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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 ENTERPRISES
 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: 54-1917649
E Telephone number: (757) 455-7020
G Gross receipts \$ 136,701,917

F Name and address of principal officer: ROBERT A BROERMANN, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502

H(a) Is this a group return for 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: 1998 **M** State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE ORGANIZATION, WE IMPROVE HEALTH EVERYDAY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,484
	6 Total number of volunteers (estimate if necessary)	6	318
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,216,472
b Net unrelated business taxable income from Form 990-T, line 34	7b	-67,633	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	50,812	63,402
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,617,391	135,348,044
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,560	11,385
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	622,255	1,279,086
		123,408,018	136,701,917
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,411,312	1,881,264
	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)	74,246,928	81,082,464
	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)	48,003,316	51,592,521
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	123,661,556	134,556,249
19 Revenue less expenses Subtract line 18 from line 12	-253,538	2,145,668	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	74,332,909	43,748,335
	21 Total liabilities (Part X, line 26)	39,989,902	10,928,207
22 Net assets or fund balances Subtract line 21 from line 20	34,343,007	32,820,128	

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/PRESIDENT/DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 Yes No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 111,304,072 including grants of \$ 1,881,264) (Revenue \$ 135,410,589)
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 111,304,072

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	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? <i>If so, complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 27		
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?		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 1,484		
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).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		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)?			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?			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			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?			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
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?			
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.			
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?			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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 [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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	1 00 53 20	X		X				0	3,601,597	215,569
(2) ROBERT A BROERMANN DIRECTOR/PRESIDENT/TREASURER	1 00 51 00	X		X				0	1,256,843	161,559
(3) HOWARD P KERN DIRECTOR	1 00 51 20	X						0	1,865,703	660,096
(4) JEFFREY P KING SECRETARY	1 00 46 00			X				0	598,006	77,049
(5) RAMON C DARCEY PRESIDENT, SE	40 00 0 00				X			323,248	0	44,716
(6) JAMES R SCHWAMBURGER DIRECTOR, PHARMACY OPERATIONS	40 00 0 00				X			159,964	0	34,926
(7) MELISSA L COOPER VP, HOME CARE	40 00 0 00				X			194,744	0	18,086
(8) RUSSELL B BLOW DIRECTOR, MEDICAL TRANSPORT	40 00 0 00					X		145,515	0	17,640
(9) EARL D MORRIS TEAM COORDINATOR	40 00 0 00					X		134,436	0	8,974
(10) ARLAND O HANEY PHYSICAL THERAPIST SE/RU	40 00 0 00					X		126,944	0	8,550
(11) MARY S FISHER PATIENT CARE SVCS MANAGER	40 00 0 00					X		126,750	0	26,284
(12) BRIAN L DUNNING CLINICAL PHARMACIST	40 00 0 00					X		125,841	0	14,477
(13) GRACE R HINES FORMER OFFICER	0 00 41 00						X	0	507,450	2,132
(14) ROBERT L SOUDERS FORMER HIGHEST COMPENSATED EMPLOYEE	0 00 40 00						X	0	141,249	34,680

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	63,402				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	63,402				
Program Service Revenue	2a	PATIENT SERVICE REVENUE					
		Business Code					
		900099	124,794,953	124,794,953			
	b	DME					
		900099	10,898,279	9,687,337	1,210,942		
	c	OTHER PROGRAM SERVICE REVENUE					
		900099	50,764	50,764			
	d	EQUITY IN AFFILIATES					
	900099	-395,952	-395,952				
e							
f	All other program service revenue						
g	Total. Add lines 2a-2f	135,348,044					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	11,385			11,385	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
11a	INTEREST CHARGES	900099	1,251,171	1,251,171			
b	INCOME FR PARTNERSHIP	900099	27,915	22,316	5,530	69	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,279,086				
12	Total revenue. See Instructions		136,701,917	135,410,589	1,216,472	11,454	

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	1,881,264	1,881,264		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	775,684	620,547	155,137	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	59,359	47,487	11,872	
7	Other salaries and wages	62,707,780	54,555,769	8,152,011	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,747,810	5,000,595	747,215	
9	Other employee benefits	7,100,640	6,177,557	923,083	
10	Payroll taxes	4,691,191	4,081,336	609,855	
11	Fees for services (non-employees)				
a	Management				
b	Legal	54,825	43,860	10,965	
c	Accounting				
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)	5,612,042	5,027,834	584,208	
12	Advertising and promotion	47,839	38,271	9,568	
13	Office expenses	5,991,492	4,793,194	1,198,298	
14	Information technology	904,711	723,769	180,942	
15	Royalties				
16	Occupancy	1,755,201	1,404,161	351,040	
17	Travel	2,914,747	2,331,798	582,949	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,196	20,957	5,239	
20	Interest	136	109	27	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,394,403	2,715,522	678,881	
23	Insurance	1,129,757	903,806	225,951	
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 EXP	17,802,901	17,802,901		
b	SENTARA SERVICE EXP	8,542,817		8,542,817	
c	BAD DEBT PROVISION	2,004,857	2,004,857		
d	PURCHASED & CONTRACTED	763,611	610,889	152,722	
e	All other expenses	646,986	517,589	129,397	
25	Total functional expenses. Add lines 1 through 24e	134,556,249	111,304,072	23,252,177	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 <input type="checkbox"/> 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	60,157	1	103,015
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,704,221	4	20,110,832
	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	35,881,793	7	6,626,224
	8 Inventories for sale or use	1,114,762	8	1,067,083
	9 Prepaid expenses and deferred charges	44,874	9	113,494
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 40,402,202		
	b Less accumulated depreciation	10b 28,101,979	12,593,171	10c 12,300,223
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	1,737,815	14	1,737,815
	15 Other assets See Part IV, line 11	2,196,116	15	1,689,649
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,332,909	16	43,748,335	
Liabilities	17 Accounts payable and accrued expenses	3,382,569	17	3,553,418
	18 Grants payable		18	
	19 Deferred revenue	160,823	19	139,846
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	36,446,510	25	7,234,943
	26 Total liabilities. Add lines 17 through 25	39,989,902	26	10,928,207
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,201,312	27	32,659,243
	28 Temporarily restricted net assets	141,695	28	160,885
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,343,007	33	32,820,128	
34 Total liabilities and net assets/fund balances	74,332,909	34	43,748,335	

