DIRECTOR/PRESIDENT	2 00 50 20	X		X				0	1,865,703	660,096
(4) KENNETH M KRAKAUR DIRECTOR	5 00 46 20	X						0	1,020,406	48,537
(5) JEFFREY P KING SECRETARY	1 00 46 00			X				0	598,006	77,049
(6) MARY L BLUNT CORPORATE VP	40 00 6 00				X			942,023	0	45,953
(7) ELWOOD B BOONE III PRESIDENT, SVGH	40 00 0 00				X			367,061	0	43,230
(8) JENNIFER A BURROWS VP	40 00 0 00				X			310,075	0	6,657
(9) TERESA L EDWARDS PRESIDENT, SLH	40 00 0 00				X			501,488	0	56,391
(10) ROBERT C FIRESTONE VP OPERATIONS, SNGH	40 00 0 00				X			227,671	0	35,441
(11) DEBRA A FLORES PRESIDENT, SCH	40 00 0 00				X			440,719	0	20,429
(12) MICHAEL V GENTRY CORPORATE VP	40 00 7 00				X			886,093	0	104,928
(13) ROBERT L GRAVES VP/PRESIDENT, SWRMC	40 00 5 00				X			1,142,791	0	58,654
(14) KURT T HOFELICH PRESIDENT, SNGH	40 00 0 00				X			494,263	0	42,910
(15) GENEMARIE W MCGEE CNO & VP/NURSE EXEC	40 00 5 00				X			314,313	0	43,080
(16) BERTRAM S REESE SR VP	40 00 10 00				X			1,088,099	0	14,634
(17) GENE H BURKE MD VP & EXEC MD	40 00 0 00					X		482,296	0	26,045

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			
(18) PAUL D CHIDESTER MD VP, MEDICAL AFFAIRS	40 00 0 00					X		451,734	0	42,520
(19) SCOTT A MILLER VP, MEDICAL AFFAIRS	40 00 0 00					X		413,128	0	21,350
(20) THOMAS THAMES MD VP, MEDICAL AFFAIRS	40 00 0 00					X		415,683	0	47,838
(21) JOSEPH A ROBBINS VP, MEDICAL AFFAIRS	40 00 0 00					X		399,058	0	55,987
(22) GRACE R HINES FORMER OFFICER	0 00 41 00						X	0	507,450	2,132
(23) STEPHEN D PORTER FORMER OFFICER & KE	0 00 40 00						X	0	459,975	44,785
(24) SYLVIA M RICHENDOLLAR FORMER OFFICER & KE	40 00 0 00						X	272,675	0	41,495
(25) RAYMOND G TROIANO FORMER KEY EMPLOYEE	40 00 0 00						X	0	100,741	-5,502
(26) JOSEPH T BUTZ FORMER KEY EMPLOYEE	40 00 0 00						X	385,237	0	54,257
(27) TIMOTHY S JENNINGS FORMER KEY EMPLOYEE	40 00 0 00						X	300,954	0	21,381
(28) J STEPHEN JULIAN JR FORMER KEY EMPLOYEE	40 00 0 00						X	419,140	0	64,413

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	10,254,501	9,410,721	2,051,818

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 ▶ 577

			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
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK VA 23501	MEDICAL PROF SVCS	19,055,448
MORRISON MANAGEMENT SPECIALISTS INC PO BOX 160266 MOBILE AL 36625	FOOD & FACIL MGMT	12,787,403
MASTERPLAN INC 9582 TOPANGA CANYON ROAD CHATSWORTH CA 91311	MEDICAL SYS SUPPORT	10,741,550
ATLANTIC ANESTHESIA INC 134 BUSINESS PARK DRIVE VIRGINIA BEACH VA 23462	MEDICAL PROF SVS	6,979,727
LAB CORP OF AM HOLDINGS PO BOX 12140 BURLINGTON NC 27216	DIAGNOSITC TESTING SVCS	5,351,621

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 ▶ 214

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				
	e	Government grants (contributions)	1e	12,559,423			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,132,269			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		13,691,692			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900099	1,834,944,931	1,834,662,060	282,871	
	b	OUTSIDE LAB SERVICES	621500	19,691,130		19,691,130	
	c	EQUITY IN AFFILIATES	900099	17,969,960	17,969,960		
	d	OTHER PROGRAM SERVICE REVENUE	900099	13,518,681	13,518,681		
	e	PREMIUM & CAP REVENUE	900099	3,764,998	3,764,998		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,889,889,700			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,881,664			1,881,664
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	3,600,693				
	b	Less rental expenses	47,264				
	c	Rental income or (loss)	3,553,429				
	d	Net rental income or (loss) . . . . . ▶		3,553,429		-1,907	3,555,336
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,737,291 / 192,920				
	b	Less cost or other basis and sales expenses	4,467,812 / 165,749				
	c	Gain or (loss)	269,479 / 27,171				
	d	Net gain or (loss) . . . . . ▶		296,650			296,650
	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 . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	MISC SERVICES	900099	3,711,263		3,711,263	
	b	INCOME FROM S CORP	900099	962,698		962,698	
	c	CONVENIENCE STORE	900099	183,888			183,888
	d	All other revenue		158,723	22,316	-796	137,203
	e	**Total.** Add lines 11a–11d . . . . . ▶		5,016,572			
	12	**Total revenue.** See Instructions . . . . . ▶		1,914,329,707	1,869,938,015	24,645,259	6,054,741

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	27,018,660	27,018,660		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	247,046	247,046		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,186,903	5,749,522	1,437,381	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	11,593	9,274	2,319	
7 Other salaries and wages	610,601,821	488,481,457	122,120,364	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,824,847	47,059,878	11,764,969	
9 Other employee benefits	64,204,305	51,363,444	12,840,861	
10 Payroll taxes	45,079,401	36,063,521	9,015,880	
11 Fees for services (non-employees)				
a Management	19,457,805	15,566,244	3,891,561	
b Legal	1,264,908	1,011,926	252,982	
c Accounting	10,376	8,301	2,075	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	150,253,448	144,665,159	5,588,289	
12 Advertising and promotion	505,632	404,506	101,126	
13 Office expenses	83,845,871	67,076,697	16,769,174	
14 Information technology	19,851,898	15,881,518	3,970,380	
15 Royalties . .				
16 Occupancy	41,007,269	32,805,815	8,201,454	
17 Travel	2,771,305	2,217,044	554,261	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	862,310	689,848	172,462	
20 Interest	11,314,938	11,277,035	37,903	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	99,611,570	79,689,256	19,922,314	
23 Insurance	5,258,615	4,206,892	1,051,723	
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 MEDICAL SUPPLIES	344,908,920	344,908,920		
b BAD DEBT EXPENSE	163,056,796	163,056,796		
c UNRELATED BUSINESS INCO	397,600	397,600		
d PURCHASED & CONTRACTED	20,715,626	16,572,501	4,143,125	
e All other expenses	-10,631,944	-13,501,907	2,869,963	
25 **Total functional expenses.** Add lines 1 through 24e	1,767,637,519	1,542,926,953	224,710,566	0
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			2	
	3	Pledges and grants receivable, net		1,159,821	3	827,302
	4	Accounts receivable, net		245,209,092	4	233,399,044
	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		722,346	7	188,097
	8	Inventories for sale or use		34,558,720	8	37,923,740
	9	Prepaid expenses and deferred charges		14,340,704	9	9,836,297
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,160,486,788			
	b	Less accumulated depreciation	10b 1,420,619,489	712,507,165	10c	739,867,299
	11	Investments—publicly traded securities		5,518,549	11	1,762,926
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		21,303,478	14	21,178,478
	15	Other assets See Part IV, line 11		82,373,020	15	94,279,877
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,117,692,895	16	1,139,263,060
Liabilities	17	Accounts payable and accrued expenses		46,106,241	17	42,041,155
	18	Grants payable			18	
	19	Deferred revenue		1,893,416	19	1,714,473
	20	Tax-exempt bond liabilities		26,948,334	20	22,433,334
	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		413,890	23	107,112
	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		94,943,112	25	93,416,602
	26	**Total liabilities.** Add lines 17 through 25		170,304,993	26	159,712,676
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		940,653,605	27	972,506,472
	28	Temporarily restricted net assets		4,737,248	28	5,010,658
	29	Permanently restricted net assets		1,997,049	29	2,033,254
		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		947,387,902	33	979,550,384
	34	Total liabilities and net assets/fund balances		1,117,692,895	34	1,139,263,060

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	1,914,329,707
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,767,637,519
3	Revenue less expenses Subtract line 2 from line 1	3	146,692,188
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	947,387,902
5	Net unrealized gains (losses) on investments	5	523,616
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	-115,053,322
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	979,550,384

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

Employer identification number
54-1547408

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

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

1 ☐ A church, convention of churches, or association of churches 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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

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

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	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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 HOSPITALS

Employer identification number
54-1547408

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	6,734,296	6,449,461	9,376,302	10,738,107	12,174,468
b	Contributions	2,817,445	2,447,096	3,491,779	3,808,369	5,982,663
c	Net investment earnings, gains, and losses	89,163	172,541	242,962	251,120	1,125,939
d	Grants or scholarships	246,496	204,029	118,792	124,184	149,625
e	Other expenditures for facilities and programs	2,350,497	2,130,773	6,542,790	5,297,110	8,395,338
f	Administrative expenses					
g	End of year balance	7,043,911	6,734,296	6,449,461	9,376,302	10,738,107

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 28 870 %
- c Temporarily restricted endowment ▶ 71 130 %

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	5,967,320	37,729,459		43,696,779
b Buildings		566,700,851	261,311,562	305,389,289
c Leasehold improvements		31,800,134	21,690,536	10,109,598
d Equipment		1,447,117,288	1,116,960,057	330,157,231
e Other		71,171,736	20,657,334	50,514,402
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				739,867,299

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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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) DUE FROM AFFILIATES	6,936,845
(2) INVESTMENT IN AFFILIATES	87,343,032
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	94,279,877

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	
DUE TO AFFILIATES	10,076,535
OTHER CURRENT LIABILITIES	35,497,699
OTHER LONG TERM LIABILITIES	47,073,429
DUE TO 3RD PARTY PAYORS	768,939
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	93,416,602

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	TEMPORARILY RESTRICTED CONTRIBUTIONS ARE TO EITHER SPECIFIC PURPOSE FUNDS OR PLANT EXPANSION FUNDS SPECIFIC PURPOSE FUNDS INCLUDE GENERAL BENEFIT FUNDS SUCH AS BIOTERRORISM RESPONSE, NIGHTINGALE AIR AMBULANCE, AND THE SCHOOL OF NURSING GIFT FUND OTHER SPECIFIC PURPOSE FUNDS ARE FOR SCHOLARSHIPS, EDUCATION/RESEARCH/SYMPOSIUM, CANCER/ONCOLOGY, AND CARDIAC PLANT EXPANSION INCLUDE FUNDS FOR GENERAL BUILDING, BURN UNIT AND CANCER INSTITUTE PERMANENTLY RESTRICTED FUNDS CONSIST OF INCOME PROVISIONS FOR SCHOLARSHIPS AND EDUCATIONAL RESOURCES FOR THE SCHOOL OF NURSING, TO BENEFIT CARDIAC EDUCATION AND RESEARCH, AND TO SUPPORT STUDIES BY THE CARDIOVASCULAR RESEARCH INSTITUTE SURGEONS AND CARDIOLOGISTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (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 HOSPITALS

Employer identification number
54-1547408

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 0000000000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			100,683,463		100,683,463	6 240 %
b Medicaid (from Worksheet 3, column a)			161,709,135	136,860,267	24,848,868	1 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			262,392,598	136,860,267	125,532,331	7 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,862,403		3,862,403	0 240 %
f Health professions education (from Worksheet 5)			22,429,901	11,162,107	11,267,794	0 700 %
g Subsidized health services (from Worksheet 6)			24,009,475	13,768,356	10,241,119	0 630 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,784,537		2,784,537	0 170 %
j **Total.** Other Benefits			53,086,316	24,930,463	28,155,853	1 740 %
k **Total.** Add lines 7d and 7j			315,478,914	161,790,730	153,688,184	9 520 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			625,000		625,000	0 040 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			13,143		13,143	0 %
7 Community health improvement advocacy						
8 Workforce development			399,615		399,615	0 020 %
9 Other			20,972		20,972	0 %
10 Total			1,058,730		1,058,730	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	163,056,796		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	48,917,039		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	507,497,164
6	Enter Medicare allowable costs of care relating to payments on line 5	6	530,321,605
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-22,824,441
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 PRINCESS ANNE AMB SURG MGT	OUTPATIENT SURGERY CENTER	52 000 %		48 000 %
2 2 SENTARA OBICI AMB SURG CTR	OUTPATIENT SURGERY CENTER	53 040 %		46 960 %
3 3 VA BEACH AMB SURG CTR	OUTPATIENT SURGERY CENTER	45 000 %		45 000 %
4 4 CANCER CENTERS OF VA LLC	EQUIPMENT LEASING	50 000 %		50 000 %
5 5 OBICI REAL EST HOLDINGS LLC	REAL ESTATE RENTAL	61 540 %		38 460 %
6 6 PET INSTITUTE OF HAMPTON ROADS LLC	MEDICAL SERVICES	13 750 %		45 000 %
7 7 CAREPLEX ORTHO AMBULATORY SURG CTR	OUTPATIENT SURGERY CENTER	50 000 %		50 000 %
8 8 ORTHOPAEDIC HOSPITAL MANAGEMENT LLC	ORTHO MGT SVCS	40 000 %		60 000 %
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
13

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group VA BEACH AMB SURG CTR

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 12

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☑ Other website (list url) REFER TO PART V, SECTION C EXPLANATIONS			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group SENTARA OBICI AMB SURG CTR

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 13

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☑ Other website (list url) REFER TO PART V, SECTION C EXPLANATIONS			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group PRINCESS ANNE AMB SURG CTR

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 10

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☑ Other website (list url) REFER TO PART V, SECTION C EXPLANATIONS			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**		No

If "No," indicate why

- **a** ☑ The hospital facility did not provide care for any emergency medical conditions
- **b** ☐ The hospital facility's policy was not in writing
- **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- **d** ☑ Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- **a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☑ Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**	Yes	

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group CAREPLEX ORTHO AMBULATORY SURG CTR

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 11

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☑ Other website (list url) REFER TO PART V, SECTION C EXPLANATIONS			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) _____			
b	☑ Other website (list url) REFER TO PART V, SECTION C EXPLANATIONS			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **105**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 6A	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT WAS CONTAINED IN A SYSTEM-WIDE REPORT PREPARED BY SENTARA HEALTHCARE, EIN 52-1271901, THE ORGANIZATION'S 501 (C)(3) SOLE MEMBER
PART I, LINE 7	EXCEPT FOR SUBSIDIZED HEALTH SERVICES, A COST-TO-CHARGE RATIO, CALCULATED USING WORKSHEET 2, WAS USED TO CALCULATE COSTS REPORTED IN THE TABLE SUBSIDIZED HEALTH SERVICES WERE REPORTED USING A COST-TO-CHARGE RATIO SPECIFIC TO EACH COST CENTER PROVIDING SUCH SERVICES

Form and Line Reference	Explanation
PART I, LINE 7G	$17,731 OF THE AMOUNT REPORTED IN COLUMN (E) IS ATTRIBUTABLE TO PHYSICIAN CLINICS
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 163,056,796

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY SUPPORT THE ORGANIZATION PROVIDES FUNDING FOR A PROGRAM WHICH OPERATES PUBLIC SCHOOLS IN VULNERABLE POPULATIONS/NEIGHBORHOODS, IN AN ATTEMPT TO USE EDUCATION TO BREAK THE CYCLE OF POVERTY COALITION BUILDING THE ORGANIZATION COLLABORATES WITH VARIOUS COMMUNITY ORGANIZATIONS TO IDENTIFY AND ADDRESS HEALTH CARE NEEDS WITHIN THE COMMUNITY WORKFORCE DEVELOPMENT THE ORGANIZATION PROVIDES VARIOUS PROGRAMS WHERE HIGH SCHOOL AND COLLEGE STUDENTS WITH AN INTEREST IN HEALTH CARE CAREERS MAY PARTICIPATE IN JOB SHADOWING OR EXTERNSHIPS WITHIN ITS VARIOUS HOSPITALS THE ORGANIZATION ALSO PARTICIPATES IN A YOUTH CAREER EXPO WHICH TARGETS COMMUNITY YOUTH WHO ARE INTERESTED IN LEARNING MORE ABOUT HEALTH CARE CAREERS ADDITIONALLY, THE ORGANIZATION ENTERS INTO PHYSICIAN RECRUITING AGREEMENTS IN ORDER TO INCENT HIGHLY QUALIFIED PHYSICIANS INTO THE COMMUNITY TO FILL POSITIONS IN SERVICES AREAS WHERE THERE IS AN URGENT NEED OTHER - EMPLOYEES OF THE ORGANIZATION PARTICIPATE IN THE UNITED WAY DAY OF CARING, WHICH CAN INCLUDE ACTIVITIES SUCH AS MEALS ON WHEELS DELIVERIES, HEIGHT, WEIGHT AND VISION SCREENINGS AT LOCAL SCHOOLS, AND VARIOUS MAINTENANCE PROJECTS FOR OTHER 501(C)(3) TAX EXEMPT ORGANIZATIONS IN THE COMMUNITY
PART III, LINE 2	BAD DEBT EXPENSE IS REPORTED AT ESTABLISHED RATES IN ACCORDANCE WITH THE ORGANIZATION'S BOOKS AND RECORDS, NET OF ANY DISCOUNTS OR COLLECTIONS ON ACCOUNTS THAT WERE PREVIOUSLY WRITTEN-OFF SEE ALSO THE FOOTNOTE ON PAGE 17 OF THE ATTACHED FINANCIAL STATEMENTS WHICH DISCUSSES BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 3	IN COMPUTING LINE 3, THE ORGANIZATION CONSERVATIVELY ESTIMATES THAT 30% OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO WOULD QUALIFY FOR CHARITY ASSISTANCE IF SUFFICIENT DATA WAS AVAILABLE THIS ESTIMATE IS BASED ON CREDIT REPORTING DATA PURCHASED FROM EQUIFAX THIS DATA PROVIDES CREDIT SCORE, INCOME PREDICTION DATA AND NUMEROUS LINES OF CREDIT AND ASSET DATA FOR UNRESPONSIVE PATIENTS, THE ORGANIZATION USES THE ESTIMATED INCOME, MARITAL STATUS, ASSET INFORMATION AND CREDIT LINE DATA TO DETERMINE WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY BASED ON A PROJECTED INCOME OF 200% OF THE FEDERAL POVERTY GUIDELINES WITH LITTLE TO NO ASSET DATA THIS INFORMATION IS NOT ALL INCLUSIVE FOR ALL UNRESPONSIVE PATIENTS THAT COULD QUALIFY, AS DEPENDENT INFORMATION IS NOT READILY AVAILABLE
PART III, LINE 4	SEE PAGE 17 OF THE ATTACHED FINANCIAL STATEMENTS FOR THE FOOTNOTE WHICH DISCUSSES BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 8	WORKSHEET A IN THE INSTRUCTIONS WAS USED TO COMPUTE THE AMOUNT REPORTED ON LINE 6
PART III, LINE 9B	UNDER THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY, A HOSPITAL FACILITY MUST TAKE REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE PRIOR TO ENGAGING IN COLLECTION EFFORTS AGAINST A PATIENT SUCH EFFORTS INCLUDE NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE, PROVIDING ASSISTANCE IN THE APPLICATION PROCESS, ADVERTISING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON PATIENT STATEMENTS, FOLLOWING UP WITH PATIENTS WHO HAVE SUBMITTED INCOMPLETE APPLICATIONS TO TRY AND OBTAIN THE MISSING INFORMATION, AND INFORMING APPLICANTS REGARDING THEIR ELIGIBILITY DETERMINATION PRIOR TO TURNING THE ACCOUNTS OF UNRESPONSIVE PATIENTS OVER TO COLLECTIONS, THE HOSPITAL FACILITY ALSO ATTEMPTS TO QUALIFY AND WRITE OFF BALANCES UNDER THE FINANCIAL ASSISTANCE POLICY BASED ON CREDIT REPORTING DATA THAT ASSISTS IN DETERMINING INCOME AND CREDIT WORTHINESS WHEN THE CREDIT DATA SUGGESTS THAT A PATIENT'S INCOME IS AT OR BELOW THE 200% FEDERAL POVERTY GUIDELINES, THE ACCOUNT BALANCE IS WRITTEN-OFF TO PRESUMPTIVE CHARITY, AND ALL COLLECTIONS EFFORTS CEASE IF THE CREDIT REPORTING DATA IS UNCLEAR ON AN UNRESPONSIVE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, THE PATIENT'S ACCOUNT MAY BE MOVED TO BAD DEBT AND FURTHER COLLECTIONS ACTIONS TAKEN IF AT ANY TIME DURING THE BAD DEBT COLLECTIONS PROCESS THE HOSPITAL FACILITY RECEIVES INFORMATION THAT THE PATIENT IS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY, THE COLLECTION EFFORTS CEASE, AND THE ACCOUNT IS WRITTEN OFF TO CHARITY

Form and Line Reference	Explanation
PART VI, LINE 2	THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES THROUGH THESE MEANS -ANALYSIS OF AREA SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA THE ANALYSIS FOCUSES ON IDENTIFICATION OF HEALTH CARE NEEDS FOR PLANNING AND DEVELOPMENT OF HEALTH SERVICES AND PROGRAMS THIS ANALYSIS IS UTILIZED FOR EDUCATION OF BOARD MEMBERS AND HOSPITAL LEADERSHIP AND IS INCORPORATED INTO THE ORGANIZATION'S STRATEGIC PLANS -OBTAINING INPUT FROM KEY STAKEHOLDERS AND THE PUBLIC HEALTH COMMUNITY IN ADDITION TO THE ANALYSIS OF SOCIODEMOGRAPHIC, HEALTH STATUS, AND OTHER DATA, ADDITIONAL INFORMATION IS OBTAINED AND ANALYZED THIS INCLUDES INPUT FROM KEY STAKEHOLDERS INCLUDING THE LOCAL PUBLIC HEALTH COMMUNITY -REVIEW OF HEALTH CARE NEEDS ASSESSMENTS AND DATA DEVELOPED BY COMMUNITY PARTNERS (SUCH AS STATE HEALTH DEPARTMENTS AND LOCAL HEALTH DISTRICTS), REGIONAL AGENCIES (SUCH AS THE PLANNING COUNCIL OR PLANNING DISTRICT COMMISSION), NATIONAL ORGANIZATIONS WHICH REPORT ON A LOCAL BASIS (SUCH AS COUNTY HEALTH RANKINGS), AND INFORMATION REPORTED IN LOCAL MEDIA THIS INFORMATION IS STUDIED AND INCORPORATED INTO THE ORGANIZATION'S PLANS -PARTICIPATION IN COLLABORATIVE HEALTH PLANNING AND NEEDS ASSESSMENT ACTIVITIES SUCH AS THOSE SPONSORED BY LOCAL HEALTH DISTRICTS (MAPP - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) AND OTHER ORGANIZATIONS SUCH AS UNITED WAY AND ACCESS PARTNERSHIP INFORMATION GATHERED THROUGH THESE ACTIVITIES IS INCORPORATED INTO THE ORGANIZATION'S PLANNING -INFORMATION AND INPUT FROM PATIENTS AND CARE PROVIDERS PATIENT CHARACTERISTICS AND TRENDS ARE REVIEWED TO ASSIST IN IDENTIFYING NEW COMMUNITY NEEDS INPUT FROM PATIENTS AND CARE PROVIDERS IS SOUGHT AND CYCLED INTO THE ASSESSMENT PHASE OF PROJECTS
PART VI, LINE 3	FINANCIAL ASSISTANCE BROCHURES AND OTHER INFORMATION ARE POSTED AT EACH POINT OF SERVICE A TOLL-FREE NUMBER IS GIVEN TO PATIENTS TO REACH CUSTOMER SERVICE REPRESENTATIVES DURING THE BUSINESS DAY FOR QUESTIONS OR CONCERNS FINANCIAL ASSISTANCE PROGRAMS ARE ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE AND INCLUDED ON THE STATEMENTS PROVIDED TO PATIENTS THE ORGANIZATION EMPLOYS FINANCIAL COUNSELORS WHO ARE AVAILABLE TO HELP PATIENTS COMPLETE APPLICATIONS FOR MEDICAID OR OTHER GOVERNMENT PAYMENT ASSISTANCE PROGRAMS, OR APPLY FOR CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF APPLICABLE THE ORGANIZATION ALSO EMPLOYS AN EXTERNAL FIRM TO ASSIST IN THE ELIGIBILITY PROCESS