Part XI Reconciliation 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	136,701,917
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,556,249
3	Revenue less expenses Subtract line 2 from line 1	3	2,145,668
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,343,007
5	Net unrealized gains (losses) on investments	5	
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	-3,668,547
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,820,128

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA ENTERPRISES

Employer identification number
54-1917649

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

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

- 1 A church, convention of churches, or association of churches 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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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 <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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.")	38,325	49,352	42,187	50,812	63,402	244,078
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	101,436,129	112,617,970	123,272,375	122,288,022	135,410,589	595,025,085
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	101,474,454	112,667,322	123,314,562	122,338,834	135,473,991	595,269,163
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	9,225	10,000	10,000	10,000		39,225
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	9,225	10,000	10,000	10,000		39,225
8 Public support (Subtract line 7c from line 6.)						595,229,938

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	101,474,454	112,667,322	123,314,562	122,338,834	135,473,991	595,269,163
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,651	50,333	84,285	66	11,454	158,789
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	109,070	18,481	88,930			216,481
c Add lines 10a and 10b	121,721	68,814	173,215	66	11,454	375,270
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.)	101,596,175	112,736,136	123,487,777	122,338,900	135,485,445	595,644,433
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.930%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.900%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.060%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.090%

- 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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Table with 2 columns: Name of the organization (SENTARA ENTERPRISES) and Employer identification number (54-1917649)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column(e))					
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,702
j	Total Add lines 1c through 1i			5,702
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA ENTERPRISES

Employer identification number

54-1917649

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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, c Temporarily restricted endowment 100.000%

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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, and Total.

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

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

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

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, SENTARA HEALTHCARE, IN FURTHERANCE OF THE SYSTEM'S MISSION TO IMPROVE HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY AN INDEPENDENT COMMUNITY BOARD WHICH MANAGES THE BUSINESS AND AFFAIRS OF THE SYSTEM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA ENTERPRISES

Employer identification number

54-1917649

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

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

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

Part III Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	IN LIMITED CIRCUMSTANCES, THE ORGANIZATION PROVIDES GROSS-UP PAYMENTS ON TAXABLE RELOCATION EXPENSES, SUCH AS MOVING EXPENSES, FOR EXECUTIVE RECRUITS, THEREBY CREATING ADDITIONAL COMPENSATION WHICH IS REPORTED ON FORM W-2 AS TAXABLE WAGES
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, LINE 4B	RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION 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, ROBERT BROERMANN, RAMON DARCEY, GRACE HINES, AND JEFFREY KING 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 RAMON DARCEY (\$11,513), GRACE HINES (\$43,936), AND HOWARD KERN (\$134,952) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN(B)(III) OF SCHEDULE J, PART II
PART I, LINE 7	NON-FIXED PAYMENTS NOT LISTED DURING 2013, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL 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 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: 54-1917649
Name: SENTARA ENTERPRISES

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)	0	0	0	0	0	0	0
	(ii)	1,290,579	1,426,213	884,805	188,187	27,382	3,817,166	394,615
ROBERT A BROERMANN DIRECTOR/PRESIDENT/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	700,172	548,870	7,801	138,841	22,718	1,418,402	134,095
HOWARD P KERN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	888,192	820,913	156,598	638,375	21,721	2,525,799	200,477
JEFFREY P KING SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	426,148	169,597	2,261	56,092	20,957	675,055	36,604
RAMON C DARCEY PRESIDENT, SE	(i)	222,611	83,733	16,904	35,292	9,424	367,964	18,899
	(ii)	0	0	0	0	0	0	0
JAMES R SCHWAMBURGER DIRECTOR, PHARMACY OPERATIONS	(i)	145,390	8,704	5,870	14,269	20,657	194,890	0
	(ii)	0	0	0	0	0	0	0
MELISSA L COOPER VP, HOME CARE	(i)	153,839	35,000	5,905	0	18,086	212,830	0
	(ii)	0	0	0	0	0	0	0
RUSSELL B BLOW DIRECTOR, MEDICAL TRANSPORT	(i)	106,291	32,418	6,806	11,451	6,189	163,155	4,706
	(ii)	0	0	0	0	0	0	0
MARY S FISHER PATIENT CARE SVCS MANAGER	(i)	114,747	8,446	3,557	5,372	20,912	153,034	0
	(ii)	0	0	0	0	0	0	0
GRACE R HINES FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,865	154,455	52,130	-15,799	17,931	509,582	23,319
ROBERT L SOUDERS FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	118,725	15,052	7,472	18,924	15,756	175,929	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SENTARA ENTERPRISES