Form and Line Reference	Explanation
PART VI, LINE 4	SENTARA HOSPITALS SERVES RESIDENTS OF OVER 30 CITIES AND COUNTIES IN SOUTHEASTERN VIRGINIA AND NORTHEASTERN NORTH CAROLINA THE AREA INCLUDES THE VIRGINIA BEACH-NORFOLK-NEWPORT NEWS, VA-NC METROPOLITAN STATISTICAL AREA AND SURROUNDING RURAL COMMUNITIES THE AREA IS BORDERED TO THE EAST BY THE ATLANTIC OCEAN AND IS NOTED FOR ITS WATERWAYS, INCLUDING THE CHESAPEAKE BAY, CURRITUCK SOUND, AND YORK, JAMES AND ELIZABETH RIVERS THE 2014 POPULATION OF THE ORGANIZATION'S SERVICE AREA IS 2,007,410 (SOURCE NIELSEN) AND IS PROJECTED TO GROW BY 3 7% OVER THE NEXT FIVE YEARS, COMPARED TO A PROJECTED U S GROWTH RATE OF 3 5% CURRENTLY APPROXIMATELY 13 5% OF THE POPULATION IS AGE 65+, COMPARED TO 14 2% FOR THE U S THIS AGE GROUP IS GROWING IN SIZE AND IS PROJECTED TO COMPRISE 15 6% OF THE ORGANIZATION'S SERVICE AREA POPULATION IN 2019 IN TERMS OF THE RACIAL COMPOSITION, 60 2% OF THE SERVICE AREA'S POPULATION IS WHITE, THIS COMPARES TO 71 3% NATIONWIDE 30 5% OF THE AREA'S POPULATION IS BLACK, THE U S COMPARISON IS 12 7% THE ASIANS AND PACIFIC ISLANDERS POPULATION REPRESENTS 3 4% OF THE TOTAL, COMPARED TO 5 2% NATIONWIDE MULTI-RACE AND OTHER GROUPS ACCOUNT FOR 5 9% WITHIN THE SERVICE AREA AND 10 8% NATIONALLY IN TERMS OF THE ETHNIC COMPOSITION, THE HISPANIC ETHNIC GROUP ACCOUNTS FOR 6 1% OF THE POPULATION OF THE SERVICE AREA, COMPARED TO 17 6% NATIONWIDE OF THE ORGANIZATION'S SERVICE AREA ADULTS, 88 7% HAVE AT LEAST A HIGH SCHOOL LEVEL OF EDUCATION, COMPARED TO 85 7% NATIONALLY THE AREA'S UNEMPLOYMENT RATE IS 5 6%, COMPARED TO 6 6% NATIONALLY ABOUT 4 7% OF THE AREA'S WORKFORCE IS EMPLOYED IN THE ARMED FORCES THE AVERAGE HOUSEHOLD INCOME IN THE ORGANIZATION'S SERVICE AREA IS $73,907 COMPARED TO THE U S HOUSEHOLD AVERAGE OF $71,320 19 4% OF THE ORGANIZATION'S SERVICE AREA HOUSEHOLDS HAVE AN ANNUAL INCOME OF $25,000 OR LESS, COMPARED TO 24 4% OF U S HOUSEHOLDS THE 2014 FEDERAL POVERTY GUIDELINES FOR A FAMILY OF THREE AT 200% IS $39,580 IT IS ESTIMATED THAT APPROXIMATELY 34% OF THE AREA'S FAMILIES MEET THIS GUIDELINE FOR ALL OF 32 CITIES AND COUNTIES WITHIN THE ORGANIZATION'S SERVICE AREA, ALL OR PARTS OF THE MUNICIPALITIES ARE DESIGNATED AS MUA (MEDICALLY UNDERSERVED AREA) OR MUP (MEDICALLY UNDERSERVED POPULATION) NINETEEN CIVILIAN GENERAL ACUTE CARE HOSPITALS ARE LOCATED WITHIN THIS AREA, THIS INCLUDES THE SENTARA FACILITIES THE AREA IS ALSO SERVED BY MILITARY AND GOVERNMENTAL HOSPITALS AND SPECIALTY FACILITIES (SUCH AS PSYCHIATRIC) LOCATED WITHIN THE AREA AS WELL AS OTHER HOSPITALS LOCATED IN SURROUNDING COMMUNITIES
PART VI, LINE 5	THE ORGANIZATION'S GOVERNING BODY IS ELECTED ANNUALLY BY THE ORGANIZATION'S SOLE MEMBER, SENTARA HEALTHCARE, A 501(C) TAX-EXEMPT ORGANIZATION, WHOSE COMMUNITY-BASED BOARD IS COMPRISED OF A MAJORITY OF MEMBERS WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF SENTARA HEALTHCARE, NOR FAMILY MEMBERS THEREOF GENERALLY, MEDICAL STAFF MEMBERSHIP IS OPEN TO ALL CARE PROVIDERS WHO MAY QUALIFY THE ORGANIZATION'S SURPLUS FUNDS ARE USED FOR IMPROVEMENTS IN PATIENT CARE, PROVISION OF SERVICES TO THE UNINSURED AND UNDERINSURED, MEDICAL EDUCATION, AND COMMUNITY PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 6	SENTARA HEALTHCARE, THE ORGANIZATION'S 501(C)(3) SOLE MEMBER, PROVIDES A NUMBER OF PROGRAMS TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES, IN ADDITION TO THOSE IDENTIFIED FOR THE ORGANIZATION SEE FORM 990 PART III SCHEDULE O DISCLOSURE FOR FURTHER INFORMATION ON THE SERVICES AND FACILITIES PROVIDED BY THE SENTARA HEALTHCARE SYSTEM
PART VI-INFORMATION REGARDING THE ORGANIZATION'S ASC'S	THE ORGANIZATION IS A MEMBER OF SEVERAL JOINT VENTURES WHICH OWN AND OPERATE AMBULATORY SURGERY CENTERS ("ASCS") LOCATED IN VIRGINIA (SEE PART V FOR OWNERSHIP INFORMATION) AS VIRGINIA REQUIRES ASCS TO GO THROUGH A CERTIFICATE OF PUBLIC NEED PROCESS AND RETAIN A HOSPITAL LICENSE, VIRGINIA ASCS MEET THE DEFINITION OF HOSPITAL FACILITIES FOR FORM 990 REPORTING PURPOSES THE ORGANIZATION'S ASCS ARE ORGANIZED AND OPERATED IN ACCORDANCE WITH THE ORGANIZATION'S CHARITABLE PURPOSES AS EXTENSIONS OF ITS OUTPATIENT FACILITIES, IN PARTNERSHIP WITH ITS PHYSICIANS, TO PROVIDE A MORE EFFECTIVE MEANS OF CARING FOR LESS SERIOUS NON-EMERGENCY MEDICAL CONDITIONS THAT DO NOT REQUIRE FULL-FLEDGED HOSPITAL CARE ONLY PRE-PLANNED PROCEDURES ARE PERFORMED AT THE ASCS UNINSURED INDIVIDUALS DESIRING TREATMENT MUST SPEAK WITH FACILITY PERSONNEL PRIOR TO BEING SCHEDULED FOR SURGERY, IN ORDER TO DISCUSS PAYMENT ARRANGEMENTS THE ASCS WORK WITH UNINSURED INDIVIDUALS TO COME UP WITH PAYMENT OPTIONS, SUCH AS PAYMENT PLANS, OFFERING FREE CARE IN ACCORDANCE WITH EACH FACILITY'S FINANCIAL ASSISTANCE POLICY OR DISCOUNTED CARE IN ACCORDANCE WITH EACH FACILITY'S UNINSURED DISCOUNT PRACTICES ON APRIL 5, 2013, THE IRS ISSUED PROPOSED REGULATIONS WHICH CLARIFIED THE EXTENT TO WHICH IRC SEC 501(R) WOULD APPLY TO HOSPITAL FACILITIES OPERATED THROUGH A PARTNERSHIP JOINT VENTURE ACCORDINGLY, DURING 2013, THE HOSPITAL ORGANIZATION TOOK NECESSARY STEPS TOWARDS ASC COMPLIANCE WITH IRC SEC 501 (R) THE ORGANIZATION INTENDS TO FULLY MEET THE REQUIREMENTS UNDER TREAS REG 1 501(R) IN REGARDS TO ITS ASCS ONCE FINAL OR TEMPORARY REGULATIONS ARE PUBLISHED

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
13

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	SENTARA NORFOLK GENERAL HOSP 600 GRESHAM DRIVE NORFOLK,VA 23507 H 1896	X	X		X		X	X			A
2	SENTARA LEIGH HOSPITAL 830 KEMPSVILLE ROAD NORFOLK,VA 23502 H 1895	X	X		X			X			A
3	SENTARA VA BEACH GEN HOSP 1060 FIRST COLONIAL ROAD VA BEACH,VA 23454 H 1897	X	X		X			X			A
4	SENTARA CAREPLEX HOSPITAL 3000 COLISEUM DRIVE HAMPTON,VA 23666 H 1894	X	X					X			A
5	SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK,VA 23434 H 1869	X	X		X			X			A
6	SENTARA WMSBG REG MED CTR 100 SENTARA CIRCLE WILLIAMSBURG,VA 23188 H 1898	X	X					X			A
7	SENTARA LEIGH HOSP AMB SRG CTR 830 KEMPSVILLE ROAD NORFOLK,VA 23502 OH 669	X								AMBULATORY SURGERY CENTER	A
8	SENTARA PORT WARWICK AMB SRG CTR 1031 LOFTIS BLVD NEWPORT NEWS,VA 23606 OH 704	X						X		AMBULATORY SURGERY CENTER	A
9	GEDDY OUTPATIENT CTR AT SWRMC 400 SENTARA CIRCLE WILLIAMSBURG,VA 23188 OH 670	X								AMBULATORY SURGERY CENTER	A
10	PRINCESS ANNE AMB SURG CTR 1975 GLENN MITCHELL DRIVE VA BEACH,VA 23456 OH 706	X								AMBULATORY SURGERY CENTER	
11	CAREPLEX ORTHO AMBULATORY SURG CTR 3000 COLISEUM DRIVE HAMPTON,VA 23666 OH 718	X								AMBULATORY SURGERY CENTER	
12	VA BEACH AMB SURG CTR 1700 WILL-O-WISP DRIVE VA BEACH,VA 23454 OH 681	X								AMBULATORY SURGERY CENTER	
13	SENTARA OBICI AMB SURG CTR 2750 GODWIN BLVD SUFFOLK,VA 23434 OH 710	X								AMBULATORY SURGERY CENTER	

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

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

How many non-hospital health care facilites did the organzaiton operate during the tax year?

Name and address	Type of Facilty (describe)
1 ADVANCED IMAGING CENTER-LEIGH 890 KEMPSVILLE ROAD NORFOLK, VA 23502	IMAGING CENTER
2 ADVANCED IMAGING CENTER-1ST COLONIAL 1080 FIRST COLONIAL ROAD VIRGINIA BEACH, VA 23454	IMAGING CENTER
3 SENTARA INDEPENDENCE 800 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23455	IMAGING CENTER
4 ADVANCED IMAGING CENTER-GREENBRIER 713 VOLVO PARKWAY STE 105 CHESAPEAKE, VA 23320	IMAGING CENTER
5 SENTARA BELLEHARBOUR 3920A BRIDGE ROAD STE 100 SUFFOLK, VA 23435	IMAGING CENTER
6 PORT WARWICK COMPREHENSIVE BREAST CTR 1051 LOFTIS BLVD STE 200 NEWPORT NEWS, VA 23606	IMAGING CENTER
7 PORT WARWICK MEDICAL ARTS 11803 JEFFERSON AVE NEWPORT NEWS, VA 23606	IMAGING CENTER
8 SENTARA LEIGH COMP BREAST CT 890 KEMPSVILLE ROAD STE 1200 NORFOLK, VA 23502	IMAGING CENTER
9 SVBGH PAIN MANAGEMENT UNIT 1080 FIRST COLONIAL ROAD STE 201 VIRGINIA BEACH, VA 23454	IMAGING CENTER
10 SENTARA HILLTOP THERAPY CENTER 1725 LASKIN ROAD STE 535 VIRGINIA BEACH, VA 23454	IMAGING CENTER
11 SENTARA RADIOLOGY SPECIALISTS-KEMPS 850 KEMPSVILLE ROAD NORFOLK, VA 23502	IMAGING CENTER
12 SENTARA OBICI MAMMOGRAPHY/DIAGNOSTIC CTR 913 S CHURCH ST SMITHFIELD, VA 23430	IMAGING CENTER
13 ADVANCED IMAGING CENTER-ST LUKE'S 20209 SENTARA WAY STE 108 CARROLLTON, VA 23314	IMAGING CENTER
14 OUTPATIENT INFUSION CENTER III 850 KEMPSVILLE ROAD NORFOLK, VA 23502	IMAGING CENTER
15 SENTARA LEIGH THERAPY CENTER 6315 N CENTER DR BLDG 20 STE 101 NORFOLK, VA 23502	IMAGING CENTER
16 NORFOLK DIAGNOSTIC CENTER 850 KEMPSVILLE ROAD NORFOLK, VA 23502	IMAGING CENTER
17 SWRMC OUTPATIENT REHABILITATION SERVICES YMCA BUILDING 301 SENTARA CIR WILLIAMSBURG, VA 23188	IMAGING CENTER
18 SWRMC OUTPATIENT PHYSICAL THERAPY 5301 LONGHILL ROAD WILLIAMSBURG, VA 23188	IMAGING CENTER
19 SENTARA THERAPY CENTER OF GHENT 400 - B WEST 21ST ST NORFOLK, VA 23517	IMAGING CENTER
20 ADVANCED IMAG CTR-WAINWRIGHT 229 WEST BUTE ST STE 900 9TH FL NORFOLK, VA 23510	IMAGING CENTER
21 GREENBRIER-BATTLEFIELD THERAPY CTR 713 VOLVO PARKWAY STE 101 CHESAPEAKE, VA 23320	IMAGING CENTER
22 SENTARA THERAPY CENTER-PORTSMOUTH 4201 GREENWOOD DR PORTSMOUTH, VA 23701	IMAGING CENTER
23 SENTARA HAND THERAPY CENTER 5712 CLEVELAND ST STE 150 VIRGINIA BEACH, VA 23464	IMAGING CENTER
24 SVBGH-SENTARA HEALTH AND WELLNESS CTR 1708 OLD DONATION PARKWAY VIRGINIA BEACH, VA 23454	IMAGING CENTER
25 SENTARA NORFOLK GENERAL DAY REHAB CTR 890 KEMPSVILLE ROAD NORFOLK, VA 23502	IMAGING CENTER
26 SENTARA THERAPY CENTER-BLOCKER YMCA 312 WEST BUTE ST NORFOLK, VA 23510	IMAGING CENTER
27 CAREPLEX MEDICAL ARTS SLEEP LAB 4000 COLISEUM DR STE 350 HAMPTON, VA 23666	IMAGING CENTER
28 SENTARA ST LUKE'S-SMITHFIELD THERAPY CTR 20209 SENTARA WAY STE 102 CARROLLTON, VA 23314	IMAGING CENTER
29 SENTARA GREAT BRIDGE THERAPY CENTER 633 BATTLEFIELD BLVD S CHESAPEAKE, VA 23322	IMAGING CENTER
30 SENTARA THERAPY CENTER-COLISEUM 4001 COLISEUM DR STE 200 HAMPTON, VA 23666	IMAGING CENTER
31 SENTARA INDEPENDENCE THERAPY CENTER 816 INDEPENDENCE BLVD STE 3F VIRGINIA BEACH, VA 23455	IMAGING CENTER
32 SENTARA PORT WAR PHYS THER & WOUND CARE 11803 JEFFERSON AVE STE 125 NEWPORT NEWS, VA 23606	IMAGING CENTER
33 AMBULATORY CARE CLINIC 130 COLLEY AVE NORFOLK, VA 23507	IMAGING CENTER
34 SENTARA INDIAN RIVER THERAPY CENTER 5660 INDIAN RIVER ROAD STE 121 VIRGINIA BEACH, VA 23464	IMAGING CENTER
35 SENTARA THERAPY CENTER-JAMES CITY 5301 LONGHILL ROAD WILLIAMSBURG, VA 23188	IMAGING CENTER
36 SENTARA THERAPY CENTER-SUFFOLK YMCA ROUTE 10/GODWIN BLVD SUFFOLK, VA 23434	IMAGING CENTER
37 SENTARA THERAPY CENTER-CAREPLEX 4000 COLISEUM DR STE 120 HAMPTON, VA 23666	IMAGING CENTER
38 COMPREHENSIVE PAIN MANAGEMENT CENTER 400 GRESHAM DR STE 712 NORFOLK, VA 23501	IMAGING CENTER
39 SENTARA ST LUKE'S LAB SERVICES 5659 PARKWAY DR STE 100 GLOUCESTER, VA 23061	IMAGING CENTER
40 CARDIOLOGY SPEC-KEMPSVILLE RD 844 KEMPSVILLE ROAD STE 204 NORFOLK, VA 23502	IMAGING CENTER
41 SENTARA THERAPY CENTER-QUINTON 2500 NEW KENT HWY PO BOX 339 QUINTON, VA 23141	IMAGING CENTER
42 SENTARA PHYS THER CTR-WAKEFIELD 103 RAILROAD AVE WAKEFIELD, VA 23888	IMAGING CENTER
43 SENTARA GRASSFIELD THERAPY CENTER 1001 SCENIC PARKWAY STE 101 CHESAPEAKE, VA 23323	IMAGING CENTER
44 SENTARA MOBILE MAMMOGRAPHY 880 KEMPSVILLE ROAD NORFOLK, VA 23502	IMAGING CENTER
45 SENTARA THERAPY CENTER-MATHEWS 75 MAIN STREET STE E MATHEWS, VA 23109	IMAGING CENTER
46 SENTARA FAM & INT MED PHYS CLPX W 4001 COLISEUM DR STE 300 HAMPTON, VA 23666	IMAGING CENTER
47 NEW TOWN INTERNAL MEDICINE 4374 NEW TOWN AVE STE 102 WILLIAMSBURG, VA 23188	IMAGING CENTER
48 SENTARA FORT NG COMP BREAST CTR 301 RIVERVIEW AVE STE 830 NORFOLK, VA 23510	IMAGING CENTER
49 SENTARA FAM MED PHYS-1ST COLONIAL 1024 FIRST COLONIAL ROAD STE 102 VIRGINIA BEACH, VA 23454	IMAGING CENTER
50 NEW TOWN DIAGNOSTIC CENTER 4374 NEW TOWN AVE STE 104 WILLIAMSBURG, VA 23188	IMAGING CENTER
51 SENTARA INTERNAL MEDICINE PHYS-KINGSMILL 477 MCLAWS CIR STE 1 WILLIAMSBURG, VA 23188	IMAGING CENTER
52 SENTARA FAM MED & UC PHYS-VBTC INDEP 816 INDEPENDENCE BLVD STE 100 VIRGINIA BEACH, VA 23455	IMAGING CENTER
53 CARDIOLOGY SPEC-FORT NORFOLK 301 RIVERVIEW AVE STE 700 NORFOLK, VA 23510	IMAGING CENTER
54 FAMILY MED WILLIAMSBURG 400 SENTARA CIR STE 450 WILLIAMSBURG, VA 23188	IMAGING CENTER
55 SENTARA FAM MED PHYS-OLD HAMPTON 200 EATON ST HAMPTON, VA 23669	IMAGING CENTER
56 SENTARA PODIATRY SPECIALISTS 5253 PROVIDENCE ROAD STE 100 VIRGINIA BEACH, VA 23464	IMAGING CENTER
57 SENTARA INT MED PHYS-PORT WARWICK I 11803 JEFFERSON AVE STE 140 NEWPORT NEWS, VA 23606	IMAGING CENTER
58 NEWTOWN FAMILY PRACTICE 4374 NEWTOWN AVE STE 200 WILLIAMSBURG, VA 23188	IMAGING CENTER
59 FAMILY MED-THOROUGHGOOD 5017 PLEASURE HOUSE ROAD VIRGINIA BEACH, VA 23455	IMAGING CENTER
60 SENTARA PULMONARY & CC SPEC-CAREPLEX 4000 COLISEUM DR STE 350 HAMPTON, VA 23666	IMAGING CENTER
61 SENTARA INTERNAL MED PHYS-FORT NK 301 RIVERVIEW AVE STE 710 NORFOLK, VA 23510	IMAGING CENTER
62 GLOUCESTER IMAGING CENTER 5659 PARKWAY DR STE 130 GLOUCESTER, VA 23061	IMAGING CENTER
63 VIRGINIA ORTHO & SPORTS MED-NEW TOWN 4235 DISCOVERY PARK BLVD STE B WILLIAMSBURG, VA 23188	IMAGING CENTER
64 VASCULAR & TRANSPLANT SPECIALISTS-NK SENTARA HEART HOSPITAL STE 8620 NORFOLK, VA 23507	IMAGING CENTER
65 SENTARA HAND SURGERY SPECIALISTS-VAB 5716 CLEVELAND ST STE 210 VIRGINIA BEACH, VA 23462	IMAGING CENTER
66 SENTARA FAMILY MED PHYS-ST LUKE'S 20209 SENTARA WAY STE 200 CARROLLTON, VA 23314	IMAGING CENTER
67 VASCULAR & TRANSPLANT SPEC-PORT WARWICK 1051 LOFTIS BLVD STE 205 NEWPORT NEWS, VA 23606	IMAGING CENTER
68 VASCULAR & TRANSPLANT SPEC-VAB 397 LITTLE NECK ROAD STE 120 VIRGINIA BEACH, VA 23452	IMAGING CENTER
69 NEW TOWN URGENT CARE 4374 NEW TOWN AVE STE 100 WILLIAMSBURG, VA 23188	IMAGING CENTER
70 FORT NORFOLK MEDICAL CENTER 301 RIVERVIEW AVE NORFOLK, VA 23510	IMAGING CENTER
71 OCEANFRONT FAMILY PRACTICE 303 35TH STREET STE 102 VIRGINIA BEACH, VA 23451	IMAGING CENTER
72 NORFOLK SURGICAL GROUP 880 KEMPSVILLE ROAD STE 1000 NORFOLK, VA 23502	IMAGING CENTER
73 SENTARA FAM MEDICINE PHYS-FORT NK 301 RIVERVIEW AVE STE 810 NORFOLK, VA 23510	IMAGING CENTER
74 SENTARA URGENT CARE-LITTLE CREEK 1326 E LITTLE CREEK ROAD NORFOLK, VA 23518	IMAGING CENTER
75 FAMILY MED-1080 BLDG 1080 FIRST COLONIAL ROAD STE 200 VIRGINIA BEACH, VA 23454	IMAGING CENTER
76 FIRST COLONIAL DIAGNOSTIC CENTER 1080 FIRST COLONIAL ROAD STE 100 VIRGINIA BEACH, VA 23454	IMAGING CENTER
77 SENTARA FAM MED PHYS-PENINSULA TOWNE 2104 EXECUTIVE DR HAMPTON, VA 23666	IMAGING CENTER
78 SENTARA FAM MED PHYS-PORT WARWICK I 11803 JEFFERSON AVE STE 100 NEWPORT NEWS, VA 23606	IMAGING CENTER
79 SENTARA CARDIOLOGY SPEC-WILLIAMSBURG 500 SENTARA CIR STE 100 WILLIAMSBURG, VA 23188	IMAGING CENTER
80 SENTARA NEUROLOGY SPEC-CAREPLEX 4001 COLISEUM DR STE 300 HAMPTON, VA 23666	IMAGING CENTER
81 SENTARA SURGERY SPEC-CAREPLEX 4000 COLISEUM DR STE 320 HAMPTON, VA 23666	IMAGING CENTER
82 VASCULAR & TRANSPLANT SPEC-CAREPLEX 4000 COLISEUM DR STE 310 HAMPTON, VA 23666	IMAGING CENTER
83 SENTARA PULMONARY & CC SPEC-NK SENTARA HEART HOSPITAL STE 8630 NORFOLK, VA 23507	IMAGING CENTER
84 SENTARA SURG SPEC-PORT WARWICK I 11803 JEFFERSON AVE STE 235 NEWPORT NEWS, VA 23606	IMAGING CENTER
85 SENTARA URGENT CARE-J CLYDE 747 J CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601	IMAGING CENTER
86 SENTARA FAM MED& UC PHYS-LITTLE NECK 2859 VIRGINIA BEACH BLVD STE 100 VIRGINIA BEACH, VA 23452	IMAGING CENTER
87 SENTARA SURGERY SPEC-1080 BUILDING 1080 FIRST COLONIAL ROAD STE 200 VIRGINIA BEACH, VA 23454	IMAGING CENTER
88 SENTARA PULMONARY & CC SPEC-WILLIAMSBURG 400 SENTARA CIR STE 320 WILLIAMSBURG, VA 23188	IMAGING CENTER
89 ENDOCRINOLOGY SPECIALISTS-SCP 4000 COLISEUM DR STE 345 HAMPTON, VA 23666	IMAGING CENTER
90 SENTARA NEUROLOGY SPEC-NK SENTARA HEART HOSPITAL STE 8630 NORFOLK, VA 23507	IMAGING CENTER
91 SENTARA PHY MED & PAIN MGMT SPC-CAREPLEX 4000 COLISEUM DR STE 345 HAMPTON, VA 23666	IMAGING CENTER
92 VASCULAR & TRANSPLANT SPEC-WILLIAMSBURG 400 SENTARA CIR STE 350 WILLIAMSBURG, VA 23188	IMAGING CENTER
93 SENTARA URGENT CARE-ST LUKE'S 20209 SENTARA WAY STE 100 CARROLLTON, VA 23314	IMAGING CENTER
94 WILLIAMSBURG SURGERY 500 SENTARA CIR STE 202 WILLIAMSBURG, VA 23188	IMAGING CENTER
95 SENTARA NEUROLOGY SPECIALISTS-OBICI 2790 GODWIN BLVD STE 320 SUFFOLK, VA 23434	IMAGING CENTER
96 ORTHOPEDIC TRAUMA-NORFOLK 600 GRESHAM DR 2RP NORFOLK, VA 23507	IMAGING CENTER
97 SENTARA SURGERY SPECIALISTS-OBICI 2790 GODWIN BLVD STE 305 SUFFOLK, VA 23434	IMAGING CENTER
98 SENTARA NEUROLOGY SPEC-WILLIAMSBURG 400 SENTARA CIR STE 305 WILLIAMSBURG, VA 23188	IMAGING CENTER
99 CARDIOLOGY SPECIALISTS-PORT WARWICK 1031 LOFTIS BLVD STE 100 NEWPORT NEWS, VA 23606	IMAGING CENTER
100 VASCULAR & TRANSPLANT SPEC-SUFFOLK 471 N MAIN ST SUFFOLK, VA 23434	IMAGING CENTER
101 MOBILE PET SCAN 5900-B LAKE WRIGHT DR NORFOLK, VA 23502	IMAGING CENTER
102 SENTARA METABOLIC & WEIGHT LOSS SURG CTR SENTARA HEART HOSPITAL STE 8630 NORFOLK, VA 23507	IMAGING CENTER
103 SENTARA CYTOGENICS LAB 1701 WILL O WISP DR STE 1E VIRGINIA BEACH, VA 23454	IMAGING CENTER
104 SENTARA ST LUKE'S URGENT CARE 20209 SENTARA WAY STE 100 CARROLLTON, VA 23314	IMAGING CENTER
105 NEUROSURGERY NORFOLK HEART HOSPITAL 600 GRESHAM DR STE 8630 NORFOLK, VA 23507	IMAGING CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **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 HOSPITALS