Employer identification number

54-1917649

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

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

Table with 4 main columns: (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

Table with 9 main columns: (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)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHLEEN C BROERMANN	FAMILY MEMBER OF DIRECTOR, TREASURER AND PRESIDENT ROBERT A BROERMANN	59,359	EMPLOYEE OF THE ORGANIZATION		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DIRECTORS/TRUSTEES/OFFICERS/KEY EMPLOYEES OF THE ORGANIZATION MAY ALSO SERVE AS DIRECTORS/TRUSTEES/OFFICERS OF RELATED TAXABLE ENTITIES WITHIN THE SENTARA HEALTHCARE SYSTEM SEE SCHEDULE R FOR A LISTING OF TRANSACTIONS THE ORGANIZATION HAD WITH THESE RELATED TAXABLE ENTITIES

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.**

2013

**Open to Public
Inspection**

Name of the organization
SENTARA ENTERPRISES

Employer identification number

54-1917649

Return Reference	Explanation	
FORM 990, PART III, LINE 4		<p>PROGRAM SERVICE ACCOMPLISHMENTS SENTARA HEALTHCARE I YOUR NOT-FOR-PROFIT HEALTH PARTNER FOR 125 YEARS, SENTARA HAS BEEN COMMITTED TO HELPING PEOPLE JUST LIKE YOU, PEOPLE WHO WANT THE MOST DEDICATED MEDICAL PROFESSIONALS HELPING THEM THROUGH EVERY STAGE OF LIFE TO PROVIDE A RANGE OF QUALITY CARE, WE HAVE GROWN SLOWLY THROUGHOUT VIRGINIA AND NORTH CAROLINA WE HAVE REACHED OUT TO INDUSTRY LEADERS AND JOINED FORCES, AND WE NOW OPERATE MORE THAN 100 SITES OF CARE, INCLUDING 12 ACUTE CARE HOSPITALS - SEVEN IN HAMPTON ROADS, ONE IN NORTHERN VIRGINIA, TWO IN THE BLUE RIDGE REGION OF VIRGINIA, ONE IN SOUTHERN VIRGINIA AND ONE IN NORTH CAROLINA FOR MORE THAN A DECADE, MODERN HEALTHCARE MAGAZINE HAS RANKED US AS ONE OF THE NATION'S TOP INTEGRATED HEALTHCARE SYSTEMS OUR NOT-FOR-PROFIT SYSTEM PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING 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 AMBULANCE, AND EXTEND HEALTH INSURANCE TO 440,000 PEOPLE THROUGH OPTIMA HEALTH, OUR AWARD-WINNING HEALTH PLAN AMONG OUR MANY STRENGTHS, WE ARE A NATIONAL LEADER IN HEART AND KIDNEY CARE, STROKE CARE, AND INFECTION PREVENTION, AND WE WERE THE FIRST IN THE NATION TO PIONEER AND DEVELOP THE EICU, A REMOTE MONITORING SYSTEM FOR INTENSIVE CARE OUR DEDICATION TO IMPROVING AND INCREASING MEDICAL OPTIONS FOR OUR PATIENTS IS REINFORCED BY OUR ONGOING PARTICIPATION IN NATIONAL AND INTERNATIONAL RESEARCH THESE VITAL MEDICAL TRIALS HELP US ADVANCE TOWARD 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 NORFOLK'S POOR, FOCUSED ON MEETING THEIR IMMEDIATE HEALTH CARE NEEDS AS NOTED ABOVE AND DETAILED IN THIS REPORT, WE HAVE GROWN INTO A MULTI-STATE, INTEGRATED HEALTHCARE SYSTEM COMMITTED TO STILL DELIVERING THAT SAME COMPASSIONATE AND QUALITY CARE AND REACHING FAR BEYOND THE PATIENTS WHO COME DIRECTLY TO US WE STRIVE TO SERVE EVERYONE IN OUR COMMUNITIES THROUGH 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 RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND NORTH CAROLINA BY SEEKING PARTNERSHIPS WITH LONG-ESTABLISHED AND SUCCESSFUL HOSPITALS AND HEALTHCARE SYSTEMS WHO SHARE OUR DEDICATION TO EXCELLENCE 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 WITH 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 AND OUTPATIENT SERVICES ACROSS THE SOUTH BOSTON REGION, ABOUT 165 MILES WEST OF NORFOLK THE 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 MAKES IT PARTICULARLY VALUABLE TO LOCALS AND COMPLEMENTS SENTARA'S COMMITMENT TO PERSONALIZED HEALTHCARE IT IS NOW THE 11TH OF 12 HOSPITALS IN SENTARA'S NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM B SENTARA ALBEMARLE HOSPITAL, MEDICAL GROUP AND RELATED FACILITIES SENTARA HEALTHCARE 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 HOSPITAL AUTHORITY BOARD OF COMMISSIONERS AND THEIR TWO-YEAR PROCESS OF EVALUATING POTENTIAL PARTNERS ALL FOUR ENTITIES SHARE THE GOALS OF IMPROVING THE COMMUNITY'S ACCESS TO PRIMARY CARE, MANAGING CHRONIC DISEASE AND IMPROVING SERVICES AND PROGRAMS IN THE REGION LOCATED IN ELIZABETH CITY, SENTARA ALBEMARLE MEDICAL CENTER IS A 182 LICENSED BED, FULL-SERVICE FACILITY OFFERING A WIDE RANGE OF SERVICES, INCLUDING INPATIENT AND CRITICAL CARE, A FULL ARRAY OF SURGICAL SERVICES, SOPHISTICATED DIAGNOSTIC IMAGING TECHNOLOGY, COMPREHENSIVE WOMEN'S CARE, CARDIOLOGY, CANCER TREATMENT, REHABILITATION SERVICES AND MORE SENTARA ALBEMARLE 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 OUR 12 HOSPITALS ALBEMARLE PHYSICIAN SERVICES SENTARA BRINGS TOGETHER A DEDICATED TEAM OF PRIMARY CARE AND SPECIALTY PHYSICIANS TO CARE FOR PATIENTS ACROSS NORTHEASTERN NORTH CAROLINA ALL OF THE FACILITIES ADOPTED THE SENTARA NAME IN MAY 2014 III CONSTANTLY LOOKING AHEAD TO BEST SERVE OUR COMMUNITIES AND PROVIDE THE MOST PATIENT-FOCUSED, COST-EFFECTIVE HEALTHCARE POSSIBLE,</p>