Employer identification number
54-1547408

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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 . . . . . ▶ 13

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 14

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) SCHOLARSHIPS	132	247,046			

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

Additional Data

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

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
ISLE OF WIGHT SMITHFIELD CHAMBER OF COMMERCE PO BOX 38 SMITHFIELD,VA 23431	54-1277308	501(C)(3)	11,124				DONATION/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
EASTERN VA MEDICAL SCHOOL PO BOX 1980 NORFOLK,VA 23501	23-7053208	501(C)(3)	833,454				INDIGENT CARE

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 TOWNE MEDICAL CENTER 5249 OLDE TOWNE RD WILLIAMSBURG,VA 23188	54-1663905	501(C)(3)	108,333				COMMUNITY HEALTH SUPPORT

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 METROPOLITAN YMCA 41 OLD OYSTER POINT ROAD STE C NEWPORT NEWS,VA 23602	54-0524905	501(C)(3)	8,350				DONATION/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
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK,VA 23502	52-1271901	501(C)(3)	23,510,840				OVERHEAD ALLOCATIONS

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
AN ACHIEVABLE DREAM INC PO BOX 1039 NEWPORT NEWS,VA 23606	54-1621932	501(C)(3)	627,500				DONATION/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
THE GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION 254 GRANBY STREET NORFOLK,VA 23508	54-1656477	501(C)(3)	10,000				COMMUNITY HEALTH/SUPPORT

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
TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL INC 1104 MADISON PLAZA CHESAPEAKE,VA 23320	54-0977032	501(C)(3)	10,000				COMMUNITY HEALTH/SUPPORT

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
AAPI OF HAMPTON ROADS INC PO BOX 6428 PORTSMOUTH,VA 23703	51-0569999	501(C)(3)	10,000				DONATION/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
HAMPTON-NEWPORT NEWS COMMUNITY SERVICES BOARD PROPERTY COMPANY 300 MEDICAL DR HAMPTON,VA 23666	54-1716751	501(C)(3)	60,000				DONATION/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
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK,VA 23434	26-3302837	501(C)(3)	100,000				COMMUNITY HEALTH/SUPPORT

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
NORTHAMPTON COUNTY EMERGENCY SERVICES 13294 LANKFORD HIGHWAY PO BOX 235 EASTVILLE,VA 23347	54-6001468		8,500				DONATION/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
NORTHERN NECK FREE HEALTH CLINIC PO BOX 1694 KILMARNOCK,VA 22482	54-1679279	501(C)(3)	20,000				COMMUNITY HEALTH/SUPPORT

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
EASTERN VA MEDICAL SCHOOL PO BOX 1980 NORFOLK,VA 23501	23-7053028	501(C)(3)	1,640,000				MEDICAL EDUCATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Employer identification number
54-1547408

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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 3	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION STUDY, AND APPROVAL BY SENTARA HEALTHCARE'S COMPENSATION COMMITTEE
PART I, LINES 4A-B	RAYMOND TROIANO, FORMER KEY EMPLOYEE, RECEIVED $90,099 IN COMPENSATION RELATED TO HIS SEPARATION FROM SERVICE THIS AMOUNT HAS BEEN INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II HOWARD KERN PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE DAVID BERND 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 SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE VESTING IS DETERMINED BY THE GOVERNING BOARD OF SENTARA HEALTHCARE AND IS SEPARATELY STATED IN EACH PARTICIPANT'S OPTION AGREEMENT THERE WERE NO OPTIONS GRANTED AFTER 2002 DAVID BERND, HOWARD KERN, MARY BLUNT, ROBERT BROERMANN, MICHAEL GENTRY, ROBERT GRAVES, KENNETH KRAKAUR, GENEMARIE MCGEE, BERTRAM REESE, TERESA EDWARDS, DEBRA FLORES, GRACE HINES, KURT HOFELICH, STEPHEN PORTER, RAYMOND TROIANO, M D , JEFFREY KING, ELWOOD BOONE, JOSEPH BUTZ, AND J S JULIAN, JR , M D , PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE) DURING 2013, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN MARY BLUNT ($73,337), TERESA EDWARDS ($8,549), DEBRA FLORES ($25,982), MICHAEL GENTRY ($36,378), ROBERT GRAVES ($501,555), GRACE HINES ($43,936), KURT HOFELICH ($13,765), HOWARD KERN ($134,952), KENNETH KRAKAUR ($81,091), GENEMARIE MCGEE ($2,551), STEPHEN PORTER ($24,515), BERTRAM REESE ($63,894), AND RAYMOND TROIANO ($6,232) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J, PART II
PART I, LINE 7	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 ECARE INCENTIVE - AN INCENTIVE TO SELECT INDIVIDUALS FOR THEIR ROLES IN THE SUCCESSFUL IMPLEMENTATION AND OPERATION OF SENTARA'S ELECTRONIC MEDICAL CARE SYSTEM INDIVIDUAL INCENTIVE LEVELS VARY BY POSITION THE PLAN ENDED ON 12/31/12, WITH THE LAST PAYOUT OCCURRING IN 2013 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: 54-1547408
Name: SENTARA HOSPITALS

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID L BERND DIRECTOR/CHAIRMAN	(I) (II)	0 1,290,579	0 1,426,213	0 884,805	0 188,187	0 27,382	0 3,817,166	0 394,615
ROBERT A BROERMANN DIRECTOR/TREASURER	(I) (II)	0 700,172	0 548,870	0 7,801	0 138,841	0 22,718	0 1,418,402	0 134,095
HOWARD P KERN DIRECTOR/PRESIDENT	(I) (II)	0 888,192	0 820,913	0 156,598	0 638,375	0 21,721	0 2,525,799	0 200,477
KENNETH M KRAKAUR DIRECTOR	(I) (II)	0 515,244	0 409,889	0 95,273	0 27,448	0 21,089	0 1,068,943	0 99,050
JEFFREY P KING SECRETARY	(I) (II)	0 426,148	0 169,597	0 2,261	0 56,092	0 20,957	0 675,055	0 36,604
MARY L BLUNT CORPORATE VP	(I) (II)	504,493 0	335,835 0	101,695 0	25,362 0	20,591 0	987,976 0	75,844 0
ELWOOD B BOONE III PRESIDENT, SVGH	(I) (II)	328,001 0	37,920 0	1,140 0	23,848 0	19,382 0	410,291 0	0 0
JENNIFER A BURROWS VP	(I) (II)	205,151 0	87,006 0	17,918 0	3,488 0	3,169 0	316,732 0	18,945 0
TERESA L EDWARDS PRESIDENT, SLH	(I) (II)	324,932 0	165,190 0	11,366 0	41,331 0	15,060 0	557,879 0	31,262 0
ROBERT C FIRESTONE VP OPERATIONS, SNGH	(I) (II)	172,964 0	47,422 0	7,285 0	14,600 0	20,841 0	263,112 0	0 0
DEBRA A FLORES PRESIDENT, SCH	(I) (II)	298,544 0	115,258 0	26,917 0	12,449 0	7,980 0	461,148 0	44,213 0
MICHAEL V GENTRY CORPORATE VP	(I) (II)	494,287 0	350,653 0	41,153 0	88,417 0	16,511 0	991,021 0	100,967 0
ROBERT L GRAVES VP/PRESIDENT, SWRMC	(I) (II)	373,991 0	255,167 0	513,633 0	39,452 0	19,202 0	1,201,445 0	292,602 0
KURT T HOFELICH PRESIDENT, SNGH	(I) (II)	330,673 0	135,712 0	27,878 0	22,942 0	19,968 0	537,173 0	32,695 0
GENEMARIE W MCGEE CNO & VP/NURSE EXEC	(I) (II)	221,908 0	89,064 0	3,341 0	23,141 0	19,939 0	357,393 0	19,056 0
BERTRAM S REESE SR VP	(I) (II)	450,921 0	550,190 0	86,988 0	-8,480 0	23,114 0	1,102,733 0	84,806 0
GENE H BURKE MD VP & EXEC MD	(I) (II)	340,653 0	137,065 0	4,578 0	4,853 0	21,192 0	508,341 0	29,583 0
PAUL D CHIDESTER MD VP, MEDICAL AFFAIRS	(I) (II)	326,018 0	124,318 0	1,398 0	21,427 0	21,093 0	494,254 0	27,506 0
SCOTT A MILLER VP, MEDICAL AFFAIRS	(I) (II)	289,917 0	121,492 0	1,719 0	955 0	20,395 0	434,478 0	25,123 0
THOMAS THAMES MD VP, MEDICAL AFFAIRS	(I) (II)	294,525 0	119,500 0	1,658 0	26,240 0	21,598 0	463,521 0	25,568 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				
JOSEPH A ROBBINS VP, MEDICAL AFFAIRS	(I) (II)	287,073 0	110,134 0	1,851 0	32,240 0	23,747 0	455,045 0	0 0
GRACE R HINES FORMER OFFICER	(I) (II)	0 300,865	0 154,455	0 52,130	0 -15,799	0 17,931	0 509,582	0 23,319
STEPHEN D PORTER FORMER OFFICER & KE	(I) (II)	0 280,706	0 140,378	0 38,891	0 26,025	0 18,760	0 504,760	0 41,295
SYLVIA M RICHENDOLLAR FORMER OFFICER & KE	(I) (II)	185,890 0	83,421 0	3,364 0	26,092 0	15,403 0	314,170 0	16,512 0
RAYMOND G TROIANO FORMER KEY EMPLOYEE	(I) (II)	0 3,750	0 0	0 96,991	0 -5,707	0 205	0 95,239	0 27,623
JOSEPH T BUTZ FORMER KEY EMPLOYEE	(I) (II)	276,794 0	107,880 0	563 0	36,302 0	17,955 0	439,494 0	21,542 0
TIMOTHY S JENNINGS FORMER KEY EMPLOYEE	(I) (II)	205,897 0	93,786 0	1,271 0	3,383 0	17,998 0	322,335 0	17,829 0
J STEPHEN JULIAN JR FORMER KEY EMPLOYEE	(I) (II)	295,751 0	116,806 0	6,583 0	44,903 0	19,510 0	483,553 0	25,244 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

Employer identification number
54-1547408

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

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

1 (a) Name of disqualified person	(b) 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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DIRECTOR KENNETH KRAKAUR IS A BOARD MEMBER OF PORT WARWICK II, LLC, PORT WARWICK III, LLC, OPACC I, LLC, CAREPLEX WEST, LLC, AND GLOUCESTER MEDICAL ARTS, LLC, ALL JOINT VENTURES OF SENTARA VENTURES, INC, A TAXABLE AFFILIATE DIRECTOR AND OFFICER HOWARD KERN, DIRECTOR MICHAEL GENTRY, AND DIRECTOR AND OFFICER ROBERT BROERMANN ARE BOARD MEMBERS OF CANCER CENTERS OF VIRGINIA, LLC, A JOINT VENTURE OF THE ORGANIZATION FORMER KEY EMPLOYEE J STEPHEN JULIAN JR IS A BOARD MEMBER OF ST LUKES PROPERTIES, LLC AND OBICI AMBULATORY SURGERY CENTER, LLC, JOINT VENTURES OF THE ORGANIZATION FORMER OFFICER & KEY EMPLOYEE STEPHEN PORTER IS A BOARD MEMBER OF PRINCESS ANNE AMBULATORY SURGERY MANAGEMENT, LLC, A JOINT VENTURE OF THE ORGANIZATION KEY EMPLOYEE ELWOOD BOONE III IS A BOARD MEMBER OF VIRGINIA BEACH AMBULATORY SURGERY CENTER, A JOINT VENTURE OF THE ORGANIZATION KEY EMPLOYEE DEBRA FLORES IS BOARD MEMBER OF CAREPLEX ORTHOPAEDIC AMBULATORY SURGERY CENTER, A JOINT VENTURE OF THE ORGANIZATION KEY EMPLOYEE DEBRA FLORES AND KEY EMPLOYEE MARY BLUNT ARE BOARD MEMBERS OF ORTHOPAEDIC HOSPITAL MANAGEMENT, LLC, A JOINT VENTURE OF THE ORGANIZATION KEY EMPLOYEE ROBERT FIRESTONE IS A BOARD MEMBER OF SHARED HOSPITAL SERVICES, A JOINT VENTURE OF THE ORGANIZATION OFFICER AND DIRECTOR ROBERT BROERMANN IS A BOARD MEMBER OF HAMPTON ROADS LITHOTRIPSY, A JOINT VENTURE OF THE ORGANIZATION MARIA C FLORES IS A FAMILY MEMBER OF KEY EMPLOYEE DEBRA FLORES THE ORGANIZATION PAYS VARIOUS EXPENSES, SUCH AS HEALTH PREMIUMS AND UTILITIES, ON BEHALF OF ITS JOINT VENTURES, FOR WHICH IT IS LATER REIMBURSED FOR SCHEDULE L PURPOSES, EXPENSE REIMBURSEMENTS WERE NOT CONSIDERED "BUSINESS TRANSACTIONS" AND ACCORDINGLY, HAVE NOT BEEN REPORTED DIRECTORS/TRUSTEES/OFFICERS/KEY EMPLOYEES OF THE ORGANIZATION MAY ALSO SERVE AS DIRECTORS/TRUSTEES/OFFICERS OF RELATED TAXABLE ENTITIES WITHIN THE SENTARA HEALTHCARE SYSTEM SEE SCHEDULE R FOR A LISTING OF TRANSACTIONS THE ORGANIZATION HAD WITH THESE RELATED TAXABLE ENTITIES

Additional Data

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) DEAN J BRUMMET	FAMILY MEMBER OF JENNIFER A BURROWS, KEY EMPLOYEE	119,572	EMPLOYMENT		No
(2) KATHERINE M HINES	FAMILY MEMBER OF GRACE R HINES, FORMER OFFICER	80,685	EMPLOYMENT		No
(3) RICHARD E VINIKOFF	FAMILY MEMBER OF KEN KRAKAUR, DIRECTOR	11,592	EMPLOYMENT		No
(4) JULIE L PORTER	FAMILY MEMBER OF STEPHEN D PORTER, FORMER OFFICER & KEY EMPLOYEE	124,027	EMPLOYMENT		No
(5) KAREN RICHENDOLLAR	FAMILY MEMBER OF SILVIA M RICHENDOLLAR, FORMER OFFICER & KEY EMPLOYEE	62,032	EMPLOYMENT		No
(6) PORT WARWICK II LLC	SEE PART V	1,397,510	RENT EXP		No
(7) PORT WARWICK III LLC	SEE PART V	244,582	RENT EXP		No
(8) CAREPLEX WEST LLC	SEE PART V	539,149	RENT EXP		No
(9) OPACC I LLC	SEE PART V	1,297,155	RENT EXP		No
(10) PRINCESS ANNE AMB SURG MGT LLC	SEE PART V	1,045,044	SUPPLIES		No
(11) PRINCESS ANNE AMB SURG MGT LLC	SEE PART V	143,438	MISC SERVICES		No
(12) VA BEACH AMB SURG CENTER	SEE PART V	94,368	INVENTORY		No
(13) VA BEACH AMB SURG CENTER	SEE PART V	89,617	RE RENTAL AND RELATED SERVICES		No
(14) CANCER CENTERS OF VIRGINIA LLC	SEE PART V	4,423,756	EQUIP LEASE		No
(15) CANCER CENTERS OF VIRGINIA LLC	SEE PART V	1,907,550	LEASED EMPLOYEES		No
(16) SENTARA OBICI AMB SURGERY LLC	SEE PART V	110,537	MISC SERVICES		No
(17) SENTARA OBICI AMB SURGERY LLC	SEE PART V	511,570	SUPPLIES		No
(18) GLOUCESTER MEDICAL ARTS LLC	SEE PART V	188,017	RENT EXPENSE		No
(19) HAMPTON ROADS LITHOTRIPSY LLC	SEE PART V	987,200	MEDICAL SERVICES		No
(20) ST LUKES PROPERTIES LLC	SEE PART V	931,819	RENT EXPENSE		No
(21) SHARED HOSPITAL SERVICES	SEE PART V	5,207,768	HOSPITAL SERVICES		No
(22) CAREPLEX ORTHOPAEDIC ASC	SEE PART V	495,563	RE/FACILITY RENTAL		No
(23) CAREPLEX ORTHOPAEDIC ASC	SEE PART V	465,621	SUPPLIES		No
(24) CAREPLEX ORTHOPAEDIC ASC	SEE PART V	25,254	MISC SERVICES		No
(25) ORTHOPAEDIC HOSPITAL MANAGEMENT LL	SEE PART V	428,933	MANAGEMENT FEES		No
(26) MARIA C FLORES	SEE PART V	12,759	EMPLOYMENT		No

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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.

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2013

Open to Public Inspection

Name of the organization
SENTARA HOSPITALS

Employer identification number
54-1547408

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	SENTARA HEALTHCARE I YOUR NOT-FOR-PROFIT HEALTH PARTNER FOR 125 YEARS, SENTARA HAS BEEN CO MMITTED TO HELPING PEOPLE JUST LIKE YOU, PEOPLE WHO WANT THE MOST DEDICATED MEDICAL PROFES SIONALS HELPING THEM THROUGH EVERY STAGE OF LIFE TO PROVIDE A RANGE OF QUALITY CARE, WE H AVE GROWN SLOWLY THROUGHOUT VIRGINIA AND NORTH CAROLINA WE HAVE REACHED OUT TO INDUSTRY L EADERS AND JOINED FORCES, AND WE NOW OPERATE MORE THAN 100 SITES OF CARE, INCLUDING 12 ACU TE CARE HOSPITALS - SEVEN IN HAMPTON ROADS, ONE IN NORTHERN VIRGINIA, TWO IN THE BLUE RIDG E 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 OF THE NATION'S TOP INTEGRATED HEA LTHCARE SYSTEMS OUR NOT-FOR-PROFIT SYSTEM PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURS ING AND ASSISTED-LIVING CENTERS, OUTPATIENT CAMPUSES, PHYSICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE AGENCY, A 3,800-PROVIDER MEDICAL STAFF, AND FOUR MEDICAL GROUPS IN ADDITION, WE PROVIDE MEDICAL TRANSPORT AMBULANCES AND NIGHTINGALE AIR AMBULANC E, 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 FIRST IN THE NATION TO PIONEER AND DEVELOP THE EICU, A REMOTE MONITORING SYSTEM FOR INTENSIVE CARE. OUR DEDICATION TO IMPROVI NG AND INCREASING MEDICAL OPTIONS FOR OUR PATIENTS IS REINFORCED BY OUR ONGOING PARTICIPAT ION IN NATIONAL AND INTERNATIONAL RESEARCH THESE VITAL MEDICAL TRIALS HELP US ADVANCE TOW ARD OUR MISSION OF IMPROVING HEALTH EVERY DAY IN NOVEMBER 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 DEDICATED THEMSELVES TO CARING FOR NO RFOLK'S POOR, FOCUSED ON MEETING THEIR IMMEDIATE HEALTHCARE NEEDS AS NOTED ABOVE AND DETA ILED IN THIS REPORT, WE HAVE GROWN INTO A MULTI-STATE, INTEGRATED HEALTHCARE SYSTEM COMMIT TED TO STILL DELIVERING THAT SAME COMPASSIONATE AND QUALITY CARE AND REACHING FAR BEYOND T HE PATIENTS WHO COME DIRECTLY TO US WE STRIVE TO SERVE EVERYONE IN OUR COMMUNITIES THROUG H HEALTH OUTREACH PROGRAMS, EDUCATION AND FINANCIAL SUPPORT OF OTHER NOT-FOR-PROFIT HEALTH ORGANIZATIONS II GROWING THE SENTARA FAMILY SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO NEARBY INDUSTRY LEADERS AND JOINED FORCES TO EXTEND HEALTHCARE TO MORE PEOPLE. IN RECE NT YEARS, WE HAVE GROWN IN VIRGINIA AND NORTH CAROLINA BY SEEKING PARTNERSHIPS WITH LONG-E STABLISHED AND SUCCESSFUL HOSPITALS AND HEALTHCARE SYSTEMS WHO SHARE OUR DEDICATION TO EXC ELLENCE AND VALUE. SOME OF OUR MOST RECENT ADDITIONS INCLUDE A HALIFAX REGIONAL HOSPITAL IN THE FALL OF 2012, HALIFAX REGIONAL HOSPITAL SIGNED A LETTER OF INTENT TO AFFILIATE WIT H SENTARA HEALTHCARE. IT IS AN INTEGRATED SYSTEM INCLUDING A 192-BED HOSPITAL, THREE LONG- TERM CARE FACILITIES, A HOME CARE AND HOSPICE FACILITY, AND A BROAD RANGE OF SPECIALTIES A ND OUTPATIENT SERVICES ACROSS THE SOUTH BOSTON REGION, ABOUT 165 MILES WEST OF NORFOLK TH E MERGER WAS COMPLETED JULY 1, 2013, WHICH ALSO MARKED HALIFAX'S 60TH ANNIVERSARY SERVING THE SOUTH BOSTON COMMUNITY THE SYSTEM'S EXTENSIVE EXPERIENCE SERVING RURAL COMMUNITIES MA KES IT PARTICULARLY VALUABLE TO LOCALS AND COMPLEMENTS SENTARA'S COMMITMENT TO PERSONALIZE D HEALTHCARE IT IS NOW THE 11TH OF 12 HOSPITALS IN SENTARA'S NOT-FOR-PROFIT INTEGRATED HEA LTH SYSTEM B SENTARA ALBEMARLE HOSPITAL, MEDICAL GROUP AND RELATED FACILITIES SENTARA HE ALTHCARE AND ALBEMARLE HEALTH OF NORTHEASTERN NORTH CAROLINA BEGAN A PARTNERSHIP MARCH 1, 2014, AFTER APPROVAL BY THE PASQUOTANK COUNTY BOARD OF COMMISSIONERS AND THE ALBEMARLE HOS PITAL 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 AND PROGRAMS IN THE REGION LOCATED IN ELIZABETH CITY, SENTARA ALBEMARLE MEDICAL CENTER IS A 182 LICENSED BED, FULL-SERVICE F ACILITY OFFERING A WIDE RANGE OF SERVICES, INCLUDING INPATIENT AND CRITICAL CARE, A FULL ARRAY OF SURGICAL SERVICES, SOPHISTICATED DIAGNOSTIC IMAGING TECHNOLOGY, COMPREHENSIVE WOM EN'S CARE, CARDIOLOGY, CANCER TREATMENT, REHABILITATION SERVICES AND MORE. SENTARA ALBEMAR LE MEDICAL CENTER HAS ASSEMBLED A MEDICAL STAFF OF MORE THAN 100 PHYSICIANS, REPRESENTING NEARLY 30 SPECIALTIES, AND A CARING STAFF OF ALMOST 1,000 EMPLOYEES IT IS NUMBER 12 OF OU R 12 HOSPITALS ALBEMARLE PHYSICIAN SERVICES SENTARA BRINGS TOGETHER A DEDICATED TEAM OF P RIMARY CARE AND SPECIALTY PHYSICIANS TO CARE FOR PATIENTS ACROSS NORTHEASTERN NORTH CAROLI NA ALL OF THE FACILITIES ADOPTED THE SENTARA NAME IN MAY 2014 III CONSTANTLY LOOKING AHE AD TO BEST SERVE OUR COMMUNITIES AND PROVIDE THE MOST PATIENT-FOCUSED, COST-EFFECTIVE HEAL THCARE POSSIBLE, WE SEEK TO EXPAND AND ENHANCE OUR

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	FORM 990, PART III, LINE 4A	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 WE ALSO LEAD AND PARTICIPATE IN RE SEARCH EFFORTS TO IDENTIFY AND TEST FUTURE TREATMENTS AND BEST PRACTICES SOME OF THE WAYS WE HAVE DONE THIS RECENTLY INCLUDE A OFFERING NEW PROCEDURES AND TECHNOLOGY SENTARA PHYS ICIANS LEAD THE WAY BY OFFERING LIFE-SAVING PROCEDURES PREVIOUSLY NOT AVAILABLE OR NOT REA DILY AVAILABLE BY DOING SO, THEY GIVE RESIDENTS THE COMFORT AND COST-SAVINGS OF BEING CLO SE TO HOME WHILE IMPROVING THEIR HEALTH IN 2013, SENTARA ADDED 3D MAMMOGRAPHY, A BREAKTHR OUGH TECHNOLOGY FOR DETECTING EARLY BREAST CANCER, AT EIGHT 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 V ISIBLE USING OTHER MAMMOGRAPHY IN 2012, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER STAR TED A NEW TREATMENT FOR SEVERE ASTHMA CALLED BRONCHIAL THERMOPLASTY THIS MINIMALLY INVASI VE OUTPATIENT PROCEDURE USES A BRONCHOSCOPE TO DELIVER THERMAL ENERGY TO THE LUNGS OF PATI ENTS WITH ASTHMA TO DECREASE THE AMOUNT OF SMOOTH MUSCLE IN THE LUNGS THE MUSCLES THAT CON STRICT AND RESULT IN ASTHMA SYMPTOMS 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 T HE BONES THIS IS POSSIBLE DUE TO THE FDA'S APPROVAL OF THE USE OF 18F-SODIUM FLUORIDE AS AN INJECTION AT ROCKINGHAM MEMORIAL HOSPITAL IN 2012, PATIENTS WITH THE HEART CONDITION A TRIAL FIBRILLATION BENEFITTED FROM A PROCEDURE CALLED CARDIAC CRYOABLATION, APPROVED BY TH E FDA IN LATE 2010 CRYOABLATION EMPLOYS A SPECIAL BALLOON THAT'S FILLED WITH A COOLANT TO REDUCE ITS TEMPERATURE TO MINUS 80 DEGREES CELSIUS THE BALLOON IS APPLIED TO THE HEART T ISSUES THAT CAUSE IRREGULAR HEARTBEATS, AND THE COLD TEMPERATURES DESTROY THE TISSUE AND C ORRECT THE HEART'S PROBLEM IT HAS PROVED SUCCESSFUL FOR PATIENTS WHO DID NOT RESPOND FULL Y TO OTHER TREATMENTS WITH A $725,000 GRANT FROM THE POTOMAC HEALTH FOUNDATION, SENTARA N ORTHERN VIRGINIA MEDICAL CENTER PURCHASED A NEW DIGITAL MAMMOGRAPHY VAN WITH THE VAN, THE CENTER REACHES WOMEN WITH LITTLE OR NO INSURANCE, IN HOPES OF DETECTING CANCER EARLIER IN WOMEN IN PRINCE WILLIAM COUNTY, WHERE THERE'S A HIGHER-THAN-AVERAGE DEATH RATE FROM BREAS T CANCER ON SEPTEMBER 17, 2012, SURGEONS AND CARDIOLOGISTS AT SENTARA HEART HOSPITAL WERE THE FIRST IN THE WORLD TO BEGIN PERFORMING SURGERIES IN THE DUAL EPICARDIAL ENDOCARDIAL P ERSISTENT (DEEP) ATRIAL FIBRILLATION FEASIBILITY TRIAL THIS FOOD AND DRUG ADMINISTRATION- APPROVED STUDY IS SPONSORED BY CARDIAC DEVICE MANUFACTURER ATRICURE, INC AND IS DESIGNED TO EVALUATE THE SAFETY AND EFFICACY OF A COMBINED PROCEDURE WHEREBY THE SURGEON CREATES LI NES OF BLOCK ON THE OUTSIDE OF THE HEART WORKING THROUGH TINY CHEST INCISIONS B EXPANDIN G 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, SENT ARA HEALTHCARE'S AWARD-WINNING HEALTH PLAN, ONE SPECIALIZED SENTARA MEDICAL GROUP (SMG) PR ACTICE AND A NEW COLLABORATION WITH SMG, EASTERN VIRGINIA MEDICAL SCHOOL, OPTIMA HEALTH, S ENTARA HOME CARE AND LIFE CARE AND SENTARA HOSPITALS TO CREATE A SEAMLESS EXPERIENCE FOR P ATIENTS ACROSS THE CONTINUUM OF CARE

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	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

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	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

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	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

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	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

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	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

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	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

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	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

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	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

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FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS SENTARA HOSPITALS PROVIDES ACUTE AND TERTIARY INPATIENT AND OUTPATIENT MEDICAL SERVICES THROUGH THE OPERATION OF SIX HOSPITALS IN THE COMMUNITY--SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA CAREPLEX HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA OBICI HOSPITAL AND SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER THE SIX HOSPITALS COMBINED OFFERED 1,596 HOSPITAL BEDS FOR TERTIARY AND ACUTE CARE AND PROVIDED 796,611 ADJUSTED PATIENT DAYS OF CARE DURING 2013 SERVICES INCLUDE DAILY ROUTINE NURSING, WELLNESS PROGRAMS, LEVEL I AND II TRAUMA SERVICES, NIGHTINGALE AIR AMBULANCE, CARDIAC CATHERIZATION, ANGIOGRAPHY, NEONATAL INTENSIVE CARE, COMMUNITY EDUCATION PROGRAMS FOR THE DISADVANTAGED, AND VARIOUS OTHER COMMUNITY ACTIVITIES SENTARA HOSPITALS ALSO PROVIDES MEDICAL EDUCATION PROGRAMMING IN CONJUNCTION WITH THE EASTERN VIRGINIA MEDICAL AUTHORITY OFFERING SPECIALTY SERVICES SUCH AS CARDIOLOGY, IN-VITRO FERTILIZATION AND UROLOGY THE HOSPITAL PROVIDES FREE COMMUNITY HEALTH SCREENINGS AND HEALTH EDUCATION THROUGHOUT HAMPTON ROADS COSTS INCURRED FOR THESE ACTIVITIES ARE NOT SPECIFICALLY ACCUMULATED, BUT INCLUDE SALARIES AND OTHER OPERATING EXPENSES THE FOLLOWING IS A DESCRIPTION OF PROGRAMS AND ACCOMPLISHMENTS OF THE SENTARA HEALTHCARE SYSTEM FOR 2013

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FORM 990, PART VI, SECTION A, LINE 2	DAVID BERND AND HOWARD KERN 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 6	THE ORGANIZATION HAD ONE CLASS OF MEMBER, THE SOLE MEMBER BEING SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON 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 SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES THE SYSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER 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 NOT-FOR-PROFIT HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, BOND RATING, AND QUALITATIVE PERFORMANCE MEASURES BASED ON RANKINGS FROM SDI'S NATIONAL TOP INTEGRATED HEALTH NETWORKS OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A)ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CHAIRMAN, PRESIDENT, TREASURER AND CERTAIN KEY EMPLOYEES, WHO ALSO SERVE AS CEO, PRESIDENT AND COO, SENIOR VICE PRESIDENT AND CFO, AND SENIOR AND CORPORATE VICE PRESIDENTS OF THE SYSTEM, RESPECTIVELY THE PROCESS WAS LAST UNDERTAKEN DURING 2013 FOR ALL POSITIONS LISTED

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK RECLASS OF INTERCO ACCT BALANCES TO EQUITY -115,425,833 PARTNERSHIP INCOME BOOK > TAX 372,511

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 1B	BOARD MEMBER INDEPENDENCE. BOARD MEMBERS ARE ELECTED ANNUALLY BY THE ORGANIZATION'S 501(C)(3) SOLE MEMBER, SENTARA HEALTHCARE. THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 16 VOTING MEMBERS, 12 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

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 SENTARA HEALTHCARE SYSTEM HAD A WRITTEN POLICY REQUIRING EVALUATION OF ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS UNDER APPLICABLE FEDERAL TAX LAW THIS POLICY WAS APPROVED BY MANAGEMENT THE ORGANIZATION ALSO TOOK STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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 HOSPITALS

Employer identification number
54-1547408

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

(a) Name, address, and EIN (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) WILLIAMSBURG MEDICAL MGT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1760126	MOB RENTAL	VA	240,585	3,178,669	N/A
(2) HPVA LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-8256631	HOLDING COMPANY	VA		806,521	N/A
(3) PATIENT FIRST CT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3443100	HEALTH CARE	VA		806,521	HPVA LLC

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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 HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501(C)(3)	LN7_NORMALGOVTSUPPOR	N/A		No
(6) SENTARA PRINCESS ANNE HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1277419	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	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	N/A									
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SH	UNRELATED	-2,171	108,225		No		Yes		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		Yes		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		Yes		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		Yes		45 000 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	N/A									
AMER HEALTH EVAL CTR-WMSBG LLC 739 THIMBLE SHOALS STE 105 NEWPORT NEWS, VA 23606 26-3761741	HEALTH CARE	VA	N/A									
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	SH	RELATED	1,173,569	5,092,986		No		Yes		50 000 %
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	N/A									
HEALTHCARE PERFORMANCE IMPROVEMENT LLC 5041 CORPORATE WOODS DR STE 180 VIRGINIA BEACH, VA 23462 20-4024074	CONSULTING	VA	N/A									
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	N/A									
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		Yes		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		Yes		53 040 %
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	N/A									
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTHCARE	VA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount 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	N/A									
PORT WARWICK II LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 20-2739075	RENTAL RE	WI	N/A									
OPACC I LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 39-2021431	RENTAL RE	WI	N/A									
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-4185117	MGT SVCS	VA	SH	RELATED	174,527	5,678		No		Yes		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		Yes		50 000 %
PORT WARWICK III LLC 18000 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045 61-1499371	RENTAL RE	WI	N/A									
VALIANCE HEALTH LLC 3190 PEOPLES DRIVE HARRISONBURG, VA 22801 54-1866081	HEALTH CARE	VA	N/A									
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	N/A									
NORTHERN VIRGINIA HOME CARE LLC 601 SOUTH CARLIN SPRINGS RD ARLINGTON, VA 22204 45-3940053	HOME CARE	VA	N/A									
MNS SUPPLY CHAIN NETWORK LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 45-4235238	GPO	DE	N/A									
LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBRIDGE, VA 22192 45-5347932	HEALTH CARE	VA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	N/A	C					No
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C					No
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C					No
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C					No
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C					No
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C					No
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C					No
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C					No
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C					No
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C					No
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C					No
POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBRIDGE, VA 22191 54-1441420	PHARMACY	VA	N/A	C					No
ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-1721387	CONTRACTING SVCS	VA	N/A	C					No
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C					No
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	N/A	C					No

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	C	2,287,292	CORP BOOKS/REC
MPB INC	K	4,824,515	CORP BOOKS/REC
MPB INC	P	2,044,112	CORP BOOKS/REC
MPB INC	S	98,231	CORP BOOKS/REC
OBICI REAL ESTATE HOLDINGS LLC	A	51,000	CORP BOOKS/REC
OBICI REAL ESTATE HOLDINGS LLC	S	84,554	CORP BOOKS/REC
OBICI REAL ESTATE HOLDINGS LLC	Q	119,524	CORP BOOKS/REC
OPTIMA HEALTH INSURANCE COMPANY	L	34,261,906	CORP BOOKS/REC
OPTIMA HEALTH PLAN	L	179,199,041	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	C	43,971,647	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	5,282,119	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	N	13,541,541	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	O	591,934	CORP BOOKS/REC
PRINCESS ANNE AMBULATORY SURGERY MGT LLC	L	128,313	CORP BOOKS/REC
PRINCESS ANNE AMBULATORY SURGERY MGT LLC	Q	1,112,170	CORP BOOKS/REC
PRINCESS ANNE AMBULATORY SURGERY MGT LLC	S	1,439,420	CORP BOOKS/REC
SENTARA ENTERPRISES	B	6,304,721	CORP BOOKS/REC
SENTARA ENTERPRISES	C	2,283,682	CORP BOOKS/REC
SENTARA ENTERPRISES	L	4,649,509	CORP BOOKS/REC
SENTARA ENTERPRISES	M	3,219,698	CORP BOOKS/REC
SENTARA ENTERPRISES	N	2,426,070	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	A	23,521	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	L	6,268,936	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	N	866,790	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	Q	7,766,933	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 LIFE CARE CORP	B	6,323,196	CORP BOOKS/REC
SENTARA LIFE CARE CORP	L	2,613,365	CORP BOOKS/REC
SENTARA LIFE CARE CORP	M	579,934	CORP BOOKS/REC
SENTARA LIFE CARE CORP	N	2,308,360	CORP BOOKS/REC
SENTARA LIFE CARE CORP	O	174,158	CORP BOOKS/REC
SENTARA MEDICAL GROUP	A	182,000	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	44,067,274	CORP BOOKS/REC
SENTARA MEDICAL GROUP	L	5,368,901	CORP BOOKS/REC
SENTARA MEDICAL GROUP	M	44,681,654	CORP BOOKS/REC
SENTARA MEDICAL GROUP	N	2,220,152	CORP BOOKS/REC
SENTARA MEDICAL GROUP	S	4,337,631	CORP BOOKS/REC
SMG INNOVATIONS INC	L	187,157	CORP BOOKS/REC
SMG INNOVATIONS INC	Q	144,079	CORP BOOKS/REC
SENTARA OBICI AMBULATORY SURGERY LLC	L	110,537	CORP BOOKS/REC
SENTARA OBICI AMBULATORY SURGERY LLC	Q	511,570	CORP BOOKS/REC
SENTARA OBICI AMBULATORY SURGERY LLC	S	309,884	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	L	23,226,354	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	N	8,636,697	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	O	218,519	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	Q	36,133,095	CORP BOOKS/REC
SENTARA VENTURES INC	O	545,916	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	A	931,819	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	K	554,874	CORP BOOKS/REC

KPMG

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Financial Statements and
Supplemental Schedules

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

SENTARA HEALTHCARE AND SUBSIDIARIES

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KPMG LLP
Suite 1900
440 Monticello Avenue
Norfolk, VA 23510

Independent Auditors' Report

The Board of Directors
Sentara Healthcare

We have audited the accompanying consolidated financial statements of Sentara Healthcare and subsidiaries, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to Sentara Healthcare's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sentara Healthcare's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Sentara Healthcare and subsidiaries as of December 31, 2013 and 2012, and the results of their operations and their cash flows for the years then ended, in accordance with U S generally accepted accounting principles

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

Other Matter

Our audits were performed for the purpose of forming an opinion on the basic consolidated financial statements as a whole The supplementary information included in schedules 1 through 10 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and the other additional procedures in accordance with the auditing standards generally accepted in the United States of America In our opinion, this information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole

KPMG LLP

Norfolk, Virginia
March 28, 2014

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Balance Sheets

December 31, 2013 and 2012

(In thousands)

Assets		2013	2012
Current assets			
Cash and cash equivalents	$	936,370	857,447
Receivables, net		445,862	460,629
Investments and assets whose use is limited		230,532	396,182
Inventories		58,433	52,838
Prepaid expenses and other current assets		37,678	43,146
Total current assets		1,708,875	1,810,242
Investments and assets whose use is limited		2,306,524	1,790,040
Property, plant, and equipment, net		1,691,546	1,545,665
Land held for future use, at cost		22,899	13,605
Other assets, net		124,635	147,349
Total assets	$	5,854,479	5,306,901
Liabilities and Net Assets			
Current liabilities			
Accounts payable and accrued expenses	$	114,941	96,898
Employee compensation and benefits		198,162	177,464
Medical claims accrued and payable		92,453	85,058
Current installments of long-term debt		20,547	23,283
Long-term debt subject to current remarketing provisions		219,100	380,926
Estimated third-party payor settlements		5,914	3,339
Other current liabilities		133,108	130,374
Total current liabilities		784,225	897,342
Long-term debt, excluding current installments		1,120,245	960,224
Retirement obligations		95,518	388,145
Other long-term liabilities		271,227	344,284
Total liabilities		2,271,215	2,589,995
Net assets			
Unrestricted		3,469,635	2,608,041
Temporarily restricted		64,280	65,276
Permanently restricted		18,997	18,639
Total net assets attributable to Sentara Healthcare		3,552,912	2,691,956
Noncontrolling interest		30,352	24,950
Total net assets		3,583,264	2,716,906
Total liabilities and net assets	$	5,854,479	5,306,901

See accompanying notes to consolidated financial statements

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Statements of Operations

Years ended December 31, 2013 and 2012

(In thousands)

	2013	2012
Operating revenues, gains, and other support		
Net patient service revenue (net of contractual allowances and discounts)	$ 2,985,210	2,844,943
Provision for bad debts	(249,048)	(249,044)
Net patient service revenue less provision for bad debts	2,736,162	2,595,899
Premium and capitation revenue	1,440,849	1,354,516
Other operating revenue	116,251	110,339
Net assets released from restrictions for operations	5,464	7,474
Total operating revenues, gains, and other support	4,298,726	4,068,228
Operating costs and expenses		
Salaries and wages	1,410,743	1,308,386
Benefits	344,396	313,226
Medical claims	882,590	847,351
Other operating	1,222,842	1,120,928
Interest	42,484	46,720
Depreciation and amortization	173,891	167,819
Total operating costs and expenses	4,076,946	3,804,430
Net operating income	221,780	263,798
Nonoperating gains, net	390,034	167,572
Excess of revenues over expenses before noncontrolling interest	611,814	431,370
Noncontrolling interest	(5,402)	(4,475)
Excess of revenues over expenses attributable to Sentara Healthcare	606,412	426,895
Net assets released from restricted funds for capital purchases	2,942	5,945
Change in funded status of retirement obligations	252,240	(125,096)
Increase in unrestricted net assets	$ 861,594	307,744

See accompanying notes to consolidated financial statements

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Statements of Changes in Net Assets

Years ended December 31, 2013 and 2012

(In thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Noncontrolling interest	Total
Balance at December 31, 2011	$ 2,300,297	66,640	18,358	20,475	2,405,770
Excess of revenues over expenses	426,895	—	—	4,475	431,370
Net assets released from restricted funds for capital purchases	5,945	(5,945)	—	—	—
Change in funded status of pension liability	(125,096)	—	—	—	(125,096)
Contributions	—	8,596	64	—	8,660
Net assets released from restrictions	—	(7,474)	—	—	(7,474)
Investment earnings	—	3,459	217	—	3,676
Change in net assets	307,744	(1,364)	281	4,475	311,136
Balance at December 31, 2012	2,608,041	65,276	18,639	24,950	2,716,906
Excess of revenues over expenses	606,412	—	—	5,402	611,814
Net assets released from restricted funds for capital purchases	2,942	(2,942)	—	—	—
Change in funded status of pension liability	252,240	—	—	—	252,240
Contribution of Halifax Regional Hospital (HRH) restricted net assets	—	1,143	—	—	1,143
Contributions	—	2,739	363	—	3,102
Net assets released from restrictions	—	(5,464)	—	—	(5,464)
Investment earnings (loss)	—	3,528	(5)	—	3,523
Change in net assets	861,594	(996)	358	5,402	866,358
Balance at December 31, 2013	$ 3,469,635	64,280	18,997	30,352	3,583,264

See accompanying notes to consolidated financial statements

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2013 and 2012

(In thousands)

	2013	2012
Cash flows from operating activities		
Increase in net assets	$ 866,358	311,136
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Contribution of HRH net assets	(102,665)	—
Provision for bad debts	249,048	249,044
Depreciation and amortization	173,891	167,819
Net realized and unrealized gains on investments	(179,474)	(108,867)
Loss on disposal of property, plant, and equipment	579	101
Loss on refunding of debt	99	5,920
Amortization of bond premiums	230	321
Change in market value of derivative instruments	(40,514)	(349)
Gain on redemption of derivative instrument	(8,338)	—
Equity in earnings of limited investment companies	(16,474)	(21,128)
Equity in earnings of joint ventures	(9,099)	(20,122)
Restricted contributions received	(3,102)	(8,660)
Changes in operating assets and liabilities		
Receivables, net	(212,993)	(292,877)
Inventories	(3,170)	373
Prepaid expenses and other current assets	8,403	(1,009)
Accounts payable and accrued expenses	8,912	19,331
Employee compensation and benefits	13,968	5,627
Medical claims accrued and payable	7,395	(14,943)
Estimated third-party payor settlements	871	(1,750)
Retirement obligations	(298,982)	96,323
Other liabilities	(27,847)	16,566
Net cash provided by operating activities	427,096	402,856
Cash flows from investing activities		
Capital expenditures	(213,501)	(195,635)
Purchases of investments, net	(119,650)	(244,534)
Contribution of HRH cash	5,073	—
Net changes in other assets	6,042	(11,470)
Proceeds from the disposal of property, plant, and equipment	3,655	4,439
Net cash used in investing activities	(318,381)	(447,200)
Cash flows from financing activities		
Restricted contributions received	3,102	8,660
Proceeds from issuance of long-term debt	160,515	303,053
Payments on long-term debt	(193,409)	(270,842)
Net cash (used in) provided by financing activities	(29,792)	40,871
Net increase (decrease) in cash and cash equivalents	78,923	(3,473)
Cash and cash equivalents at beginning of year	857,447	860,920
Cash and cash equivalents at end of year	$ 936,370	857,447
Supplemental disclosures of cash flow information		
Cash paid during the year for interest	$ 42,670	46,753
Cash refunded during the year for income taxes	(406)	(860)

See accompanying notes to consolidated financial statements

(1) Description of Organization

(a) Corporate Organization and Mission

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

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

(b) Principles of Consolidation

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

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

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

- Sentara Holdings, Inc (SHI) includes the subsidiaries Sentara Health Plans, Inc (SHP), Sentara Ventures, Inc (SVI), and Obici Professional Center (OPC) SHP provides and administers medical services to subscribers and includes Optima Health Group (OHG), a health maintenance organization, Optima Behavioral Health Services (OBHS), a mental health services company, and Optima Health Insurance Company (OHIC), a health insurance company SVI has been organized to carry on taxable healthcare activities OPC operates medical office buildings and includes Obici Medical Management Services (OMMS), which owns and operates physician practices and urgent care centers
- Sentara Medical Group (SMG) owns and operates physician practices and urgent care centers SMG Innovations (SMGI) is a subsidiary of SMG and owns and operates specialized physician practices

(2) Affiliation and Joint Venture

(a) Affiliation

On July 1, 2013, Sentara, Halifax Regional Health System (HRHS) and HRHS's subsidiary, Halifax Regional Hospital (HRH) closed the transactions contemplated by an Affiliation Agreement among those parties, dated April 23, 2013 As of such closing, Sentara became the sole member of HRH, and HRH became the sole member or stockholder, as applicable, of Halifax Regional Development Foundation, Inc., Halifax Regional Long-Term Care, Inc., Clarksville Senior Care, LLC, Halifax Regional Properties, Inc., Southside Health Services, Inc., and Halifax Physician Hospital Organization, Inc HRH is a 192-bed, acute inpatient, outpatient and emergency care provider to residents of South Boston, Virginia and its surrounding area

Pursuant to the Affiliation Agreement, Sentara committed to expend a total investment of $115,000 over a 10-year period to support expansion and enhancement of medical services for the communities served Such amounts will be expended pursuant to plans and budgets approved by Sentara

No consideration was paid to HRH as a result of the Agreement Sentara applied the business combination accounting guidance in Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2010-07, *Not-for-Profit Entities* (Topic 958-805) *Mergers and Acquisitions*, to account for the transactions The guidance primarily characterizes business combinations between not-for-profit entities as nonreciprocal transfers of assets resulting in the contribution of the fair value of the acquiree's net assets to the acquirer Accounting Standards Codification (ASC) 958-805 prescribes that the acquirer recognize an excess of the fair value of the acquisition date unrestricted net assets acquired over the fair value of the consideration transferred as a separate credit in its consolidated statement of operations Accordingly, Sentara recognized, as a component of nonoperating gains, net, contribution income related to the unrestricted net assets acquired in the transaction of $101,522 in its consolidated statement of operations for the year ended December 31, 2013 Sentara also recorded an increase in restricted net assets of $1,143 in its statement of changes in net assets for the year ended December 31, 2013 as a result of the affiliation

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

Assets		
Current assets	$	35,579
Property and equipment		90,017
Other long-term assets		35,390
Total assets	$	160,986
Liabilities		
Current liabilities	$	21,908
Long-term debt		24,544
Other long-term liabilities		11,869
Total liabilities		58,321
Net assets acquired		
Unrestricted		101,522
Temporarily restricted		1,143
Total net assets		102,665
Total liabilities and net assets	$	160,986

The following tables summarize the activity attributable to HRH since the date of affiliation through December 31, 2013, and Sentara's pro forma combined results as though the affiliation occurred at the beginning of fiscal year 2012

Since affiliation date		
Operating revenues	$	56,864
Net operating loss		(2,345)
Changes in net assets		
Unrestricted	$	23,020
Temporarily restricted		26
Total changes in net assets	$	23,046

(Continued)

		Sentara pro forma combined	
		2013	2012
Operating revenues	$	4,357,330	4,184,017
Net operating income		214,720	259,206
Changes in net assets			
Unrestricted	$	784,163	310,306
Temporarily restricted		(2,246)	(1,413)
Permanently restricted		358	281
Total changes in net assets	$	782,275	309,174

(b) Joint Venture

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

The financial position and results of operations of SPAH are included in the consolidated financial statements of Sentara Bon Secours' interest is reflected as a noncontrolling interest in the consolidated statements of changes in net assets An excess of revenues over expenses of $12,605 and $5,402 was attributable to Sentara and to the noncontrolling interest, respectively, for the year ended December 31, 2013 An excess of revenues over expenses of $10,455 and $4,475 was attributable to Sentara and to the noncontrolling interest, respectively, for the year ended December 31, 2012

(3) Summary of Significant Accounting Policies

(a) Cash and Cash Equivalents

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

At December 31, 2013 and 2012, unrestricted cash and cash equivalents totaling $113,880 and $81,570, respectively, and unrestricted investments totaling $204,399 and $204,809, respectively, were held by Sentara's insurance subsidiaries, OHP, OHIC, and OHG Transfers of funds by these entities to other Sentara affiliates are subject to approval by the Virginia State Corporation Commission Bureau of Insurance

(Continued)

(b) Investments and Assets Limited as to Use

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

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

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

Sentara has invested in a number of joint ventures, limited liability corporations, and other nonpublic entities that provide specialty healthcare services or engage in other activities. Investments where Sentara has between a 20% and up to a 50% ownership interest are accounted for using the equity method. Sentara's equity in their earnings, which totaled $9,099 and $20,122 for the years ended December 31, 2013 and 2012, respectively, is included in other operating revenue in the accompanying consolidated statements of operations. These investments are included in other assets, net, in the accompanying consolidated balance sheets and totaled $35,981 and $36,079 at December 31, 2013 and 2012, respectively.