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	FORM 990, PART III, LINE 4	<p>WE SEEK TO EXPAND AND ENHANCE OUR SERVICES IN A VARIETY OF WAYS WE STRIVE TO BE THE FIRST IN OUR COMMUNITIES TO OFFER NEW, YET PROVEN, MEDICAL PROCEDURES, AND WE REACH OUT TO NEW COMMUNITIES TO OFFER SERVICES WE HAVE PROUDLY AND SUCCESSFULLY OFFERED IN OTHER REGIONS WE ALSO LEAD AND PARTICIPATE IN RESEARCH EFFORTS TO IDENTIFY AND TEST FUTURE TREATMENTS AND BEST PRACTICES SOME OF THE WAYS WE HAVE DONE THIS RECENTLY INCLUDE A OFFERING NEW PROCEDURES AND TECHNOLOGY SENTARA PHYSICIANS LEAD THE WAY BY OFFERING LIFE-SAVING PROCEDURES PREVIOUSLY NOT AVAILABLE OR NOT READILY AVAILABLE BY DOING SO, THEY GIVE RESIDENTS THE COMFORT AND COST-SAVINGS OF BEING CLOSE TO HOME WHILE IMPROVING THEIR HEALTH IN 2013, SENTARA ADDED 3D MAMMOGRAPHY, A BREAKTHROUGH TECHNOLOGY FOR DETECTING EARLY BREAST CANCER, AT 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 VISIBLE USING OTHER MAMMOGRAPHY IN 2012, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER STARTED A NEW TREATMENT FOR SEVERE ASTHMA CALLED BRONCHIAL THERMOPLASTY THIS MINIMALLY INVASIVE OUTPATIENT PROCEDURE USES A BRONCHOSCOPE TO DELIVER THERMAL ENERGY TO THE LUNGS OF PATIENTS WITH ASTHMA TO DECREASE THE AMOUNT OF SMOOTH MUSCLE IN THE LUNGS THE MUSCLES THAT CONSTRICT AND RESULT IN ASTHMA 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 THE 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 ATRIAL FIBRILLATION BENEFITTED FROM A PROCEDURE CALLED CARDIAC CRYOABLATION, APPROVED BY THE 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 TISSUES THAT CAUSE IRREGULAR HEARTBEATS, AND THE COLD TEMPERATURES DESTROY THE TISSUE AND CORRECT THE HEART'S PROBLEM IT HAS PROVED SUCCESSFUL FOR PATIENTS WHO DID NOT RESPOND FULLY TO OTHER TREATMENTS WITH A \$725,000 GRANT FROM THE POTOMAC HEALTH FOUNDATION, SENTARA NORTHERN 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 BREAST 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 PERSISTENT (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 LINES OF BLOCK ON THE OUTSIDE OF THE HEART WORKING THROUGH TINY CHEST INCISIONS BY EXPANDING SERVICE AREAS AND PARTNERSHIPS IN 2013, WE LAUNCHED AN EFFORT TO BETTER SERVE THE SENIOR POPULATION IN HAMPTON ROADS THROUGH A MEDICARE ADVANTAGE PRODUCT FROM OPTIMA HEALTH, SENTARA HEALTHCARE'S AWARD-WINNING HEALTH PLAN, ONE SPECIALIZED SENTARA MEDICAL GROUP (SMG) PRACTICE AND A NEW COLLABORATION WITH SMG, EASTERN VIRGINIA MEDICAL SCHOOL, OPTIMA HEALTH, SENTARA HOME CARE AND LIFE CARE AND SENTARA HOSPITALS TO CREATE A SEAMLESS EXPERIENCE FOR PATIENTS ACROSS THE CONTINUUM OF CARE</p>

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FORM 990, PART III, LINE 4A		<p>IN AUGUST 2012, SENTARA AND MDLIVE ANNOUNCED AN EQUITY PARTNERSHIP TO DELIVER REAL-TIME MEDICAL CONSULTATIONS VIA TELEPHONE AND ONLINE VIDEO THROUGH AN ESTABLISHED NETWORK OF PHYSICIANS. PATIENTS USE THE MDLIVE VIRTUAL CONSULT PLATFORM TO CONSULT DIRECTLY WITH A LICENSED SENTARA OR PARTNER PHYSICIAN WHO CAN DIAGNOSE LOW-ACUITY ILLNESSES, PROVIDE CARE, AND SUBSCRIBE PRESCRIPTIONS. IN 2013, SENTARA EMPLOYEES WITH OPTIMA HEALTH AND CIGNA INSURANCE RECEIVED THE BENEFIT OF SENTARA MDLIVE APPOINTMENTS FOR A \$15 CO-PAY. WE SAW OVER 2,000 SENTARA EMPLOYEES/DEPENDENTS COVERED UNDER OPTIMA INSURANCE REGISTER WITH MDLIVE. THAT SAME YEAR, 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 IMPROVE LIVES. EXPANDING EDUCATIONAL SERVICES CONTINUING TO GROW AND DEVELOP AS WE AIM TO MEET THE DEMAND FOR WELL-EDUCATED HEALTHCARE EXPERTS, THE SENTARA SCHOOL OF HEALTH PROFESSIONALS 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 COMPETENT NURSES. THE FIRST RN TO BSN CLASS GRADUATED IN MAY 2012 WITH SEVEN GRADUATES. TWENTY-SIX STUDENTS ALSO GRADUATED IN THE NEW, TRADITIONAL BSN PROGRAM, AND ONE STUDENT GRADUATED IN THE NEW LPN TO BSN PROGRAM. ALL STUDENTS PRACTICE THEIR SKILLS IN SENTARA'S SIMULATION 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 WHO CAN CRY, SWEAT, BREATHE RAPIDLY AND DEVELOP SYMPTOMS OF CARDIAC ARREST, IS LOCATED INSIDE 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 IMMEDIATELY AFTERWARDS. WE FURTHERED OUR OFFERINGS WITH THE SURGICAL TECHNOLOGY PROGRAM AT THE COLLEGE LAUNCHING THE FIRST ASSOCIATE OF OCCUPATIONAL SCIENCE DEGREE WITH THE JANUARY 2013 CLASS. 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 REDUCED THE NUMBER OF PATIENTS WHOSE CONDITIONS WORSENE DUE TO LOW BLOOD PRESSURE BY 30 PERCENT. STUDY FINDINGS WERE SHARED WITH ORTHOPEDIC NURSES FROM AROUND THE UNITED STATES DURING 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 TREATMENT 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 ENDOSCOPIC ABLATION SYSTEM. THE SYSTEM INCLUDES A BALLOON, SMALL CAMERA AND LASER LIGHT TO PRECISELY 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 THE EASTERN VIRGINIA MEDICAL SCHOOL STRELITZ DIABETES CENTER TO DEVELOP ALERTS IN THE SENTARA ECARE HEALTH NETWORK, OUR ELECTRONIC MEDICAL RECORD SYSTEM, WHEN A CHANGE OCCURS IN A DIABETIC PATIENT'S CONDITION. THE ALERTS OFFER GUIDANCE ABOUT THE APPROPRIATE CARE FOR EACH SITUATION. DURING THE STUDY PERIOD, PATIENTS SHOWED SUBSTANTIAL IMPROVEMENT. NEARLY 900 PATIENTS MOVED FROM THE HIGHEST LEVEL OF RISK FOR COMPLICATIONS TO A HEALTHIER RANGE. THE RESULTS WERE PRESENTED MAY 2, 2013 IN PHOENIX AT THE 22ND ANNUAL SCIENTIFIC AND CLINICAL CONGRESS OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGIST (AACE). SENTARA PARTNERED WITH CUPRON AND EOS SURFACES IN 2013 TO LAUNCH THE WORLD'S LARGEST CLINICAL TRIAL TO TEST THE EFFECTIVENESS OF COPPER-INFUSED HARD SURFACES AND LINENS IN PREVENTING HOSPITAL-ACQUIRED INFECTIONS. THE STUDY LAUNCHED AT SENTARA NORFOLK GENERAL HOSPITAL'S ICU AND SENTARA LEIGH HOSPITAL'S EAST TOWER IN THE FIRST QUARTER OF 2014 WITH MORE THAN 15,000 HORIZONTAL SQUARE FEET OF PATENT-PENDING CUPRON-ENHANCED EOS SURFACES INSTALLED. ANTI-ODOR TEXTILES MANUFACTURED BY ENCOMPASS ARE USED FOR PATIENT BED LINENS, GOWNS AND OTHER TEXTILES. THE COMPREHENSIVE PROGRAM IS BELIEVED TO BE THE WORLD'S LARGEST HOSPITAL EVALUATION OF ANTIMICROBIAL-PROTECTED MATERIALS, WITH THE GOAL OF COMBATING</p>