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

(c) Property, Plant, and Equipment

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

(Continued)

(d) Impairment of Long-Lived Assets

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

(e) Goodwill

Goodwill represents the excess of the purchase price over the fair value of the net assets of acquired companies In accordance with ASU 2010-07, Sentara no longer amortizes goodwill, but tests the carrying value of goodwill annually for impairment Total goodwill recognized on acquisitions, less accumulated amortization, was $27,772 and $25,037 as of December 31, 2013 and 2012, respectively, and is included in other assets, net

(f) Medical Claims Accrued and Payable

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

(g) Derivative Financial Instruments

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

(h) Temporarily and Permanently Restricted Net Assets

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

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

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

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

(j) Net Patient Service Revenue

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

(k) Charity Care

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

(l) Premium and Capitation Revenue

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

(m) Medical Claims Expense

Medical claims expense for Sentara's insurance subsidiaries is recognized as services are provided, including estimated amounts for claims incurred but not yet reported These expenses are reported net of subscriber copay and deductible amounts and net of reimbursement from coordination of benefits Reinsurance premiums, net of recoveries, are included in medical claims expense in the accompanying consolidated statements of operations

(n) Income Taxes

Sentara and its not-for-profit subsidiaries have been recognized by the Internal Revenue Service as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code, and therefore, related income is generally not subject to federal and or state income taxes SHI, its incorporated subsidiaries, and SMGI account for income taxes in accordance with FASB ASC Topic 740, *Income Taxes* Income taxes are accounted for under the asset and liability method Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary

differences are expected to be recovered or settled The effect on deferred tax assets and liabilities of a change in tax rates is recognized in the period that includes the enactment date Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change Sentara accounts for uncertain tax positions in accordance with ASC Topic 740

(o) Use of Estimates

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

(p) Fair Value of Financial Instruments

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

The carrying amounts of cash and cash equivalents, patient accounts receivable, other receivables, accounts payable and accrued expenses, employee compensation and benefits, estimated third-party payor settlements, and other liabilities reported in the consolidated balance sheets approximate fair value (classified as Level 1), in all significant respects, at December 31, 2013 and 2012 Fair value is defined as the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date

(q) Subsequent Events

Sentara has evaluated subsequent events for recognition and disclosure through March 28, 2014, the date the consolidated financial statements were issued

On July 23, 2013, Sentara signed a letter of intent to operate Albemarle Health, which is located in Elizabeth City, North Carolina Albemarle Health includes a 142-bed community hospital, Regional Medical Center, Regional Oncology Center, and Albemarle Health Sleep Center The affiliation was finalized on March 1, 2014

(4) Net Patient Service Revenue

Net patient service revenue, before provision for bad debts, is computed as follows for the years ended December 31

		2013	2012
Gross patient charges	$	8,327,107	7,476,941
Charity care		568,048	443,435
Gross patient service revenue		7,759,059	7,033,506
Deductions			
Medicare, Medicaid, and Tricare contractual deductions		3,158,530	2,801,631
Other discounts and adjustments		1,615,319	1,386,932
Total	$	2,985,210	2,844,943

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

Medicare Under the Medicare program, Sentara receives reimbursement under a prospective payment system (PPS) for inpatient services Under the hospital inpatient PPS, fixed payment amounts per inpatient discharge are established based on the patient's assigned diagnosis related group (DRG) When the estimated cost of treatment for certain patients is significantly higher than the average, providers typically will receive additional "outlier" payments SRMH is considered a sole-community service provider by Medicare and its prospective payment rates may be adjusted for inpatient operating costs The majority of outpatient services provided to Medicare beneficiaries are prospectively reimbursed based on service groups called ambulatory payment classifications (APCs) The remainder of outpatient services are paid on a cost basis or based on a fee schedule Educational costs are reimbursed by the Medicare program on a reasonable cost basis The Hospitals are paid for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary All hospitals have final settled with the Medicare program through the 2009 cost report year, except for HRH, which has settled through the 2008 cost report year

Medicaid The Medicaid program is administered by the Department of Medical Assistance Services (DMAS) of the Commonwealth of Virginia, pursuant to federal and state laws and regulations DMAS receives funding for program expenditures from both the federal government and the Commonwealth of Virginia Federal or state law or regulations may affect limits on Medicaid payment The majority of Medicaid recipients in Sentara's primary service area are enrolled in health maintenance organizations (HMOs) These HMOs contract with the Medicaid program to provide primary and acute care services to enrolled Medicaid recipients The Hospitals are paid for substantially all services rendered to Medicaid HMO beneficiaries on a prospective payment basis There are certain Medicaid patients excluded from the HMO program for which the Hospitals are reimbursed based on a DRG-based PPS, which is subject to certain limitations and possible retroactive adjustment All hospitals have final settled with the Medicaid program through the 2012 cost report year, except for HRH and SRMH, which have settled through the 2008 and 2011 cost report year, respectively

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

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation As a result, there is a reasonable possibility that recorded estimates will change by a material amount in the near term During 2013 and 2012, the effect of these settlement adjustments was to increase net patient service revenue by approximately $422 and $4,792, respectively

Due to the nature of the governmental cost report settlement process, the complexities of governmental and nongovernmental patient billing and other financial statement exposures that are inherent in the provision of healthcare services, Sentara has established financial accounting and reporting policies that formally govern the establishment of associated liability estimates beyond those related to specifically identifiable events The establishment of related liabilities is based on a number of factors, including net patient service revenue volumes Sentara believes that such policy properly provides for Sentara's routine and nonroutine exposures consistent with industry accounting principles and practices These estimated liabilities are included in other long-term liabilities in the accompanying consolidated balance sheets in the amounts of $88,171 and $80,822 as of December 31, 2013 and 2012, respectively

The Health Information Technology for Economic and Clinical Health (HITECH) Act that was enacted as part of the American Recovery and Reinvestment Act of 2009 was signed into law in February 2009 Within the context of the HITECH Act, certain healthcare entities must implement a certified Electronic Health Record (EHR) in an effort to promote the adoption and "meaningful use" of health information technology (HIT) Understanding the strategic importance of an EHR system, Sentara invested in a certified EHR system prior to the HITECH Act The HITECH Act includes significant monetary incentives to encourage the adaptation of a certified EHR system During 2013 and 2012, Sentara recognized incentive payments totaling $18,407 and $22,104, respectively, which are included in other operating revenue in the accompanying consolidated statements of operations

(5) Receivables, Net

Receivables, net are summarized as follows at December 31

		2013	2012
Patient accounts receivable	$	1,175,656	1,052,901
Less			
Contractual allowances for third-party payors		627,373	546,445
Allowance for bad debts		212,626	170,172
Patient accounts receivable, net		335,657	336,284
Premium and capitation receivables, net		60,705	58,833
Estimated third-party payor settlements		19,646	31,406
Other receivables		29,854	34,106
Receivables, net	$	445,862	460,629

Patient accounts receivable are reduced by an allowance for bad debts In evaluating the collectibility of accounts receivable, Sentara analyzes historical collections and write-offs and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for bad debts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for bad debts For receivables associated with services provided to patients who have third-party coverage, Sentara analyzes contractually due amounts and provides an allowance for bad debts, allowance for contractual adjustments, provision for bad debts, and contractual adjustments on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely For receivables associated with self-pay patients or with balances remaining after the third-party coverage has already paid, Sentara records a significant provision for bad debts in the period of service on the basis of its historical collections, which indicates that many patients are unwilling to pay the portion of their bill for which they are financially responsible The difference between the discounted rates and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for bad debts

The activity in the allowance for bad debts is summarized as follows for the years ended December 31

		2013	2012
Beginning balance as of January 1	$	170,172	144,925
Provision for bad debts		249,048	249,044
Less writeoffs		(206,594)	(223,797)
Ending balance as of December 31	$	212,626	170,172

The change in the allowance for bad debts during 2013 is attributable to increased self-pay patient volumes and trends experienced in the collection of the related patient receivables

(Continued)

(6) Investments and Assets Whose Use is Limited

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

		2013	2012
Investments at fair value	$	2,197,841	1,888,855
Investment companies accounted for under the equity method		339,215	297,367
Total investments		2,537,056	2,186,222
Less portion required to pay current liabilities		230,532	396,182
	$	2,306,524	1,790,040

Investments at estimated fair value comprise the following

		2013	2012
Unrestricted investments	$	2,378,958	1,966,938
Donor-restricted investments		65,452	65,127
Assets whose use is limited under indenture, self-insurance funding arrangement, and derivative financial instrument agreements held by trustee		76,970	139,510
Assets internally designated as endowment fund		15,676	14,647
Total investments at estimated fair value	$	2,537,056	2,186,222

The three levels of the fair value hierarchy are as follows

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

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

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

(Continued)

The following tables present Sentara's fair value hierarchy for those assets measured at estimated fair value on a recurring basis as of December 31, 2013 and 2012, respectively

			Fair value measurements at December 31, 2013 using		
		Total	Level 1	Level 2	Level 3
Investments					
Fixed maturities					
Domestic	$	742,780	459,562	283,218	—
International		10,728	1,924	8,804	—
Equity securities					
Domestic		1,141,574	1,141,574	—	—
International		24,252	6,651	17,601	—
Multiasset funds		144,741	144,741	—	—
Alternative investments					
Hedge funds		185,882	—	149,859	36,023
Private equity		53,393	—	—	53,393
Real estate		137,050	—	—	137,050
Short-term investments		96,656	96,656	—	—
Total	$	2,537,056	1,851,108	459,482	226,466

			Fair value measurements at December 31, 2012 using		
		Total	Level 1	Level 2	Level 3
Investments					
Fixed maturities					
Domestic	$	778,714	448,671	330,043	—
International		7,717	358	7,359	—
Equity securities					
Domestic		847,363	847,363	—	—
International		5,390	954	4,436	
Multiasset funds		89,345	89,345	—	—
Alternative investments					
Hedge funds		173,568	—	137,014	36,554
Private equity		40,255	—	—	40,255
Real estate		116,579	—	—	116,579
Short-term investments		127,291	127,291	—	—
Total	$	2,186,222	1,513,982	478,852	193,388

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

(Continued)

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

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

Sentara generally uses net asset value per share as provided by external investment managers without further adjustment as the practical expedient estimate of the fair value of its alternative investments consistent with the provisions of ASU 2009-12, *Fair Value Measurements and Disclosures (Topic 820) Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)* Accordingly, such values may differ from values that would have been used had an active market for the investments existed

For the years ended December 31, 2013 and 2012, the reconciliation of investments with estimated fair value measurements using significant unobservable inputs (Level 3) is as follows

		2013	2012
Beginning balance, as of January 1	$	193,388	129,528
Total net gains unrealized and realized		7,782	11,604
Purchases, sales, issuances, and settlements		25,296	49,347
Net transfers from Level 2		—	2,909
Ending balance, December 31	$	226,466	193,388

Sentara's limited investment companies are reported on the equity method based on the underlying net asset value of the investments which management believes approximates fair value The fair values of Sentara's limited investment companies are based on all available data, including information provided by fund managers Due to the nature of the underlying investments held, changes in market conditions, and the economic environment may significantly impact the investments' net asset value and the carrying value of Sentara's interest

Sentara's limited investment companies include redemption restrictions Hedge fund investments may require 65 to 105 day written notice of intent to withdraw and may be subject to a 12 to 36 month lock up period Private equity investments do not include provisions for redemption, and are distributed by the fund on a discretionary basis as restrictions are met and capital permits Level 3 real estate investments require written notice of intent to withdraw and are subject to the capital requirements of the fund manager

Sentara has remaining capital commitments of $48,221 at December 31, 2013 for certain limited investment companies

(Continued)

(7) Property, Plant, and Equipment

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

		2013	2012
Land	$	138,629	123,356
Land improvements		99,577	89,873
Buildings		1,172,579	1,038,880
Fixed equipment		596,800	552,183
Major moveable equipment		1,448,475	1,328,123
Leasehold improvements		51,063	45,413
		3,507,123	3,177,828
Less accumulated depreciation and amortization		1,882,200	1,723,910
		1,624,923	1,453,918
Construction in progress		66,623	91,747
Total	$	1,691,546	1,545,665

Depreciation and amortization related to property, plant, and equipment totaled $173,217 and $167,052 for the years ended December 31, 2013 and 2012, respectively

Significant construction projects in progress at December 31, 2013 are expected to have remaining project costs of approximately $133,519 The commitments include the costs to complete a new bed tower at SLH, an operating room expansion for SNVMC, a sports imaging center at SRMH, and other projects

(Continued)

(8) Long-Term Debt

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

	2013	2012
Sentara Healthcare Obligated Group Revenue and Refunding Bonds		
Series 2013A-B, payable in installments ranging from $1,190 to $11,535 from 2014 through 2048, with interest at a variable rate of 67% of one-month LIBOR plus 40% (actual interest rate at December 31, 2013 was 0 51%)	$ 159,660	—
Series 2012A, payable in installments ranging from $215 to $5,850 through 2034, with interest at a variable rate of SIFMA plus 0 08% (actual interest rate at December 31, 2013 was 0 14%)	68,190	68,580
Series 2012B, payable in installments ranging from $2,190 to $26,110 through 2043, with fixed interest rates ranging from 3 00% to 5 00% (average interest rate at December 31, 2013 was 4 60%)	144,660	146,810
Series RMH 2011A-C, payable in installments of $1,200 from 2015 through 2039, with interest at a variable rate of 67% of one-month LIBOR plus 0 40% (actual interest rate at December 31, 2013 was 0 51%)	30,000	30,000
Series RMH 2010A-C, payable in installments ranging from $1,724 to $2,724 through 2040, with interest at a variable rate of 67% of one-month LIBOR plus 0 40% (actual interest rate at December 31, 2013 was 0 51%)	71,552	73,276
Series 2010, payable in installments ranging from $1,600 to $37,160 through 2040, with fixed interest rates ranging from 4 00% to 5 00% (average interest rate for 2013 was 4 82%)	255,295	264,305
Series 2010B-C, payable in installments ranging from $425 to $11,250 through 2034, with interest at a variable rate of SIFMA plus 0 12% (actual interest rate at December 31, 2013 was 0 18%)	131,110	131,860
Series MJH 2008A-D, refunded by Series 2013A-B	—	160,795
Series 2008, payable in installments ranging from $1,450 to $26,860 through 2035, with a fixed interest rate of 5 75%	156,615	156,615

(Continued)

	2013	2012
Series RMH 2006, payable in installments ranging from $1,140 to $11,670 through 2046, with fixed interest rates ranging from 4 00% to 5 00% (average interest rate for 2013 was 4 72%)	$ 186,965	188,005
City of Suffolk 1998, payable in annual installments of $667 through 2017, with a fixed interest rate of 4 71%	2,667	3,333
Isle of Wight 1998, payable in annual installments of $667 through 2017, with a fixed interest rate of 4 76%	2,667	3,333
Sussex County 1998, payable in annual installments of $267 through 2013, with a fixed interest rate of 4 69%	—	267
Series 1993, payable in installments ranging from $3,240 to $3,775 through 2018, with fixed interest rates of 5 13% and 6 00% (average interest rate for 2013 was 5 25%)	17,100	20,015
Halifax Regional Hospital Revenue Bonds-		
Series 2007, payable in installments ranging from $440 to $1,320 through 2037, with fixed interest rates ranging from 4 38% to 5 00% (average interest rate for 2013 was 4 93%)	19,185	—
Notes payable		
Sentara Healthcare Commercial Paper Note program $130,000 authorized tax-exempt issue, weighted average maturity and interest rate at December 31, 2013 was 122 days and 0 12%, respectively	48,800	52,800
$125,000 authorized taxable issue, weighted average maturity and interest rate at December 31, 2013 was 122 days and 0 22%, respectively	71,000	71,000
Note payable due 2014 with a fixed rate of interest of 7 00%	110	416
Note payable due 2017 with a fixed rate of Prime, adjusted every five years (actual interest rate at December 31, 2013 was 5 75%)	215	247
Capital lease obligations	2,215	1,121
	1,368,006	1,372,778
Unamortized bond discount, net	(8,114)	(8,345)
Less amount classified as current	(239,647)	(404,209)
	$ 1,120,245	960,224

(Continued)

(a) Obligated Group Revenue and Refunding Bonds

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

In June 2013, Sentara issued $160,515 in variable rate Hospital Facilities Revenue and Refunding Bonds The proceeds of the bonds were used to fully refund the MJH Series 2008 A-D Bonds

In April 2012, Sentara issued $68,890 in variable rate Hospital Facilities Revenue and Refunding Bonds The proceeds of the bonds were used to fully refund the Series 2009A Bonds

In May 2012, Sentara issued $148,740 in fixed rate Health Care Facilities Revenue and Refunding Bonds A portion of the proceeds are being used to finance the building of a new bed tower at SLH The remaining proceeds were used to fully refund the Series 2003 Potomac Hospital Facility Revenue Bonds and the Series 2002 MJH Revenue Bonds A total loss of $5,920 was recognized on the refundings and is included in nonoperating gains, net in the accompanying 2012 consolidated statement of operations A premium of $14,423 was recognized related to the issuance of the debt

Sentara maintains a balance of short-term investments equal to the Series 2012A Bonds, Series 2010B-C Bonds, and a portion of commercial paper issuances, which are not covered by a letter of credit (self-liquidity) Long-term debt subject to current remarketing provisions and covered by self-liquidity totaled $219,100 and $380,926 as of December 31, 2013 and 2012, respectively, and is classified as a current liability

(b) Commercial Paper Revenue Notes

Issuance of the tax-exempt Sentara Healthcare Commercial Paper Revenue Notes (the Notes) was authorized during 1998 under agreements between Sentara and the IDA of the City of Norfolk (the Authority) The Notes will be issued from time to time by the Authority as part of a pooled financing program to provide loans to Sentara to finance the cost of certain capital improvements, to refinance outstanding revenue, and refunding bonds and to pay costs associated with the issuance of the Notes It is management's intent to continuously rollover theses Notes However, the outstanding principal amount of all Notes must be repaid by 2028 Each Note will mature between 1 and 270 days after its date of issuance The maximum aggregate principal amount of the Notes outstanding at any one time shall not exceed the lesser of $130,000, or the aggregate amount of advances available under a Liquidity Facility Agreement (Liquidity Facility)

During 2012, Sentara entered into an agreement with a commercial finance company that authorizes the issuance of up to $125,000 of taxable commercial paper (the Commercial Paper) The Commercial Paper will be issued from time to time for general corporate purposes and to refund a

portion of certain Notes previously issued It is management's intent to continuously rollover the Commercial Paper However, the outstanding principal amount of all the Commercial Paper must be repaid by 2028 Each Commercial Paper will mature between 1 and 270 days after its date of issuance

Under the terms of the current Liquidity Facility, Sentara may borrow, subject to certain conditions, up to $100,000 to pay the principal portion of the Notes or the Commercial Paper that have not been successfully remarketed Borrowings under the Liquidity Facility bear interest at certain rates under several options granted to Sentara There was no amount outstanding under the Liquidity Facility as of December 31, 2013 or 2012 The Liquidity Facility expires on June 5, 2015

(c) Other

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

At December 31, 2013, management believes that Sentara was in compliance with all such restrictions

The fair value of all bonds and commercial paper revenue notes are determined by market quotations using Level 1 criteria The fair value of all bonds and commercial paper revenue notes at December 31, 2013 and 2012 was approximately $1,375,000 and $1,425,000, respectively

Estimated maturities and sinking fund requirements of all long-term indebtedness at December 31, 2013 are as follows

2014	$	20,547
2015		23,613
2016		25,398
2017		25,937
2018		26,059
Thereafter		1,246,452
	$	1,368,006

(9) Derivative Financial Instruments

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

The following table provides details regarding Sentara's fair value of derivative instruments currently classified as other long-term liabilities at December 31, 2013 and 2012, none of which are designated as cash flow hedging instruments

		2013						
Interest rate swap	Fair value	Notional amount outstanding	Rate paid	Rate received	Average rate received in 2013	Counterparty	Term
2004	$ (28,272)	197,811	3 51%	67% of One month (1M) LIBOR	0 13%	Wells Fargo (75%) & Goldman Sachs (25%)	30 years
2008	382	156,615	SIFMA + 0 19%	5 75%	5 75	Citigroup	10 years
Sussex 1998	(1,142)	9,895	3 33%	59% of 1M LIBOR + 0 35%	0 47	Bank of America	18 years
RMH 2009 (Fixed Swap)	(150)	30,000	3 28%	67% of (1M LIBOR + 1 67%)	1 25	SunTrust	5 years
MJH 2013 (Basis Swap)	(1,991)	76,325	SIFMA	67% of 1M LIBOR + 0 41%	0 53	Barclays	15 years
MJH 2013 (Fixed Swap)	15,679	159,660	1 94%	67% of 3M LIBOR	0 18	Barclays	35 years

		2012					
Interest rate swap	Fair value	Notional amount outstanding	Rate paid	Rate received	Average rate received in 2012	Counterparty	Term
2004	$ (52 109)	198 906	3 51%	67% of One month (1M) LIBOR	0 24%	Wells Fargo (75%) & Goldman Sachs (25%)	30 years
2008	438	156 615	SIFMA + 0 19%	5 75%	5 75	Citigroup	10 years
Sussex 1998	(1 680)	267	3 33%	59% of 1M LIBOR	0 14	Bank of America	25 years
RMH 2009 (Fixed Swap)	(583)	30 000	3 28%	67% of 1M LIBOR + 1 67%	1 83	SunTrust	5 years
MJH 2007 (Basis Swap)	(473)	76 325	SIFMA	67% of 1M LIBOR + 0 41%	0 63	UBS	20 years
MJH 2008 (Fixed Swap)	(52 154)	160 795	4 13%	SIFMA	0 18	UBS	40 years

In conjunction with the refunding of the MJH 2008 A-D Series bonds, the associated swap was redeemed for $40,080 As of the redemption date, the fair value of the swap was $48,418, resulting in a gain of $8,338, which is included in nonoperating gains, net in the accompanying 2013 consolidated statement of operations Sentara subsequently entered into a basis swap as well as a fixed-payor swap, the terms of which are noted in the table above

In order to manage the credit risk of the swap agreements, Sentara and the counterparties are required to provide collateral in the event that the combined fair value of the swap agreements exceeds a predetermined threshold amount The collateral posting requirements are based upon the rating classification of Sentara's long-term, unsecured, and unsubordinated debt securities as assigned by a relevant rating agency As of December 31, 2013, the counterparty posted $11,060 in collateral with Sentara, which is included in noncurrent assets whose use is limited in the 2013 consolidated balance sheet

The fair value of the interest rate swap agreements is the estimated amount that Sentara would receive or pay to terminate the swap agreements at the reporting date, taking into account current interest rates and the current creditworthiness of the swap counterparties The swap agreements are valued based on readily

observable market parameters for all substantial terms of the contracts and are, therefore, categorized as Level 2 securities The change in the fair value of the interest rate swap agreements for the years ended December 31, 2013 and 2012 was $40,514 and $349, respectively, and is included in nonoperating gains, net in the consolidated statements of operations Sentara is exposed to credit loss in the event of nonperformance by the swap counterparties Sentara manages this risk through the monitoring of the credit standing of its counterparties

(10) Retirement Obligations

Sentara maintains a noncontributory defined-benefit pension plan that covers substantially all employees of Sentara Healthcare and its subsidiaries (Sentara Plan), except for Halifax, which maintains a separate plan (Halifax Plan) Halifax Plan benefits were frozen effective May 1, 2009, with the exception of employees who were at least age 55 with at least 10 years of service or who reached a total of 75 using a combination of age and service (known as grandfathered participants) Benefits remain frozen for employees who did not meet the grandfather criteria Effective December 31, 2013, the SRMH and MJH defined-benefit pension plans were merged into the Sentara Plan

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

The following table sets forth amounts recognized in the consolidated financial statements of Sentara as of and for the years ended December 31, 2013 and 2012 related to the Sentara Plan