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FORM 990, PART III, LINE 4A		<p>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 BUILD 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 MARKETPLACE 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 MAJORITY OF POPULATION GROWTH WILL BE FROM PEOPLE OVER 65 B BEHAVIORAL HEALTH UNIT A 24-BED INPATIENT BEHAVIORAL HEALTH UNIT OPENED AT SENTARA VIRGINIA BEACH GENERAL HOSPITAL IN JANUARY 2014 THE UNIT INCLUDES 16 BEDS DESIGNATED FOR GERIATRIC PATIENTS AND EIGHT GENERAL ADULT BEDS THE NUMBER OF PATIENTS SEEKING PSYCHIATRIC SERVICES THROUGH THE EMERGENCY DEPARTMENT AT SENTARA VIRGINIA BEACH GENERAL HAS INCREASED 111 PERCENT SINCE 2006 IN THE PAST, SOME PATIENTS HAVE HAD TO WAIT FOR ADMISSION IN THE EMERGENCY DEPARTMENT, WHERE A STAFF PERSON HAD TO BE COMMITTED TO THE PATIENT FOR HIS OR HER SAFETY THE NEW BEDS SPEED UP ADMISSION AND IMPROVE CARE C MARTHA JEFFERSON NEUROSCIENCE CENTER THE NEUROSCIENCE CENTER BEGAN SERVING PATIENTS IN JANUARY 2013 IT IS EQUIPPED WITH THE LATEST TECHNOLOGY, WITH ELECTROMYOGRAPHY (EMG) AND ELECTROENCEPHALOGRAPHY (EEG) DIAGNOSTIC EQUIPMENT, NEW VESTIBULAR BALANCE REHABILITATION EQUIPMENT, LOW-DOSE CT-IMAGING, AND COMPLETE COMPLEX BRAIN SURGERY SUCH AS STEREOTACTIC RADIOSURGERY (SRS) FOUR NEUROLOGISTS, TWO NEUROSURGEONS AND 13 REHABILITATION THERAPISTS ARE UNDER ONE ROOF TO ENSURE PATIENTS RECEIVE CARE IN ONE LOCATION THE CENTER HAS ROLLED-OUT MULTI-DISCIPLINARY SUBSPECIALTY CLINICS THAT DELIVER A COORDINATED, PATIENT-CENTERED APPROACH THE CLINICS INCLUDE THE SEIZURE DISORDER AND EPILEPSY CLINIC, THE NEUROPATHY CLINIC, THE STROKE RECOVERY CLINIC, THE COGNITIVE REHABILITATION CLINIC AND THE VESTIBULAR BALANCE AND FALLS PREVENTION CLINIC D SENTARA EASTERN VIRGINIA MEDICAL SCHOOL (EVMS) 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 MULTIDISCIPLINARY CARE TEAM THE CENTER BRINGS TOGETHER SPECIALISTS IN UROGYNECOLOGY, GASTROENTEROLOGY, SPECIALIZED RADIOLOGY, UROLOGY, COLORECTAL MEDICINE AND SURGERY, PHYSICAL MEDICINE AND REHABILITATION, NUTRITION AND PHYSICAL THERAPY TO HELP PATIENTS WITH PROBLEMS RELATED TO THE LOWER URINARY TRACT AND THE PELVIC FLOOR ALMOST HALF OF ALL WOMEN AND ONE IN FIVE MEN WILL EXPERIENCE URINARY INCONTINENCE, AND ROUGHLY 10 PERCENT OF WOMEN WILL UNDERGO SURGERY FOR PELVIC ORGAN PROLAPSE OR URINARY INCONTINENCE</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>E SENTARA LEIGH TOWERS WORK BEGAN IN DECEMBER 2011 ON A MULTI-PHASE, THREE-YEAR PROJECT TO BUILD A NEW SENTARA LEIGH HOSPITAL ON THE SITE OF THE CURRENT ONE. SENTARA OPENED THE NEW 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 ROOMS WITH PRIVATE BATHROOMS, NO-STEP SHOWERS AND OVERNIGHT ACCOMMODATIONS FOR FAMILIES. THE PROJECT ALSO INCLUDES A 48-BED ORTHOPEDIC AND REHABILITATION CENTER ON THE FIRST FLOOR AND 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 MAINTAINS EXCELLENT, UNINTERRUPTED PATIENT CARE DURING THE PHASED CONSTRUCTION. SENTARA HOSPICE HOUSE IN MARCH 2013, SENTARA OPENED SENTARA HOSPICE HOUSE, AN 8,311 SQUARE-FOOT FACILITY 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 CHOOSE THIS CARE. NOW THEY CAN. G ROCKINGHAM MEMORIAL HOSPITAL (RMH) WOMEN'S CENTER CONSTRUCTION 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/MAMMOGRAPHY 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 INCLUDING ADVANCED IMAGING, RMH ORTHOPEDICS AND SPORTS MEDICINE, REHABILITATION THERAPY, A SPORTS PERFORMANCE ARENA AND AN INTERVENTIONAL SUITE FOR PAIN MANAGEMENT AND SPECIAL PROCEDURES. THE CENTER IS SCHEDULED TO BE COMPLETED IN LATE 2015. I MARTHA JEFFERSON OUTPATIENT CARE 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 TRAVEL 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 SYSTEMS EARLIEST YEARS, WE HAVE BELIEVED THE COMMUNITY DESERVES HEALTHCARE THAT IS MEASURABLY BETTER. SENTARA'S GOAL IS TO BE ACCREDITED BY RESPECTED NATIONAL ORGANIZATIONS AND TO ACHIEVE TOP 10 PERCENT PERFORMANCE WHEREVER BENCHMARKS EXIST. WE ARE PROUD OF THE WORK WE HAVE DONE SO FAR TOWARD THIS GOAL, AS IT HAS BEEN RECOGNIZED IN MANY WAYS. 1 TOP 100 INTEGRATED HEALTHCARE NETWORK SENTARA HAS CONSISTENTLY RANKED AMONG THE NATION'S TOP INTEGRATED HEALTHCARE NETWORKS AS PUBLISHED IN MODERN HEALTHCARE'S FACT-BASED RANKING. THE ONLY HEALTHCARE SYSTEM IN THE COUNTRY TO BE AMONG THE NATION'S TOP 10 FOR ALL 15 YEARS OF THE SURVEY, SENTARA LANDED AT NUMBER ONE IN 2001, 2010 AND 2011. THE STUDY, PUBLISHED ANNUALLY, HIGHLIGHTS THE TOP 100 INTEGRATED HEALTH CARE NETWORKS ACROSS THE NATION AS SELECTED BY SDI, A HEALTH INFORMATION COMPANY. 2 USING TECHNOLOGY 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 SYSTEMS' MEANINGFUL USE OF ELECTRONIC MEDIA TECHNOLOGY IN FOUR AREAS: INFRASTRUCTURE, BUSINESS AND ADMINISTRATIVE MANAGEMENT, CLINICAL QUALITY AND SAFETY, AND CARE CONTINUUM. 3 AWARD-WINNING CARDIAC AND NEPHROLOGY CARE SENTARA HEART HOSPITAL/SENTARA NORFOLK GENERAL HOSPITAL IS A COMPREHENSIVE NETWORK OF PROVIDERS, FACILITIES AND SERVICES WORKING TOGETHER TO ENSURE THE HIGHEST LEVEL OF CARE. 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 PROGRAMS 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 RADIOLOGISTS 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 RANKINGS FOR STATE AND METRO AREAS. SEVEN SENTARA HOSPITALS WERE FEATURED IN THE RANKINGS, WITH SENTARA NORFOLK GENERAL HOSPITAL LISTED AT NUMBER ONE IN THE REGION AND NUMBER ONE IN THE STATE. MARTHA JEFFERSON HOSPITAL RANKED 11TH IN</p>