		2013	2012
Accumulated benefit obligation at measurement date	$	1,328,917	1,358,860
Change in projected benefit obligations			
Benefit obligation at previous measurement date	$	1,554,438	1,294,086
Service cost		65,506	55,017
Interest cost		56,682	57,424
Actuarial (gain) loss		(128,110)	192,215
Benefit payments		(48,009)	(44,306)
Projected benefit obligations at measurement date	$	1,500,507	1,554,436
Change in assets			
Fair value of assets at previous measurement date	$	1,166,291	1,002,263
Actual return on assets		168,090	110,831
Employer contributions		124,500	97,503
Benefit payments		(48,009)	(44,306)
Fair value of assets at measurement date	$	1,410,872	1,166,291
Amounts recognized in the consolidated balance sheets at December 31			
Long-term liabilities	$	(89,635)	(388,145)
Amounts recognized in unrestricted net assets at December 31			
Net actuarial loss	$	(306,191)	(557,884)
Prior service cost		44	69
Components of net periodic pension cost			
Service cost	$	65,506	55,017
Interest cost		56,682	57,424
Expected return on plan assets		(85,457)	(73,878)
Prior service cost recognized		(25)	180
Amortization of actuarial loss		40,949	29,690
Net periodic pension cost	$	77,655	68,433

(Continued)

The following table sets forth amounts recognized in the consolidated financial statements of Sentara as of and for the year ended December 31, 2013 related to the Halifax Plan

Accumulated benefit obligation at measurement date	$	14,501
Change in projected benefit obligations		
Benefit obligation at previous measurement date and affiliation date	$	21,227
Service cost		—
Interest cost		345
Actuarial loss		20
Benefit payments		(359)
Projected benefit obligations at measurement date	$	21,233
Change in assets		
Fair value of assets at previous measurement date and affiliation date	$	14,732
Actual return on assets		772
Employer contributions		205
Benefit payments		(359)
Fair value of assets at measurement date	$	15,350
Amounts recognized in the consolidated balance sheets at December 31		
Long-term liabilities	$	(5,883)
Amounts recognized in unrestricted net assets at December 31		
Net actuarial loss	$	(7,072)
Components of net periodic pension cost		
Service cost	$	—
Interest cost		345
Expected return on plan assets		(288)
Prior service cost recognized		72
Amortization of actuarial loss		115
Net periodic pension cost	$	244

For the years ended December 31, 2013 and 2012, Sentara recognized a change in unrestricted net assets of $252,240 and ($125,096), respectively, related to nonperiodic changes in the Plans assets and benefit obligations

The estimated actuarial loss and prior service credit for the Plans that will be amortized from accumulated other comprehensive loss into net periodic cost over the next year are $20,672 and $25, respectively No assets of the Plans are expected to be returned to Sentara for the year ended December 31, 2013

(Continued)

The assumptions used to determine benefit obligations for the Plans at December 31, 2013 and 2012 are as follows

	2013	
	Sentara Plan	**Halifax Plan**
Discount rate	4 71%	5 09%
Rate of compensation increase	4 00	3 00
	2012	
Discount rate	3 75%	N/A
Rate of compensation increase	4 00	N/A

Weighted average assumptions used to determine net periodic benefit cost for the Plans for 2013 and 2012 are as follows

	2013	
	Sentara Plan	**Halifax Plan**
Discount rate	3 75%	4 01%
Expected long-term return on plan assets	7 25	5 76
Rate of compensation increase	4 00	3 00
	2012	
Discount rate	4 51%	N/A
Expected long-term return on plan assets	7 25	N/A
Rate of compensation increase	4 00	N/A

In developing the expected long-term rate of return on assets assumption, Sentara considered the current level of expected returns on risk-free investments (primarily, government bonds), the historical level of the risk premium associated with the other asset classes in which the portfolio is invested, and the expectations for future returns of each asset class The expected return for each asset class was then weighted based on the target allocation to develop the expected long-term rate of return on assets assumption for the portfolio This resulted in the selections listed above for the years ended December 31, 2013 and 2012

(a) Investment Policy and Strategy

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

(Continued)

fund performance at each quarterly meeting The Plans' targeted asset allocation by asset category is as follows

Asset category	Target allocation percentage
Equity securities	30% – 60%
Debt securities	20% – 50%
Alternative investments	0% – 20%
Cash	0% – 10%

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

The following tables present the Plans' assets measured at estimated fair value aggregated by the level in the fair value hierarchy within which those measurements fall as of December 31, 2013 and 2012, respectively

		Fair value measurements at December 31, 2013 using		
	Total	Level 1	Level 2	Level 3
Investments				
Fixed maturities				
Domestic	$ 811,607	756,954	25,683	28,970
International	1,649	—	1,649	—
Equity securities				
Domestic	276,878	273,396	3,482	—
International	38,071	18,883	19,188	—
Multiasset	86,484	86,484	—	—
Alternative investments	173,463	—	129,403	44,060
Short-term investments	38,070	38,070	—	—
Total	$ 1,426,222	1,173,787	179,405	73,030

(Continued)

		Fair value measurements at December 31, 2012 using		
	Total	Level 1	Level 2	Level 3
Investments				
Fixed maturities				
Domestic	$ 325,270	268,917	26,886	29,467
International	10,542	4,768	5,774	—
Equity securities				
Domestic	513,726	483,908	28,557	1,261
International	9,692	5,760	3,932	—
Multiasset	50,032	50,032	—	—
Alternative investments	139,879	—	103,750	36,129
Short-term investments	117,150	117,150	—	—
Total	$ 1,166,291	930,535	168,899	66,857

For the years ended December 31, 2013 and 2012, the reconciliation of the Plans' assets with estimated fair value measurements using significant unobservable inputs (Level 3) was as follows

	2013	2012
Beginning balance, as of January 1	$ 66,857	70,659
Total net gains unrealized and realized	2,912	9,051
Purchases, sales, issuances, and settlements	5,163	26,339
Net transfers to Level 2	(1,902)	(39,192)
Ending balance, December 31	$ 73,030	66,857

(b) Contributions

Sentara expects to contribute $120,360 to the Plans for the year ended December 31, 2014

(c) Estimated Future Benefit Payments

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

2014	$ 74,925
2015	80,058
2016	85,057
2017	92,151
2018	100,630
2019-2023	582,431

(Continued)

The expected benefits to be paid are based on the same assumptions used to measure the Plans' benefit obligations at December 31, 2013

(d) Supplemental Executive Retirement Plan

Sentara maintains a supplemental executive retirement plan for certain executives Compensation expense under the plan was $2,103 and $2,202 for the years ended December 31, 2013 and 2012, respectively Accrued benefit liabilities under this plan totaled $10,651 and $9,444 as of December 31, 2013 and 2012, respectively, and are included in other long-term liabilities in the accompanying consolidated balance sheets

(e) Defined Contribution Retirement Plans

Substantially all of the employees of Sentara participate in defined-contribution retirement plans under Sections 403(b) and 401(k) of the Internal Revenue Code Sentara matches a percentage of contributions made by the employees Sentara's contribution expense related to these plans for the years ended December 31, 2013 and 2012 was $23,191 and $20,075, respectively, and is included in benefits expense in the accompanying consolidated statements of operations

(11) Charity Care and Other Community Benefits

(a) Charity

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

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

- Financial assistance brochures and other information are posted at each point of service When patients have questions or concerns, they are encouraged to call a toll-free number to reach customer service representatives during the business day Financial assistance programs are also published on the Sentara website and included on the statements provided to patients
- Sentara employs financial counselors who are available to help patients complete applications for Medicaid or other government payment assistance programs, or apply for care under

Sentara's charity care policy, if applicable Sentara also employs an external firm to assist in the eligibility process

- Any patient, whether covered by insurance or not, may meet with a Sentara representative and receive financial counseling from Sentara's dedicated financial assistance unit

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

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

		2013	2012
Components of estimated cost of charity and other uncompensated care			
Charity care	$	170,064	135,680
Medicaid		33,854	40,557
Bad debt		73,731	81,694
Total estimated cost	$	277,649	257,931

(b) Medical Education and Other Community Benefits

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

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

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

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

		2013	2012
Nonreimbursed cost of charity and uncompensated care	$	277,649	257,931
Medical education		20,472	19,866
Direct contributions and sponsorships		3,660	1,715
Community health programs		2,150	2,715
Total community benefits, at cost	$	303,931	282,227

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

(12) Concentration of Credit Risk

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

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

	2013	2012
Medicare	29%	29%
Medicaid	7	8
Anthem (Blue Cross)	20	19
SHP – HMO/PPO	9	8
All others (none individually more than 10%)	35	36
Total	100%	100%

(Continued)

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

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

	2013	2012
OPM	16%	13%
DMAS	74	74
Other (none individually more than 10%)	10	13
Total	100%	100%

(13) Functional Expenses

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

		2013	2012
Healthcare services	$	3,272,913	3,080,120
General and administrative		804,033	724,310
Total operating costs and expenses	$	4,076,946	3,804,430

(14) Commitments and Contingent Liabilities

(a) General Liability and Malpractice Insurance

Sentara insures its professional, general, and managed care liability risks through insurance policies issued by Lexington Insurance Company. Professional and managed care liability risks are primarily insured on a claims-made basis and general liability risks are insured on a claims-incurred basis. Lexington policy limits are $2,100 per occurrence and $23,000 in the aggregate per year for professional and managed care liability and $1,000 per occurrence for general liability.

Accrued professional liability costs on an undiscounted basis as of December 31, 2013 and 2012 amounted to $85,494 and $84,679, respectively. Cash and investments totaling $59,432 and $55,762 as of December 31, 2013 and 2012, respectively, have been designated by Sentara to settle these claims. Included in accrued professional liability costs are estimated claims incurred but not reported in the amounts of $21,008 and $23,339 as of December 31, 2013 and 2012, respectively.

The Lexington policies are fully reinsured by Bay Primex. The sole activity of Bay Primex is reinsurance, on a facultative basis, of the claims-made professional and managed care liability

insurance policies, and the occurrence based general liability policy issued by Lexington Insurance Company to Sentara and its related entities

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

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

(b) Stop-Loss Coverage

OHP and OHIC carry a stop-loss coverage policy for medical claims expense through Reinsurance Group of America, Incorporated (RGA) The deductible under the policy is $1,400 per member per policy year Once the deductible is met in a policy year, RGA will reimburse 90% of eligible medical expenses up to a maximum of $5,000 per member per policy year for commercial members and up to a maximum of $2,000 per member per policy year for Medicaid members This stop-loss coverage does not relieve OHP and OHIC of its primary obligation to its members Stop-loss expense related to the policy was $1,071 and $858 for the years ended December 31, 2013 and 2012, respectively

(c) Employee Health Benefits

Sentara is self-insured for employee health benefits Payments under the plan are limited to $300 per participant per year The liabilities associated with these claims totaled $13,496 and $11,386 at December 31, 2013 and 2012, respectively

(d) Workers' Compensation Insurance

Sentara is self-insured for workers' compensation insurance The liability associated with these claims totaled $8,959 and $5,913 at December 31, 2013 and 2012, respectively

(e) Lease Commitments

Certain Sentara subsidiaries are parties to operating leases for property and equipment Rental expense incurred during the years ended December 31, 2013 and 2012 was approximately $59,614 and $53,135, respectively

2014	$	27,350
2015		24,892
2016		22,606
2017		17,803
2018		12,041
Thereafter		31,124
Total future minimum lease payments	$	135,816

(f) Litigation

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

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation Sentara, through its compliance program, seeks to ensure compliance with such laws and regulations and to rectify instances of noncompliance Compliance with such laws and regulations is subject to future government review and interpretation as well as significant regulatory action, which can include fines, penalties, and exclusion from the Medicare and Medicaid programs

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

(15) Nonoperating Gains, Net

Nonoperating gains, net are summarized as follows

	2013	2012
Investment income	$ 46,659	43,904
Realized gains on investments, net	93,709	59,898
Unrealized gains on investments, net	85,765	48,969
Equity in earnings of limited investment companies	16,474	21,128
Change in market value of derivative instruments	40,514	349
Gain on redemption of derivative instrument	8,338	—
Excess of fair value of net assets acquired over consideration paid for HRH	101,522	—
Other	(2,947)	(6,676)
Nonoperating gains, net	$ 390,034	167,572

(16) Other Operating Expenses

Other operating expenses are summarized as follows

	2013	2012
Supplies	$ 581,220	544,685
Professional fees	191,484	166,671
Purchased and contracted services	165,514	152,942
Repairs and maintenance	108,637	96,761
Rent	59,614	53,136
Insurance	18,576	16,917
Marketing	33,918	32,563
Utilities	36,732	34,029
Other	27,147	23,224
Other operating expenses	$ 1,222,842	1,120,928

Schedule 1

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidating Schedule – Balance Sheet Information

December 31, 2013

(In thousands)

Assets	Sentara Healthcare Corporate	Sentara Hospitals	Sentara Enterprises	Sentara Life Care Corporation	Optima Health Plan	Sentara Holdings, Inc.	Sentara Medical Group	Eliminations	Consolidated
Current assets									
Cash and cash equivalents	$ 559,514	227,987	261	457	110,962	26,216	10,973	—	936,370
Receivables, net	15,000	381,720	20,112	10,066	64,414	(3,005)	15,186	(57,631)	445,862
Receivables from affiliated organizations	69,786	15,895	532	—	1	6,351	2,704	(95,269)	—
Investments and assets whose use is limited	219,100	—	—	—	11,432	—	—	—	230,532
Inventories	—	56,361	1,067	1,005	—	—	—	—	58,433
Prepaid expenses and other current assets	4,055	27,936	114	90	37	3,443	2,003	—	37,678
Total current assets	867,455	709,899	22,086	11,618	186,846	33,005	30,866	(152,900)	1,708,875
Notes receivable from affiliated organizations	620,494	—	—	—	—	—	—	(620,494)	—
Investments and assets whose use is limited	1,686,359	427,198	—	—	157,860	35,107	—	—	2,306,524
Property, plant, and equipment, net	166,385	1,461,383	18,457	25,381	1,970	1,681	16,759	(470)	1,691,546
Land held for future use, at cost	4,720	17,581	—	—	—	598	—	—	22,899
Other assets, net	39,057	74,135	3,505	577	—	5,659	1,702	—	124,635
Total assets	$ 3,384,470	2,690,196	44,048	37,576	346,676	76,050	49,327	(773,864)	5,854,479
Liabilities and Net Assets									
Current liabilities									
Accounts payable and accrued expenses	$ 28,435	79,959	1,930	729	—	1,195	2,694	(1)	114,941
Employee compensation and benefits	150,236	38,201	1,585	—	—	8,140	—	—	198,162
Medical claims accrued and payable	—	—	—	1,352	124,784	16,439	—	(50,122)	92,453
Current installments of long-term debt	14,499	10,394	—	—	—	34	—	(4,380)	20,547
Long-term debt subject to current remarketing provisions	219,100	—	—	—	—	—	—	—	219,100
Payables to affiliated organizations	5,378	80,200	136	225	5,613	1,332	2,385	(95,269)	—
Estimated third-party payor settlements	—	3,822	429	1,663	—	—	—	—	5,914
Other current liabilities	40,751	74,007	2,186	1,017	5,945	9,359	2,971	(3,128)	133,108
Total current liabilities	458,399	286,583	6,266	4,986	136,342	36,499	8,050	(152,900)	784,225
Long-term debt, excluding current installments	1,082,134	184,588	—	—	—	182	—	(146,659)	1,120,245
Retirement obligations	73,714	21,804	—	—	—	—	—	—	95,518
Other long-term liabilities	146,739	103,716	4,681	1,970	8,934	—	5,187	—	271,227
Payables to affiliated organizations	—	473,835	—	—	—	—	—	(473,835)	—
Total liabilities	1,760,986	1,070,526	10,947	6,956	145,276	36,681	13,237	(773,394)	2,271,215
Net assets									
Unrestricted	1,621,259	1,508,501	32,940	30,602	201,400	39,350	36,053	(470)	3,469,635
Temporarily restricted	2,225	61,830	161	8	—	19	37	—	64,280
Permanently restricted	—	18,987	—	10	—	—	—	—	18,997
Total net assets attributable to Sentara Healthcare	1,623,484	1,589,318	33,101	30,620	201,400	39,369	36,090	(470)	3,552,912
Noncontrolling interest	—	30,352	—	—	—	—	—	—	30,352
Total net assets	1,623,484	1,619,670	33,101	30,620	201,400	39,369	36,090	(470)	3,583,264
Total liabilities and net assets	$ 3,384,470	2,690,196	44,048	37,576	346,676	76,050	49,327	(773,864)	5,854,479

See accompanying independent auditors' report

Schedule 2

SENTARA HOSPITALS

Consolidating Schedule – Balance Sheet Information

December 31, 2013

(In thousands)

Assets	Sentara Norfolk General Hospital	Sentara Leigh Hospital	Sentara Bayside Hospital	Sentara CarePlex Hospital	Sentara Virginia Beach General Hospital	Sentara Williamsburg Regional Medical Center	Sentara Obici Hospital	Sentara Princess Anne Hospital	Sentara Northern Virginia Medical Center	Rockingham Memorial Hospital	Martha Jefferson Hospital	Halifax Regional Health System	Eliminations	Total
Current assets														
Cash and cash equivalents (bank overdraft)	$ 136	(383)	(2)	(308)	(368)	(212)	(232)	66,027	18,697	50,709	83,551	10,372	—	227,987
Receivables, net	96,522	28,803	—	24,379	32,795	15,525	17,605	24,132	25,192	42,101	25,951	9,641	—	342,646
Other receivables	10,156	2,247	72	1,866	1,586	638	2,032	4,081	2,518	6,293	6,648	937	—	39,074
Receivables from affiliated organizations	1,665	877	—	785	910	563	2,137	8,300	658	—	—	—	—	15,895
Inventories	16,282	3,885	1	4,784	6,537	2,837	3,598	3,331	4,314	4,962	2,952	2,878	—	56,361
Prepaid expenses and other current assets	8,610	219	32	299	451	138	88	253	691	5,053	9,036	3,066	—	27,936
Total current assets	133,371	35,648	103	31,805	41,911	19,489	25,228	106,124	52,070	109,118	128,138	26,894	—	709,899
Investments	1,478	—	—	—	123	—	161	—	—	216,188	157,126	52,122	—	427,198
Property, plant, and equipment, net	193,168	142,508	—	103,615	73,019	125,847	95,743	169,908	145,560	145,015	185,038	86,849	(4,887)	1,461,383
Land held for future use, at cost	2,657	—	—	—	2,491	819	—	—	8,952	—	399	2,263	—	17,581
Other assets, net	3,452	9	—	3,065	6,670	12,298	12,469	—	11,689	11,373	7,762	5,348	—	74,135
Total assets	$ 334,126	178,165	103	138,485	124,214	158,453	133,601	276,032	218,271	481,694	478,463	173,476	(4,887)	2,690,196
Liabilities and Net Assets														
Current liabilities														
Accounts payable and accrued expenses	$ 16,759	5,814	51	5,725	5,410	3,912	3,887	2,539	4,618	8,884	14,145	8,215	—	79,959
Employee compensation and benefits	—	—	—	—	—	—	—	—	—	17,205	15,564	5,432	—	38,201
Current installments of long-term debt	—	110	—	—	3,085	—	1,333	4,380	—	—	437	1,049	—	10,394
Payables to affiliated organizations	2,343	1,727	—	1,256	886	1,524	2,340	12,074	936	4,881	52,081	152	—	80,200
Estimated third-party payor settlements	124	138	—	212	12	74	209	—	—	853	2,191	9	—	3,822
Other current liabilities	20,249	2,296	131	1,972	8,291	1,173	2,212	4,828	6,582	7,719	11,215	7,339	—	74,007
Total current liabilities	39,475	10,085	182	9,165	17,684	6,683	9,981	23,821	12,136	39,542	95,633	22,196	—	286,583
Long-term debt, excluding current installments	—	—	—	—	14,015	—	3,999	146,660	—	—	228	19,686	—	184,588
Retirement obligations	—	—	—	—	—	—	—	—	—	19,650	(3,729)	5,883	—	21,804
Other long-term liabilities	16,763	6,946	2,077	5,915	6,599	3,854	4,920	4,379	8,891	30,711	12,661	—	—	103,716
Payables to (from) affiliated organizations	(125,749)	(111,860)	(80,680)	56,444	26,826	113,512	50,821	—	—	257,917	215,918	—	70,686	473,835
Total liabilities	(69,511)	(94,829)	(78,421)	71,524	65,124	124,049	69,721	174,860	21,027	347,820	320,711	47,765	70,686	1,070,526
Net assets														
Unrestricted	398,952	272,944	78,524	66,515	58,772	34,133	62,606	70,811	195,151	100,869	120,255	124,542	(75,573)	1,508,501
Temporarily restricted	2,694	50	—	446	318	271	1,232	9	1,426	17,881	36,334	1,169	—	61,830
Permanently restricted	1,991	—	—	—	—	—	42	—	667	15,124	1,163	—	—	18,987
Total net assets attributable to Sentara Healthcare	403,637	272,994	78,524	66,961	59,090	34,404	63,880	70,820	197,244	133,874	157,752	125,711	(75,573)	1,589,318
Noncontrolling interest	—	—	—	—	—	—	—	30,352	—	—	—	—	—	30,352
Total net assets	403,637	272,994	78,524	66,961	59,090	34,404	63,880	101,172	197,244	133,874	157,752	125,711	(75,573)	1,619,670
Total liabilities and net assets	$ 334,126	178,165	103	138,485	124,214	158,453	133,601	276,032	218,271	481,694	478,463	173,476	(4,887)	2,690,196

See accompanying independent auditors' report.

Schedule 3

SENTARA HOLDINGS, INC.

Consolidating Schedule – Balance Sheet Information

December 31, 2013

(In thousands)

Assets	Sentara Holdings, Inc.	Sentara Health Plans, Inc.	Optima Behavioral Health Services	Optima Health Group	Optima Health Insurance Company	Sentara Ventures, Inc.	Obici Professional Center and Subsidiary	Eliminations	Total
Current assets									
Cash and cash equivalents	$ 5	21,184	2,110	2,095	822	—	—	—	26,216
Receivables, net	17	(4,087)	56	—	(416)	1,424	1	—	(3,005)
Receivables from affiliated organizations	967	11,246	89	(1)	62	3,344	2,041	(11,397)	6,351
Prepaid expenses and other current assets	—	1,344	2,015	—	—	84	—	—	3,443
Total current assets	989	29,687	4,270	2,094	468	4,852	2,042	(11,397)	33,005
Investments	—	—	—	433	34,674	—	—	—	35,107
Property, plant, and equipment, net	—	1,257	—	—	212	212	—	—	1,681
Land held for future use, at cost	—	—	—	—	—	598	—	—	598
Other assets, net	—	20,144	16	4	—	5,639	—	(20,144)	5,659
Total assets	$ 989	51,088	4,286	2,531	35,354	11,301	2,042	(31,541)	76,050
Liabilities and Net Assets									
Current liabilities									
Accounts payable and accrued expenses	$ (2)	570	88	—	2	537	—	—	1,195
Employee compensation and benefits	—	8,140	—	—	—	—	—	—	8,140
Medical claims accrued and payable	—	—	4,890	—	11,549	—	—	—	16,439
Current installments of long-term debt	—	—	—	—	—	—	34	—	34
Payables to (from) affiliated organizations	1,410	1,995	1,407	—	2,592	3,573	1,752	(11,397)	1,332
Deferred revenue	—	—	22	—	1,066	—	—	—	1,088
Other current liabilities	—	5,377	1	—	410	2,483	—	—	8,271
Total current liabilities	1,408	16,082	6,408	—	15,619	6,593	1,786	(11,397)	36,499
Long-term debt, excluding current installments	—	—	—	—	—	—	182	—	182
Total liabilities	1,408	16,082	6,408	—	15,619	6,593	1,968	(11,397)	36,681
Net assets									
Unrestricted	(419)	34,987	(2,122)	2,531	19,735	4,708	74	(20,144)	39,350
Temporarily restricted	—	19	—	—	—	—	—	—	19
Total net assets	(419)	35,006	(2,122)	2,531	19,735	4,708	74	(20,144)	39,369
Total liabilities and net assets	$ 989	51,088	4,286	2,531	35,354	11,301	2,042	(31,541)	76,050

See accompanying independent auditors' report

Schedule 4

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidating Schedule – Operations Information

Year ended December 31, 2013

(In thousands)

	Sentara Healthcare Corporate	Sentara Hospitals	Sentara Enterprises	Sentara Life Care Corporation	Optima Health Plan	Sentara Holdings, Inc.	Sentara Medical Group	Eliminations	Consolidated
Operating revenues, gains, and other support									
Net patient service revenue	$ —	2,951,691	134,284	72,953	—	—	224,170	(397,888)	2,985,210
Provision for bad debts, net	1	(234,500)	(2,018)	(1,188)	(290)	(104)	(10,949)	—	(249,048)
Net patient service revenue less provision for bad debts	1	2,717,191	132,266	71,765	(290)	(104)	213,221	(397,888)	2,736,162
Premium and capitation revenue	1,297	4,358	—	16,790	1,302,392	145,241	5,457	(34,686)	1,440,849
Other operating revenue	27,755	69,273	3,215	576	965	39,900	8,511	(33,944)	116,251
Net assets released from restrictions	351	5,038	55	11	—	—	9	—	5,464
Total operating revenues, gains, and other support	29,404	2,795,860	135,536	89,142	1,303,067	185,037	227,198	(466,518)	4,298,726
Operating costs and expenses									
Salaries and wages	55,227	1,025,848	63,807	38,978	32,770	16,476	177,637	—	1,410,743
Benefits	13,501	265,953	17,705	9,249	8,742	4,481	31,403	(6,638)	344,396
Medical claims expense	—	—	—	4,805	1,167,224	134,349	—	(423,788)	882,590
Other operating expenses	50,317	1,052,987	37,950	26,078	46,879	28,790	8,335	(28,494)	1,222,842
Interest expense	11,322	38,188	—	—	378	194	—	(7,598)	42,484
Depreciation and amortization	8,006	155,008	3,999	2,711	687	307	3,173	—	173,891
Sentara Healthcare services	(68,994)	36,381	8,543	5,272	—	12,148	6,650	—	—
Total operating costs and expenses	69,379	2,574,365	132,004	87,093	1,256,680	196,745	227,198	(466,518)	4,076,946
Net operating income (loss)	(39,975)	221,495	3,532	2,049	46,387	(11,708)	—	—	221,780
Nonoperating gains, net	336,036	48,836	873	—	3,386	903	—	—	390,034
Excess of revenues over expenses before noncontrolling interest	296,061	270,331	4,405	2,049	49,773	(10,805)	—	—	611,814
Noncontrolling interest	—	(5,402)	—	—	—	—	—	—	(5,402)
Excess of revenues over expenses attributable to Sentara Healthcare	$ 296,061	264,929	4,405	2,049	49,773	(10,805)	—	—	606,412