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FORM 990, PART III, LINE 4A		<p>THE STATE AND SENTARA ROCKINGHAM MEMORIAL HOSPITAL 15TH SENTARA VIRGINIA BEACH GENERAL HOSPITAL WAS 8TH IN THE STATE AND SECOND IN HAMPTON ROADS, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER TIED WITH SENTARA LEIGH HOSPITAL FOR 20TH IN THE STATE AND WAS RANKED THIRD IN 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 THREE-DAY SURVEY IN 2012, THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER RE-ACCREDITED 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 STANDARDIZED STROKE PROGRAM AS A LEADING BEST PRACTICE THE SYSTEM STROKE TEAM AT SENTARA DEVELOPED A STANDARDIZED PROGRAM AND IMPLEMENTED IT AT 10 SENTARA HOSPITALS THE TEAM EVALUATED THE ENTIRE STROKE PROCESS FROM DIAGNOSIS IN THE FIELD AND TREATMENT IN THE EMERGENCY DEPARTMENT TO PATIENT DISCHARGE THE RESULTS INCLUDED A REDUCTION IN SYSTEM-WIDE STROKE MORTALITY FROM 11 PERCENT IN 2008 TO FIVE PERCENT IN 2012, A REDUCTION IN AVERAGE LENGTH OF STAY BY TWO DAYS WITH AN ASSOCIATED COST SAVINGS OF \$1.1 MILLION, AND INCREASED STROKE CORE METRIC 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 JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS GIVEN SEVERAL OF OUR HOSPITALS ITS GOLD SEAL OF APPROVAL AND DISEASE-SPECIFIC CARE CERTIFICATION AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION, THE JOINT COMMISSION ACCREDITS AND CERTIFIES MORE THAN 20,500 HEALTHCARE ORGANIZATIONS AND PROGRAMS IN THE UNITED STATES JOINT COMMISSION ACCREDITATION AND CERTIFICATION IS RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO MEETING CERTAIN PERFORMANCE STANDARDS THEIR MISSION IS TO CONTINUOUSLY IMPROVE HEALTHCARE FOR THE PUBLIC BY EVALUATING HEALTHCARE ORGANIZATIONS AND INSPIRING THEM TO EXCEL IN PROVIDING SAFE AND EFFECTIVE CARE OF THE HIGHEST QUALITY AND VALUE SENTARA NORFOLK GENERAL HOSPITAL EARNED THE JOINT COMMISSION'S VASCULAR CERTIFICATION SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA CAREPLEX HOSPITAL, SENTARA OBICI HOSPITAL, AND SENTARA PRINCESS ANNE HOSPITAL ALL EARNED PRIMARY STROKE CERTIFICATION VOLUNTARY HOSPITALS ASSOCIATION "BLUEPRINTED" THE SENTARA HAMPTON ROADS HOSPITALS' STROKE PROGRAMS AS A "LEADING PRACTICE IN STROKE CARE" WITH A WEBINAR ORIGINATING FROM SENTARA ROCKINGHAM MEMORIAL HOSPITAL (RMH) WAS CERTIFIED BY 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 BEST PRACTICES IN STROKE CARE DNVHC ACCREDITED MARTHA JEFFERSON HOSPITAL WITH A HOSPITAL CERTIFICATION AND A STROKE PROGRAM CERTIFICATION DNVHC'S ACCREDITATION PROGRAM INVOLVES ANNUAL HOSPITAL SURVEYS AND ENCOURAGES HOSPITALS TO OPENLY SHARE INFORMATION ACROSS DEPARTMENTS AND TO DISCOVER IMPROVEMENTS IN CLINICAL WORKFLOWS AND SAFETY PROTOCOLS DNVHC IS AN INTERNATIONAL COMPANY BASED OUTSIDE OF OSLO, NORWAY FOUNDED IN 1864 IN 2012, DNV MERGED WITH GERMAN-BASED GERMANISCHER LLOYD TO FORM THE DNV-GL GROUP</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>7 