See accompanying independent auditors' report

Schedule 5

SENTARA HOSPITALS

Consolidating Schedule – Operations Information

Year ended December 31, 2013

(In thousands)

	Sentara Norfolk General Hospital	Sentara Leigh Hospital	Sentara Bayside Hospital	Sentara CarePlex Hospital	Sentara Virginia Beach General Hospital	Sentara Williamsburg Regional Medical Center	Sentara Obici Hospital	Sentara Hospitals Corporate	Sentara Princess Anne Hospital	Sentara Northern Virginia Medical Center	Rockingham Memorial Hospital	Martha Jefferson Hospital	Halifax Regional Health System	Eliminations	Total
Operating revenues, gains, and other support															
Net patient service revenue	$ 721,658	282,948	833	239,274	280,205	154,105	174,423	—	213,204	231,664	347,710	244,346	61,321	—	2,951,691
Provision for bad debt, net	(58,400)	(21,818)	(257)	(27,221)	(28,563)	(11,722)	(15,077)	—	(19,800)	(26,630)	(9,207)	(9,449)	(6,356)	—	(234,500)
Net patient service revenue less provision for bad debts	663,258	261,130	576	212,053	251 642	142,383	159 346	—	193 404	205,034	338 503	234,897	54 965	—	2,717 191
Premium and capitation revenue	3,501	71	—	55	79	20	39	—	54	—	75	464	—	—	4,358
Other operating revenue	15 992	2,599	126	4,838	5 063	3,300	4 739	13,957	4 199	3,951	13 105	8,109	1 899	(12 604)	69,273
Net assets released from restrictions	1,525	21	—	49	58	21	337	—	—	727	395	1,905	—	—	5,038
Total operating revenues, gains, and other support	684,276	263,821	702	216,995	256,842	145,724	164,461	13,957	197,657	209,712	352,078	245,375	56,864	(12,604)	2,795,860
Operating costs and expenses															
Salaries and wages	173,763	72,157	—	64,010	76,918	44,521	52,078	133,878	59,690	76,934	141,154	104,334	26,411	—	1,025,848
Benefits	47 015	20,298	1	17,579	21 449	11,973	14 153	36,113	16 917	15,534	35 325	22,273	7 323	—	265 953
Other operating expenses	292,168	85,514	61	76,210	84,039	49,310	57,744	29,055	60,077	71,320	135,550	90,105	21,834	—	1,052,987
Interest expense	3 306	1,088	—	378	2 158	3,016	1 387	—	7 598	1,780	10 761	6,212	504	—	38 188
Depreciation and amortization	25,997	9,965	—	11,364	11,004	9,944	10,982	20,354	12,679	14,178	13,303	12,561	3,137	(460)	155,008
Sentara Healthcare services	76,298	34,913	—	31,848	36,699	21,508	23,378	(218,399)	22,946	7,190	—	—	—	—	36,381
Total operating costs and expenses	618,547	223,935	62	201,389	232,267	140,272	159,722	1,001	179,907	186,936	336,093	235,485	59,209	(460)	2,574,365
Net operating income	65,729	39,886	640	15,606	24,575	5,452	4,739	12 956	17,750	22 776	15,985	9 890	(2 345)	(12,144)	221,495
Nonoperating gains, net	(27)	2	—	—	318	1	543	(41)	257	3	21,361	23,940	2,479	—	48,836
Excess of revenues over expenses before noncontrolling interest	65 702	39,888	640	15,606	24 893	5,453	5,282	12,915	18 007	22,779	37 346	33,830	134	(12 144)	270 331
Noncontrolling interest	—	—	—	—	—	—	—	—	(5,402)	—	—	—	—	—	(5,402)
Excess of revenues over expenses attributable to Sentara Healthcare	$ 65,702	39,888	640	15,606	24,893	5,453	5,282	12,915	12,605	22,779	37,346	33,830	134	(12,144)	264,929

See accompanying independent auditors' report.

Schedule 6

SENTARA ENTERPRISES
Consolidating Schedule – Operations Information

Year ended December 31, 2013

(In thousands)

	Home Care Services	DME	Medical Transport, LLC	Divisional Support	Eliminations	Total
Operating revenues, gains, and other support:						
Net patient service revenue	$ 85,520	15,269	33,695	241	(441)	134,284
Provision for bad debts, net	(195)	(720)	(1,079)	(24)	—	(2,018)
Net patient service revenue less provision for bad debts	85,325	14,549	32,616	217	(441)	132,266
Other operating revenue	325	79	1,350	1,085	376	3,215
Net assets released from restrictions	—	—	—	55	—	55
Total operating revenues, gains, and other support	85,650	14,628	33,966	1,357	(65)	135,536
Operating costs and expenses:						
Salaries and wages	41,456	3,283	18,035	1,033	—	63,807
Benefits	11,037	879	5,529	260	—	17,705
Other operating expenses	24,492	8,590	5,793	(68)	(857)	37,950
Interest expense	—	—	—	378	(378)	—
Depreciation and amortization	865	1,569	960	605	—	3,999
Sentara Healthcare services	—	—	—	8,543	—	8,543
Total operating costs and expenses	77,850	14,321	30,317	10,751	(1,235)	132,004
Net operating income (loss)	7,800	307	3,649	(9,394)	1,170	3,532
Nonoperating gains	—	—	—	1,251	(378)	873
Excess (deficiency) of revenues over expenses	$ 7,800	307	3,649	(8,143)	792	4,405

See accompanying independent auditors' report.

SENTARA LIFE CARE CORPORATION

Consolidating Schedule – Operations Information

Year ended December 31, 2013

(In thousands)

	Sentara Life Care Administration	Sentara Nursing Center Chesapeake	Sentara Nursing Center Norfolk	Sentara Nursing Center Portsmouth	Sentara Nursing Center Currituck	Sentara Nursing Center Hampton	Sentara Nursing Center Virginia Beach	Sentara Windermere
Operating revenues, gains, and other support								
Net patient service revenue (expense)	$ 25	7,621	15,328	7,840	6,289	8,076	9,694	8,266
Provision for bad debt, net	14	(155)	(273)	(108)	(72)	(194)	(231)	(57)
Net patient service revenue less provision for bad debts	39	7,466	15,055	7,732	6,217	7,882	9,463	8,209
Premium and capitation revenue	—	—	—	—	—	—	—	—
Other operating revenue	1	5	77	124	4	3	151	14
Net assets released from restrictions	—	—	—	—	—	—	—	—
Total operating revenues, gains, and other support	40	7,471	15,132	7,856	6,221	7,885	9,614	8,223
Operating costs and expenses								
Salaries and wages	33	4,101	7,837	4,123	3,462	3,908	4,879	4,097
Benefits	6	863	1,866	966	821	842	1,122	987
Medical claims expense	—	—	—	—	—	—	—	—
Other operating expenses	511	1,574	4,180	1,858	1,963	2,276	2,975	2,242
Depreciation and amortization	51	211	321	190	205	279	250	279
Sentara Healthcare services	—	408	795	453	369	409	532	424
Total operating costs and expenses	601	7,157	14,999	7,590	6,820	7,714	9,758	8,029
Net operating income (loss)	(561)	314	133	266	(599)	171	(144)	194
Excess (deficiency) of revenues over expenses	$ (561)	314	133	266	(599)	171	(144)	194

(Continued)

Schedule 7

SENTARA LIFE CARE CORPORATION

Consolidating Schedule – Operations Information

Year ended December 31, 2013

(In thousands)

	Sentara Village Chesapeake	Sentara Village Norfolk	Sentara Village Virginia Beach	Sentara Senior Community Care I	Sentara Senior Community Care II	Pharmacy Rx	Eliminations	Total
Operating revenues, gains, and other support								
Net patient service revenue (expense)	$ 2,588	2,602	2,384	(282)	(72)	11,827	(9,233)	72,953
Provision for bad debt, net	(21)	(56)	(7)	(19)	(1)	(8)	—	(1,188)
Net patient service revenue less provision for bad debts	2,567	2,546	2,377	(301)	(73)	11,819	(9,233)	71,765
Premium and capitation revenue	—	—	—	12,076	4,714	—	—	16,790
Other operating revenue	5	104	76	—	11	1	—	576
Net assets released from restrictions	—	8	3	—	—	—	—	11
Total operating revenues, gains, and other support	2,572	2,658	2,456	11,775	4,652	11,820	(9,233)	89,142
Operating costs and expenses								
Salaries and wages	1,177	1,249	1,214	1,768	1,121	9	—	38,978
Benefits	334	378	343	462	256	3	—	9,249
Medical claims expense	—	—	—	5,517	2,771	—	(3,483)	4,805
Other operating expenses	690	722	559	1,406	888	9,985	(5,751)	26,078
Depreciation and amortization	259	185	204	79	149	49	—	2,711
Sentara Healthcare services	146	140	141	479	363	613	—	5,272
Total operating costs and expenses	2,606	2,674	2,461	9,711	5,548	10,659	(9,234)	87,093
Net operating income (loss)	(34)	(16)	(5)	2,064	(896)	1,161	1	2,049
Excess (deficiency) of revenues over expenses	$ (34)	(16)	(5)	2,064	(896)	1,161	1	2,049

See accompanying independent auditors' report

Schedule 8

SENTARA HOLDINGS, INC.

Consolidating Schedule – Operations Information

Year ended December 31, 2013

(In thousands)

	Sentara Holdings, Inc.	Sentara Health Plans, Inc.	Optima Behavioral Health Services	Optima Health Insurance Company	Sentara Ventures, Inc.	Obici Professional Center and Subsidiary	Eliminations	Total
Operating revenues, gains, and other support								
Provision for bad debt, net	$ —	(13)	—	(91)	—	—	—	(104)
Net patient service revenue less provision for bad debts	—	(13)	—	(91)	—	—	—	(104)
Premium and capitation revenue (expense)	—	—	34,380	113,080	—	—	(2,219)	145,241
Other operating revenue	—	5,083	1,469	2,294	17,073	—	13,981	39,900
Total operating revenues, gains, and other support	—	5,070	35,849	115,283	17,073	—	11,762	185,037
Operating costs and expenses								
Salaries and wages	—	11,148	—	5,328	—	—	—	16,476
Benefits	—	3,486	—	995	—	—	—	4,481
Medical claims expense (income)	—	(992)	32,838	104,722	—	—	(2,219)	134,349
Other operating expense (income)	—	(2,582)	(597)	16,900	14,993	76	—	28,790
Interest expense	—	9	—	75	97	13	—	194
Depreciation and amortization	—	227	—	80	—	—	—	307
Sentara Healthcare services	—	6,525	5,623	—	—	—	—	12,148
Total operating costs and expenses	—	17,821	37,864	128,100	15,090	89	(2,219)	196,745
Net operating income (loss)	—	(12,751)	(2,015)	(12,817)	1,983	(89)	13,981	(11,708)
Nonoperating gains (losses)	—	50	(1)	854	—	—	—	903
Excess (deficiency) of revenues over expenses	$ —	(12,701)	(2,016)	(11,963)	1,983	(89)	13,981	(10,805)

See accompanying independent auditors' report

Schedule 9

SENTARA HEALTHCARE AND SUBSIDIARIES

Consolidating Schedule – Fully Allocated Overhead Operations Information

Year ended December 31, 2013

(In thousands)

	Sentara Healthcare Corporate	Sentara Hospitals	Sentara Enterprises	Sentara Life Care Corporation	Optima Health Plan	Sentara Holdings, Inc.	Sentara Medical Group	Eliminations	Consolidated
Operating revenues, gains, and other support									
Net patient service revenue	$ —	2,951,691	134,284	72,953	—	—	224,170	(397,888)	2,985,210
Provision for bad debt, net	1	(234,500)	(2,018)	(1,188)	(290)	(104)	(10,949)	—	(249,048)
Net patient service revenue less provision for bad debts	1	2,717,191	132,266	71,765	(290)	(104)	213,221	(397,888)	2,736,162
Premium and capitation revenue	1,297	4,358	—	16,790	1,302,392	145,241	5,457	(34,686)	1,440,849
Other operating revenue	27,755	69,273	3,215	576	965	39,900	8,511	(33,944)	116,251
Net assets released from restrictions	351	5,038	55	11	—	—	9	—	5,464
Total operating revenues, gains, and other support	29,404	2,795,860	135,536	89,142	1,303,067	185,037	227,198	(466,518)	4,298,726
Operating costs and expenses									
Salaries and wages	55,227	1,025,848	63,807	38,978	32,769	16,477	177,637	—	1,410,743
Benefits	13,501	265,953	17,705	9,249	8,743	4,480	31,403	(6,638)	344,396
Medical claims expense	—	—	—	4,805	1,167,224	134,349	—	(423,788)	882,590
Other operating expenses	50,317	1,052,987	37,950	26,078	46,878	28,791	8,335	(28,494)	1,222,842
Interest expense	11,322	38,188	—	—	378	194	—	(7,598)	42,484
Depreciation and amortization	8,006	155,008	3,999	2,711	687	307	3,173	—	173,891
Sentara Healthcare services	(108,968)	96,742	3,253	1,910	—	4,654	2,409	—	—
Total operating costs and expenses	29,405	2,634,726	126,714	83,731	1,256,679	189,252	222,957	(466,518)	4,076,946
Net operating income	(1)	161,134	8,822	5,411	46,388	(4,215)	4,241	—	221,780
Nonoperating gains, net	336,036	48,836	873	—	3,386	903	—	—	390,034
Excess of revenues over expenses before noncontrolling interest	336,035	209,970	9,695	5,411	49,774	(3,312)	4,241	—	611,814
Noncontrolling interest	—	(5,402)	—	—	—	—	—	—	(5,402)
Excess of revenues over expenses attributable to Sentara Healthcare	$ 336,035	204,568	9,695	5,411	49,774	(3,312)	4,241	—	606,412

See accompanying independent auditors' report

Schedule 10

SENTARA HOSPITALS

Consolidating Schedule – Fully Allocated Overhead Operations Information

Year ended December 31, 2013

(In thousands)

	Sentara Norfolk General Hospital	Sentara Leigh Hospital	Sentara Bayside Hospital	Sentara CarePlex Hospital	Sentara Virginia Beach General	Sentara Williamsburg Regional Medical Center	Sentara Obici Hospital	Sentara Princess Anne Hospital	Sentara Northern Virginia Hospital	Rockingham Memorial Hospital	Martha Jefferson Hospital	Halifax Regional Health System	Total
Operating revenues, gains, and other support													
Net patient service revenue	$ 721,658	282,948	833	239,274	280,205	154,105	174,423	213,204	231,664	347,710	244,346	61,321	2,951,691
Provision for bad debt, net	(58,400)	(21,818)	(257)	(27,221)	(28,563)	(11,722)	(15,077)	(19,800)	(26,630)	(9,207)	(9,449)	(6,356)	(234,500)
Net patient service revenue less provision for bad debts	663,258	261,130	576	212,053	251,642	142,383	159,346	193,404	205,034	338,503	234,897	54,965	2,717,191
Premium and capitation revenue	3,501	71	—	55	79	20	39	54	—	75	464	—	4,358
Other operating revenue	16,469	2,783	126	4,989	5,242	3,401	4,854	4,199	4,097	13,105	8,109	1,899	69,273
Net assets released from restrictions	1,525	21	—	49	58	21	337	—	727	395	1,905	—	5,038
Total operating revenues, gains, and other support	684,753	264,005	702	217,146	257,021	145,825	164,576	197,657	209,858	352,078	245,375	56,864	2,795,860
Operating costs and expenses													
Salaries and wages	220,731	89,161	5	79,302	94,554	55,172	64,206	59,690	91,128	141,154	104,334	26,411	1,025,848
Benefits	59,685	24,885	2	21,704	26,206	14,846	17,424	16,917	19,363	35,325	22,273	7,323	265,953
Other operating expenses	302,360	89,204	62	79,529	87,867	51,622	60,376	60,077	74,401	135,550	90,105	21,834	1,052,987
Interest expense	3,306	1,088	—	378	2,158	3,016	1,387	7,598	1,780	10,761	6,212	504	38,188
Depreciation and amortization	32,976	12,492	1	13,636	13,625	11,527	12,784	12,679	16,287	13,303	12,561	3,137	155,008
Sentara Healthcare services	31,766	14,510	—	13,359	15,332	9,005	9,751	—	3,019	—	—	—	96,742
Total operating costs and expenses	650,824	231,340	70	207,908	239,742	145,188	165,928	156,961	205,978	336,093	235,485	59,209	2,634,726
Net operating income	33,929	32,665	632	9,238	17,279	637	(1,352)	40,696	3,880	15,985	9,890	(2,345)	161,134
Nonoperating gains (losses), net	(50)	16	—	(7)	310	(4)	537	251	3	21,361	23,940	2,479	48,836
Excess of revenues over expenses before noncontrolling interest	33,879	32,681	632	9,231	17,589	633	(815)	40,947	3,883	37,346	33,830	134	209,970
Noncontrolling interest	—	—	—	—	—	—	—	(5,402)	—	—	—	—	(5,402)
Excess of revenues over expenses attributable to Sentara Healthcare	$ 33,879	32,681	632	9,231	17,589	633	(815)	35,545	3,883	37,346	33,830	134	204,568

See accompanying independent auditors' report

Community Health Needs Assessment Implementation Strategy for:

Sentara Norfolk General Hospital

November 2013

[redacted]

Adoption Date: November 2013

[redacted]	
All	Ensure Norfolk community agencies have access to the completed community needs assessment data o Post assessment on SNGH web site o Distribute assessment to agencies and individuals involved in the assessment Continue to actively participate in community-based organizations to work collaboratively to improve health Continue to operate the ACC clinic in support of the overall community Offer community health programs and free screenings at sites throughout the hospital's service area to improve convenient access for residents Partner with EVMS Institute to develop a collective impact model that will focus on poverty and its implications in our community Develop early intervention strategies for middle school children that will put them on track for a strong career path Continue to work with SMART Beginnings to identify high risk discharge babies and provide the resources to prepare them for kindergarten
Problem #1 Obesity/Nutrition/Fitness	Promote healthy practices Coordinate a healthy choices menu for our patients and employees Continue to offer fitness programs to employees and the community o Build upon the YMCA relationship with Sentara's Rehab Network o Build and expand the Cardiac Rehab program Continue with the development and growth of Sentara's Bariatric Program to include the launch of a center that brings together both Medical and Surgical services

Problem #2 Behavioral Health/Depression/Substance Abuse	Collaborate with community and agencies to identify needs in psychiatric services and develop action items to close gaps o Continue to meet with community providers of psychiatric services to explore opportunities for collaboration to meet community needs o Create a resource guide of existing community resources o Identify gaps in psychiatric services and evaluate feasibility for additional services Support and implement as appropriate the system Behavioral Health strategic plan as it relates to our community Continue to operate a behavioral health unit that supports acute patient demand Implement process to improve assessment of obstetric patients who are at risk for post-partum depression
Problem #3 Heart Disease	Support and implement as appropriate the system Cardiac Services Strategic Plan as it relates to our community Work with Community Health and Prevention to provide on-site screenings and self-learning programs Participate in the American Heart Association Run-Walk for Health
Problem #4 Cancer	Support and implement as appropriate the system Cancer Strategic plan as it relates to our community o Partner with EVMS on Head and Neck Collaboration o Develop comprehensive Thoracic program o Continue to provide Navigator service to help newly diagnosed cancer patients navigate through the health care system o Work with Community Health and Prevention to provide on-site screenings and self-learning programs o Continue to hold community cancer screenings o Increase community awareness of cancer support groups o Enhance the role of the SNGH Cancer Patient Family Advisory o Seek grant opportunities to provide breast cancer screenings for indigent patients

Community Health Needs Assessment Implementation Strategy for: Sentara Leigh Hospital

Adoption Date: November 18, 2013

[redacted]

All	Strategies that address multiple health problems include:
	• Continue to actively participate in community based organizations to work collaboratively to improve health
	  ○ Participate with Healthy Norfolk, Catholic Churches, Jewish Services, other faith based services and the Union Mission
	  ○ Continue to work with the local health departments and the Senior Services of Southeast Virginia

Problem #1 Aging	Strategies to address caring for our aging population include: • Collaboration with Sentara Medical Group's Geriatric Clinic on Sentara Leigh Hospital Campus. Opening scheduled for 2014 to include a model focused on patient >55 with multimorbid disease or uncontrolled complex chronic disease, frail elderly, Medicare Advantage and 85+. Collaboration will include integrated management of geriatric patients in an ambulatory setting to improve coordination of care • Seek to expand existing partnerships with Senior Services of Southeast Virginia
Problem #2 Diabetes	Strategies to address caring for our diabetes population include: • Continue to provide diabetes education to community members and work to increase community reach through improved advertising and providing educational classes at different venues throughout the community. Current diabetes education classes are advertised through SMG offices (health care coordinators), the newspaper, SLH care coordinators, and the Diabetes Resource Directory printed by VB Business Coalition on Health • Partnership with community groups such as the YMCA and local churches to provide access to support classes for diabetes population • Explore opportunities to engage with healthy food vendors such as Five

	Points Farmers Market to support diabetes in food desert areas • Seek out opportunities to provide blood sugar and weight screenings at local health fairs
Problem #3 Behavioral Health	Strategies to address caring for our behavioral health population include: • Collaborate with local area community service board • Participate in development of an internal central assessment service to help proactively manage a patients care • Work with our community resources to further develop outpatient psychiatric services • Evaluate opportunities to provide a facility for selected support groups dealing with various substance abuse issues

Problem #4
 	
Healthcare for the under and uninsured
	Strategies to address caring for our under/uninsured population include:
	• Continue to maintain local partnerships with Every Woman's Life, Beach Health Clinic and Planned Parenthood to provide mammography services while working to expand our reach throughout the community
	  ○ Sentara Leigh Hospital will explore opportunities to partner with additional area health clinics, churches and community groups
	• Continue to host an annual community health fair
	  ○ Future health fairs will include partnership with local medical schools to provide additional screenings, educational and follow up resources
	• Develop mechanisms to increase volunteerisms of Sentara Leigh Hospital staff including physicians at local free clinics such as Virginia Beach Free Clinic and ACC Norfolk

Problem #5 Homeless Services	Strategies to address caring for our homeless population include: • Expand out outreach to local agencies such as the union mission and other community shelters

Problem #6
 	
Adult Obesity
	Strategies to address adult obesity include:
	• Continue emphasis on employee health
	  ○ Healthy eating suggestions in vending machines on campus
	  ○ Creation of employee fitness area in Sentara Leigh Hospital's building project to include space to offer free fitness classes to community members
	  ○ Continued support of alternatives to automobile transport to and from work such as biking and riding the Norfolk Tide
	  ○ Continued emphasis on the benefits of taking the stairs during the work day
	• Partnership with the Virginia Medical Society on diet and cooking classes
	• Healthy menu options for staff, patients and family members in the hospital through collaboration with Morrison's

	• Explore opportunities to incorporate hospital events that are open to the community on the Healthy Norfolk Website • Engage with Healthy Norfolk to improve access to healthy lifestyles, and increase access to healthy eating

Community Health Needs Assessment Implementation Strategy for:

Sentara Virginia Beach General Hospital

November 2013

[redacted]

[redacted]	
All	
Obesity	• Continue to co-sponsor the Art and Science of Health Eating series with the Virginia Beach Medical Society, Cardiology Vascular Associates, and Whole Food Market • Continue to co-sponsor the Virginia Beach Diet Study • Continue to promote nutritional awareness, emphasizing the relationship of obesity to disease through community health and wellness programs • Continue to support and promote healthy nutrition practices at the hospital for both staff and patients by partnering with Morrison's, or contracted food services provider, healthy menu options • Continue to develop opportunities with the City of Virginia Beach and the Department of Health in healthy eating/obesity programs
Diabetes	• Continue to provide individual diabetes educational sessions • Continue to offer Diabetes management classes by Diabetes Educator • Continue to provide outpatient diabetes education classes • Provide education on reading food labels • Explore the offering of educational screening in the community churches and community organizations to support education • Continue to provide the Healthy Living with Diabetes educational program to the community Participation in this 9 hours (3 hours/3 days) program will provide free lifetime follow-up visits for those diagnosed with diabetes
Heart Disease/High Blood Pressure	• Continue to provide support to community partners (CVAL) with educational talks throughout the community related to the cardiovascular system • Continue to support the Norfolk Academy students as well as the ODU academy students in externships to learn about cardiac disease • Continue to provide blood pressure screenings, blood glucose testing, stroke education, vision screenings and smoking cessation in community churches and community organizations to support education

	• Continue to offer diet and nutrition classes as well as smoking cessation to the public • Continue to offer a Heart health profile on the website that the public can take to alert of risk factors • Continue to provide support to the community Rock and Roll Marathon with teaching on CPR and providing information related to CAD • Maintain chest pain accreditation which supports the community in providing the most current treatment related to CAD • Continue to provide support to EMS to educate and provide training for reading ECG in order to provide early recognition for patient with acute heart attacks • Encourage collaboration with other Southside Hospitals to provide prevention and wellness screenings to include cholesterol, BMI, and BP • Continue to participate in the annual American Heart Association Run-Walk for Health
Cancer	• Continue to support and provide yearly prostate cancer screenings • Continue to provide annual skin cancer screenings • Continue to support the Hampton University Proton Cancer Therapy by hosting educational seminars to the public • Continue to provide bi-annual nutritional seminars to cancer patients • Continue to support the Sentara Living program with participating in community health fairs • Continue to support the Every Women Life Program for the uninsured and underinsured women with cancer and provide information when yearly mammograms can be performed • Continue to promote and support community awareness of cancer support groups • Continue to promote yearly colon cancer screenings • Continue to support Navigator service to help newly diagnosed cancer patients navigate through the health care system • Work with Community Health and Prevention to provide on-site screenings and self-learning programs • Continue to support select cancer related community events, i e Colon Cancer Walk, Relay for Life, etc
Behavioral Health	• Develop a 24 bed inpatient psychiatric unit to address the behavioral needs of older adults and those struggling with a chronic mental illness • Development and implement quarterly community stakeholders meetings to be held to include NAMI, CSB Directors, Law Enforcement and Mental Health professionals to continuously address gaps in behavioral health services and access to behavioral health services in our community • Develop an outpatient structured day program for older adults in an effort to ameliorate symptoms of depression and behavioral disturbances associated with early stage dementia • Encourage collaboration with community agencies to identify needs in psychiatric services and develop action items to close service gaps • Implement meetings with community providers for psychiatric services to explore opportunities for collaboration to meet community needs • Create a resource guide of existing community resources, identify gaps in psychiatric services and evaluate feasibility for additional services • Implement educational forum on depression (recognition of and treatment)

	• Implement bereavement support group • Evaluate opportunities for mental health screenings • Evaluate the need to provide tele-psych consultation and assessment by a mental health professional in the ED • Collaboration with SMG to recruit 4 or more psychiatrists to the Hampton Roads area to provide greater access to outpatient psychiatrists

Community Health Needs Assessment Implementation Strategy for:

Sentara CarePlex Hospital

October 24, 2013

[redacted]

[redacted]	
Overall/General	• Continue to partner with the Hampton and Newport News Health departments to help meet the needs of our community • Align initiatives with the City of Hampton Community Health Plan 2011 Assessment • Explore opportunities to partner with SQCN to enhance care provided to the community • Continue to Partner with The United Way of the Virginia Peninsula with the First Call Initiative (resources to help address homelessness, family violence, help with food/utilities etc) • Reach out to Mary Immaculate and Riverside to identify ways to collaborate on initiatives to avoid duplication of resources and better meet the needs of our community
Uninsured/Underinsured	• Continue to conduct Community Outreach Programs that focus on prevention and early detection of key community concerns (Obesity, Cardiac Disease/Stroke, Pulmonary Disease, Cancer, Flu Campaign) • Partner with Local Churches, Community Centers, and Civic Leagues to sponsor a CarePlex Cares-a-"Lot" campaign • Develop list of free or low cost resources available in the community that could be distributed • Evaluate Clinic services on site at SCH
Obesity- Adult and Child	• Partner with local Fitness Centers and YMCAs to provide nutrition/ healthy choices education and fitness classes • Partner with Morrison's to promote more healthy options on our menus for both patients and visitors • Change vending machines to provide healthier selections • Partner with area schools to educate students as well as staff on the importance of healthy living • Continue to partner with the local food bank, offer education, and classes on healthy choices • Healthy Cooking Classes (partner with area high schools-home etc program, offer

	classes here at the hospital) • Partner with ASC to set up Educational Resource Stand to provide pamphlets etc on weight loss and health choices •
Behavioral Health/Substance Abuse	• Evaluate behavioral Health Services on the Peninsula to include evaluation of Tele Psych Services • Continue to partner with CSB to streamline processes and evaluate gaps to better support the needs of our community • Identify Community Resources/Support Groups for Substance Abuse
Cancer	• Continue collaboration with the Hampton Roads Prostate Cancer Health Forum providing education and screenings to the community, especially the un- and under-insured • Continue annual Prostate Cancer Screenings and providing prostate cancer support • Continue to partner with the VDH to provide breast cancer screening and early treatment options • Continue providing annual community education session re breast cancer • Continue to support the CT Lung Cancer Screening Program • Continue annual colon cancer screenings and providing a colorectal support group • Continue to support Navigator service to help newly diagnosed cancer patients navigate through the health care system • Continue to provide Community Outreach Coordinator, who coordinates education events, screenings, support groups, smoking cessation, etc for the community and high cancer risk populations • Continue to host an annual Free Full Day Cancer Survivors Retreat • Continue to pursue grants with the American Cancer Association • Continue support and participation in the American Cancer Society's Relay for Life Events
Diabetes	• Continue to offer weekly Free Diabetes Classes • Continue to offer monthly Diabetes Support Groups • Continue to provide FREE Glucose Meters for Uninsured Patients with Diabetes • Evaluate adding glucose screenings to current outreach initiatives • Evaluate Partnership with local podiatrist to offer a Foot Clinic • Continue to partner with Farm Fresh to support their FREE Dietician and Pharmacist Led Grocery Store Tours to educate the community on healthier food options and what's new in diabetes management • Continue to partner with local churches and community groups to offer health screening that include BMI and diabetes paper assessment
Senior Services	• ACE Program • Continue to hold the NICHE designation • Senior Friendly Renovations Throughout the Hospital • Continue to partner with our area Long Term Care facilities to provide integrated healthcare experience for our patients • Continue to focus on addressing community's perception of Advanced care Planning Continue to Sponsor Annual Advanced Care Planning Week as well as Provide Education and Assistance through the TALK initiative • Evaluate continuance of SCH led ACE Symposium- Going from Good to Great • Continue to support the Sentara Living Program which offers numerous benefits, including health screenings, educational seminars, fitness opportunities and social

	events to our senior community • Continue to partner with EVMS to enhance Senior Care in our community • Continue to host Drive Thru Flu Shot Campaign

Community Health Needs Assessment Implementation Strategy for:

Sentara Obici Hospital

18 December 2012

[redacted]

[redacted]	

All	• Ensure Western Tidewater community agencies have access to the completed community needs assessment data
	  ○ Post assessment on SOH web site
	  ○ Distribute assessment to agencies and individuals involved in the assessment
	• Continue to actively participate in community-based organizations to work collaboratively to improve health
	  ○ Participate with Suffolk Partnership for a Healthy Community at a Board or Committee level
	  ○ Participate with the Western Tidewater Free Clinic at a Board or Committee level
	  ○ Continue collaboration with Catholic Charities for Life Coach program to assist patients in receiving needed community resources
	• Hold a "Get to Know Obici" forum to educate community about existing services
	• Hold chronic disease self-management work groups in target locations
	• Incorporate hospital events that are open to the community on the Health People, Healthy Suffolk web site
	• Explore opportunities with the Salvation Army Health Center (opening in 2013)
	• Offer community health programs and free screenings at sites throughout the hospital's service area to improve convenient access for residents

Obesity/ Nutrition/ Fitness	• Promote healthy nutrition practices • Participate with Healthy People, Healthy Suffolk initiatives • Expand employee involvement in hospital's community garden Explore potential to add garden sites at BelleHarbour and St Luke's • Participate in the "Smithfield on the Move" Committee • Coordinate a healthy choices restaurant program (provide diet analysis service for team) • Continue to offer fitness programs to employees and the community • Pursue grants to expand programs • Promote awareness of the hospital's walking trail

	• Promote walking through walking groups and walk-about programs
Diabetes	• In conjunction with EVMS, hold diabetic screenings (A1c screenings) • Continue to hold a Diabetes Fair annually in November • Continue the Community health disease outreach – CHOP and transition coach programs to support patients' self-care and independence • Continue to provide outpatient diabetes education classes • Increase community awareness of wound care clinic services (nail trimming, hyperbaric therapy) • Continue to offer Chronic Disease Self-Management (Stanford Model) courses in various locations throughout the hospital's service area • Provide education on reading food labels
Behavioral Health/Depression/ Substance Abuse	• Collaborate with community and agencies to identify needs in psychiatric services and develop action items to close gaps o Facilitate meeting with community providers of psychiatric services to explore opportunities for collaboration to meet community needs o Create a resource guide of existing community resources o Identify gaps in psychiatric services and evaluate feasibility for additional services • Hold educational forum on depression (recognition of and treatment) • Resurrect bereavement support group • Explore opportunities for screenings • Explore providing tele-psych consultation in the ED • Explore providing tele-psych services through SMG offices
Heart Disease	• Continue to offer Chronic Disease Self-Management (Stanford Model) courses in various locations throughout the hospital's service area • Work with Community Health and Prevention to provide on-site screenings and self-learning programs • Implement the American Heart Association's Get with the Guidelines program • Participate in the American Heart Association Run-Walk for Health
Cancer	• Hold prostate cancer screenings_ • Increase community awareness of cancer support groups • Continue to provide screenings for breast cancer Seek grant opportunities to expand mammography services to indigent patients • Hold community education session re breast cancer at least annually • Start lung cancer screenings • Evaluate colon cancer screenings • Continue to support Navigator service to help newly diagnosed cancer patients navigate through the health care system • Work with Community Health and Prevention to provide on-site screenings and self-learning programs

Community Health Needs Assessment Implementation Strategy for:

Sentara Williamsburg Regional Medical Center

November 1, 2013

[redacted]

Health Problem	Implementation Strategy
Patient Self-Management	• Evaluate the Health Leads Program, which was funded by the Robert Wood Johnson Foundation and developed by Rebecca Onie, which provides pre-med college students an opportunity to work in area medical practices, navigating patients to the appropriate services they need based on the physician's diagnosis Students link patients to the services they need in the community • Support patients upon discharge with education and several periodic home visits to ensure patient is taking meds, eating appropriately, etc (Note This program is part of a CMS pilot program)

Uninsured/Underinsured	• Educate nurses, registrars and Resource Management team on Affordable Care Act so that they can address and direct patients
	• Support the HEAL Program – Literacy for Life
	  ○ Provide space on campus for the organization
	  ○ Educate program members on when to use ED vs UCC vs PCP office
	  ○ Provide hospital tours and education
	  ○ Encourage employees to volunteer in the program
	• Work with Community of Faith Mission (cofm info), an emergency weekly shelter program, to refer homeless patients Donate funds for supplies for the shelter (i e blankets)
	• Work collaboratively with the Foodbank
	  ○ Support the Backpack Program
	  ○ Provide warehouse space to the Foodbank for food storage/delivery
	• Support Olde Towne Medical & Dental Clinic with OB Services ($100,000/year)

Obesity- Adult and Child	• Pursue grants to provide nutrition programs for children in schools (i e Virginia Foundation for Healthy Youth/HCAT – Healthy Community Action Teams) • Work collaboratively with area schools and the SHIP (School Health Initiative Program) program Connect our certified dieticians, nurses, etc into the program • Assess interest in jointly hiring a certified dietetic educator who would be shared regionally (Sentara, Riverside, health departments, etc)
Behavioral	• Evaluate a land contribution to Parents and Advocates for Special Housing Needs

Health Problem	Implementation Strategy
Health/Substance Abuse	(PASHN) organization to build housing on the SWRMC campus • Monitor counselor program pilot in SMG practices (2 on the SS) If successful, work to establish in SMG practice(s) in the SWRMC service area • Evaluate opportunities for use of Tele-Psych Services in collaboration with Colonial Behavioral Health (CBH), Sentara Enterprises (HH), SMG and SWRMC • Continue Project SEARCH, which is funded by James City County, York County and the Commonwealth of Virginia (CHOICE program) Twelve students each year, aged 18-22, who did not receive a traditional diploma, receive work training classes within the hospital for a portion of their day (i e how to apply for a job, etc) and during the remainder, work in jobs within the hospital (i e registration, transportation, rehab, OR, volunteer office, etc) SWRMC leadership works to employ them within the hospital or the community upon completion of the Sept – June year • Work with Sentara Behavioral Health Service Line Leads to capture data on behavioral health patients, their needs and utilization Work collaboratively with CBH to define similar measures and share data • Work collaboratively with The Pavilion to place appropriate patients in step program
Cancer	• Continue to support Navigator service to help newly diagnosed cancer patients navigate through the health care system • Continue to provide Community Outreach Coordinator This position coordinates education events, screenings, support groups, smoking cessation, etc for the communities in the Peninsula & Middle Peninsula regions, and high risk populations, specifically (i e un and underinsured, African American, etc)
Diabetes	• Provide a certified nutritionist to host grocery store tours for diabetic patients, educating them on healthy food selections • Participate in the Chronic Care Collaborative, funded by the Williamsburg Health Foundation, improving the community's health care safety net, with participation by 6 community agencies and SWRMC
Senior Services	• Continue participation on the Senior Services Coalition, a collaborative organization focused on improving the needs of seniors

Community Health Needs Assessment Implementation Strategy for: Sentara Leigh Hospital Ambulatory Surgery Center

Adoption Date: November 18, 2013

[redacted]

[redacted]	

All	Strategies that address multiple health problems include:
	• Continue to actively participate in community based organizations to work collaboratively to improve health
	  ○ Continue to support local fire and EMS with continuing education through Tidewater EMS and Peninsula EMS
	  ○ Participate with Healthy Norfolk, Catholic Churches, Jewish Services, other faith based services and the Union Mission
	  ○ Continue to work with the local health departments and the Senior Services of Southeast Virginia

Problem #1 Aging	Strategies to address caring for our aging population include: • Collaboration with Sentara Medical Group's Geriatric Clinic on Sentara Leigh Hospital Campus. Opening scheduled for 2014 to include a model focused on patient >55 with multimorbid disease or uncontrolled complex chronic disease, frail elderly, Medicare Advantage and 85+. Collaboration will include integrated management of geriatric patients in an ambulatory setting to improve coordination of care • Seek to expand existing partnerships with Senior Services of Southeast Virginia
Problem #2 Diabetes	Strategies to address caring for our diabetes population include: • Continue to provide diabetes education to community members and work to increase community reach through improved advertising and providing educational classes at different venues throughout the community. Current diabetes education classes are advertised through SMG offices (health care coordinators), the newspaper, SLH care

	coordinators, and the Diabetes Resource Directory printed by VB Business Coalition on Health • Partnership with community groups such as the YMCA and local churches to provide access to support classes for diabetes population • Explore opportunities to engage with healthy food vendors such as Five Points Farmers Market to support diabetes in food desert areas • Seek out opportunities to provide blood sugar and weight screenings at local health fairs

Problem #3
 	
Healthcare for the under and uninsured
	Strategies to address caring for our under/uninsured population include:
	
	• Continue to maintain local partnerships with Every Woman's Life, Beach Health Clinic and Planned Parenthood to provide mammography services while working to expand our reach throughout the community
	  ○ Sentara Leigh Hospital will explore opportunities to partner with additional area health clinics, churches and community groups
	• Continue to host an annual community health fair
	  ○ Future health fairs will include partnership with local medical schools to provide additional screenings, educational and follow up resources
	• Develop mechanisms to increase volunteerisms of Sentara Leigh Hospital staff including physicians at local free clinics such as Virginia Beach Free Clinic and ACC Norfolk
	• Explore opportunities to work with local partnerships to provide access to mobility equipment
	• Explore opportunities to work with local partnerships to provide discount prescriptions and medical supplies to assist in recovery

Problem #4
 	
Adult Obesity
	Strategies to address adult obesity include:
	
	• Continue emphasis on employee health
	  ○ Healthy eating suggestions in vending machines on campus
	  ○ Creation of employee fitness area in Sentara Leigh Hospital's building project to include space to offer free fitness classes to community members
	  ○ Continued support of alternatives to automobile transport to and from work such as biking and riding the Norfolk Tide
	  ○ Continued emphasis on the benefits of taking the stairs during the work day
	• Partnership with the Virginia Medical Society on diet and cooking classes
	• Healthy menu options for staff, patients and family members in the hospital through collaboration with Morrison's
	• Explore opportunities to incorporate hospital events that are open to the community on the Healthy Norfolk Website
	• Engage with Healthy Norfolk to improve access to healthy lifestyles, and increase access to healthy eating

Community Health Needs Assessment Implementation Strategy for:

Sentara CarePlex Hospital-SPW ASC

October 24, 2013

[redacted]

[redacted]	
Uninsured/Underinsured	• Implement association with Community Health Clinics to provide after-procedure medical follow-up care resource option • Partner with Local Churches, Community Centers, and Civic Leagues to sponsor a series of medical screenings in collaboration with SPW Cares- a- "Lot" campaign • Partner with SPW to support the Drive Thru Flu Shot Campaign
Obesity- Adult	• Promote offering of surgical options for treatment of morbidly obese adults by partnering with nearby medical-surgical weight loss Center • Partner with SCH to set up Educational Resource Stand to provide pamphlets etc on weight loss and health choices
Cancer	• Continue collaboration with the Hampton Roads Prostate Cancer Health Forum providing education and screenings to the community, especially the un- and under-insured • Work with Community Health and Prevention to provide on-site screenings and self-learning programs • Continue to partner with the DGH center and the VDH to provide breast cancer screening and early treatment options • Continue providing annual community education session re breast cancer
Diabetes	• Evaluate Partnership with local podiatrist to offer a Foot Clinic • Partner with SCH to help educate patients on resources available to include weekly Free Diabetes Classes and monthly Diabetes Support Groups

Community Health Needs Assessment Implementation Strategy for:

Sentara Williamsburg Regional Medical Center ASC

November 4, 2013

[redacted]

[redacted]	

Uninsured/Underinsured	• Educate nurses, registrars and Resource Management team on Affordable Care Act so that they can address and direct patients
	• Support the HEAL Program – Literacy for Life
	  ○ Provide space on campus for the organization
	  ○ Educate program members on when to use ED vs UCC vs PCP office
	  ○ Provide hospital tours and education
	  ○ Encourage employees to volunteer in the program

Obesity- Adult	• Work collaboratively with area schools and the SHIP (School Health Initiative Program) program Connect our certified dieticians, nurses, etc into the program
Cancer	• Provide community education re the importance of getting a colonoscopy • Continue to support Navigator service to help newly diagnosed cancer patients navigate through the health care system
Behavioral Health/Substance Abuse	• Continue Project SEARCH, which is funded by James City County, York County and the Commonwealth of Virginia (CHOICE program) Twelve students each year, aged 18-22, who did not receive a traditional diploma, receive work training classes within the hospital for a portion of their day (i e how to apply for a job, etc) and during the remainder, work in jobs within the hospital (i e registration, transportation, rehab, OR, volunteer office, etc) SWRMC leadership works to employ them within the hospital or the community upon completion of the Sept – June year

Community Health Needs Assessment Implementation Strategy

Princess Anne Ambulatory Surgery Center

Adoption Date: November 18, 2013

[redacted]

[redacted]	
Health Promotion/Prevention Services	- Collaborate with the Sentara Princess Anne operations committee on community health promotion events (ie community wellness fairs, etc) - Evaluate education opportunities for health promotion and prevention activities at the Princess Anne ASC
Health Insurance	- Evaluate a community education opportunity around health insurance billing
Adult/Childhood Obesity	- Evaluate collaborative opportunities with local civic or community groups to promote healthy eating among children

Community Health Needs Assessment Implementation Strategy for:

CarePlex Orthopaedic Ambulatory Surgery Center

November 1, 2013

[redacted]

[redacted]	
Uninsured/Underinsured	• Implement association with Community Health Clinics to provide after-procedure medical follow-up care • Partner with Local Churches, Community Centers, and Civic Leagues to sponsor a series of medical screenings in collaboration with SCH Cares- a- "Lot" campaign
Obesity- Adult	• Promote offering of surgical options for treatment of morbidly obese adults by partnering with nearby medical-surgical weight loss Center • Hold community education seminars re Obesity and joint pain • Partner with SCH to set up Educational Resource Stand to provide pamphlets etc on weight loss and health choices
Cancer	• In conjunction with SCH, develop collaborative efforts to hold community education session re bone cancer • Continue to educate patients on Navigator service to help newly diagnosed cancer patients navigate through the health care system • Work with Community Health and Prevention to provide on-site screenings and self-learning programs
Diabetes	• Evaluate Partnership with local podiatrist to offer a Foot Clinic • Partner with SCH to help educate patients on resources available to include weekly Free Diabetes Classes and monthly Diabetes Support Groups

Community Health Needs Assessment Implementation Strategy for:

Virginia Beach Ambulatory Surgery Center (VBASC)

November 2013

[redacted]

[redacted]	
All	

Obesity	• Support the community healthy eating and nutritional awareness initiatives sponsored by Sentara Virginia Beach General Hospital in the following ways
	  ○ Distributing information to VBASC patients about the "Art and Science of Health Eating" series offered by the Virginia Beach Medical Society, Cardiology Vascular Associates, and Whole Food Market
	  ○ Informing patients about the Virginia Beach Diet Study
	  ○ Offering the facility as a venue for patient educational symposia about diet, obesity and the impact on health
	  ○ Working collaboratively with SVBGH Patient Relations Department to identify additional opportunities to educate patients about the relationship between Obstructive Sleep Apnea (OSA), Obesity and Heart Disease
	• Continue to promote nutritional awareness, emphasizing the relationship of obesity to disease through written educational materials and informing the public about community health and wellness programs sponsored by the hospital
	• Collaborate with SVBGH to identify opportunities with the City of Virginia Beach and the Department of Health in developing healthy eating/obesity programs

Diabetes	• Make VBASC patients and families aware of the Diabetes management classes offered by the SVBGH Diabetes Educator • Provide educational materials on the importance of reading and understanding food labels • Provide information to VBASC patients and families about the "Healthy Living with Diabetes" educational program offered to the community (Individual participation in this 9 hours (3 hours/3 days) program will provide free lifetime follow-up visits for those diagnosed with diabetes)

Heart Disease/High Blood Pressure	• Communicate information to patients and families about the availability of educational talks provided by the community partners (CVAL) about maintaining the health and wellness of the cardiovascular system • Provide information about hospital sponsored blood pressure screenings, blood glucose testing, stroke education, vision screenings, diet and nutrition classes and smoking cessation classes available to the public • Investigate opportunities to post educational materials about heart disease, obesity, OSA on the VBASC website • Support future collaboration with other Southside Hospitals to provide prevention and wellness screenings for health issues cholesterol, BMI, and BP and by offering the facility as a venue to conduct these events
Cancer	• Inform patients and families about the SVBGH prostate cancer screenings and skin cancer screenings, and about the "Every Women Life Program" for the uninsured and underinsured women and the availability of yearly mammograms • Promote and support community awareness of cancer support groups • Work with Community Health and Prevention to provide on-site screenings and self-learning programs

Community Health Needs Assessment Implementation Strategy for:

Sentara Obici Ambulatory Surgery Center

(AKA Obici ASC)

November 8, 2013

[redacted]

[redacted]	

All	• Ensure Western Tidewater community agencies have access to the completed community needs assessment data
	  ○ Post assessment on SOH web site
	  ○ Distribute assessment to agencies and individuals involved in the assessment
	• Continue to actively participate in community-based organizations to work collaboratively to improve health
	  ○ Participate with Suffolk Partnership for a Healthy Community at a Board or Committee level
	  ○ Participate with the Western Tidewater Free Clinic at a Board or Committee level with a specific focus of serving indigent or needy patients needing surgery
	• Participate with the hospital in Suffolk's National Night Out Program to educate community about existing services
	• Participate in the hospital's chronic disease self-management work groups in target locations
	• Incorporate hospital and Obici ASC events that are open to the community on the Health People, Healthy Suffolk web site
	• Explore opportunities with the AHA for Heart Health education
	• Participate in hospital sponsored community health programs and free screenings at sites throughout the hospital's service area to improve convenient access for residents

Obesity/ Nutrition/ Fitness	• Promote healthy nutrition practices for Obici ASC patients • Participate with Healthy People, Healthy Suffolk initiatives • Refer Obici ASC patients to the hospital's fitness programs • Promote awareness of the hospital's walking trail located on the Obici Campus • Promote walking through walking groups and walk-about programs
Diabetes	• Continue to provide outpatient diabetes education classes • Increase community awareness of SOH wound care clinic and refer patients as appropriate (nail trimming, hyperbaric therapy) • Provide education on reading food labels
Orthopedics	• Provide seminars, in conjunction with SOH, to educate the public on Orthopedic Care and Treatment options provided at SOH and Obici ASC
Heart Disease	• Continue to offer Chronic Disease Self-Management (Stanford Model) courses in various locations throughout the hospital's service area • Work with Community Health and Prevention to provide on-site screenings and self-learning programs • Implement the American Heart Association's Get with the Guidelines program • Participate in the American Heart Association community Heart Chase function in May 2014 which is focused to community education
Health Care Coverage	• Continue to offer Charity based on established policies for poverty • If patient does not have insurance but does not meet standards for charity, offer discount rate based on established Medicare pricing