AWARD FOR SUPPORTING BREASTFEEDING FOUR SENTARA HOSPITALS IN HAMPTON ROADS AND SIX PROGRAM CHAMPIONS RECEIVED BUSINESS INVESTMENT IN BABIES (BIB) AWARDS IN 2012 FROM THE BUSINESS 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 NORFOLK GENERAL, SENTARA LEIGH, SENTARA VIRGINIA BEACH GENERAL, AND SENTARA PRINCESS ANNE 8 FIVE-STAR RANKINGS, SILVER ACHIEVEMENT, AND EXCELLENCE IN ACTION AWARDS FOR NURSING CENTERS 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 NURSING 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 SENTARA NURSING CENTER BARCO, NORTH CAROLINA RECEIVED FIVE STARS IN 2012 AND 2013 AS WELL SENTARA NURSING CENTER-CURRITUCK RECEIVED A 2012 SILVER ACHIEVEMENT IN QUALITY AWARD FROM THE 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 BEYOND THE BASICS OF MAKING HEALTHCARE SAFE FOR OUR PATIENTS SENTARA HAS BUILT A STRONG "CULTURE OF SAFETY" TO REDUCE MEDICAL ERRORS BY MODELING SUCCESSFUL PROGRAMS FROM THE NUCLEAR POWER AND AVIATION INDUSTRIES THIS CULTURE OF SAFETY PROMOTES BEHAVIORS THAT RESULT IN SAFE, RELIABLE AND EFFECTIVE CARE THE FOUNDATION OF THIS CULTURE IS A STRONG ACCOUNTABILITY TO PERFORM REGIMENTED BEHAVIORS THAT REDUCE MEDICAL ERRORS OUR STAFF USES GUIDELINES KNOWN AS "BEHAVIOR BASED EXPECTATIONS" OR BBE'S TO ENSURE THE HIGHEST STANDARD OF CARE THE GOAL IS TO MAKE THESE TOOLS AND TECHNIQUES A HABIT FOR OUR DEDICATION, WE HAVE RECEIVED NUMEROUS AWARDS FOR PATIENT SAFETY AND QUALITY OF CARE STANDARDS 1 THE LEAPFROG HOSPITAL SURVEY THE LEAPFROG HOSPITAL RECOGNITION PROGRAM (LHRP) HONORS HOSPITALS THAT DEMONSTRATE EXCELLENCE 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 SEVEN 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 INFECTION PREVENTION PREVENTION OF HEALTH CARE-ASSOCIATED INFECTIONS IS A NATIONAL CONCERN, AND SENTARA CONTINUALLY STRIVES TO REDUCE THESE CASES ALL OF OUR HOSPITALS HAVE BEEN WORKING DILIGENTLY TO REDUCE THE OCCURRENCE OF VENTILATOR-ASSOCIATED PNEUMONIA (VAP), WHICH CAN DEVELOP IN PATIENTS WHO HAVE BEEN ON MECHANICAL VENTILATION FOR 48 HOURS OR MORE IN 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 HUMAN SERVICES AND THE CRITICAL CARE SOCIETIES COLLABORATIVE HAVE RECOGNIZED WILLIAMSBURG FOR OUTSTANDING ACHIEVEMENT AND LEADERSHIP IN THE ELIMINATION OF VAP VOLUNTARY HOSPITALS OF AMERICA (VHA), A VOLUNTARY NATIONAL ORGANIZATION FOCUSED ON HEALTH CARE FINANCIAL PERFORMANCE THROUGH CLINICAL EXCELLENCE AND SUPPLY CHAIN MANAGEMENT, "BLUEPRINTED" THE PRACTICES AT SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS A MODEL FOR HOSPITALS ACROSS THE COUNTRY 3 IMPROVING PATIENT SAFETY THROUGH TECHNOLOGY SENTARA HEALTHCARE PROVIDES THE SENTARA ECARE HEALTH NETWORK THE CLINICAL SYSTEM USES INNOVATIVE TECHNOLOGY TO LINK PATIENT MEDICAL INFORMATION BETWEEN OUR HOSPITALS, PHYSICIAN PRACTICES AND OTHER HEALTH CARE SITES OVER A PROTECTED NETWORK, ENABLING THE SECURE SHARING OF PATIENT INFORMATION, INCREASING PATIENT SAFETY AND REDUCING PREVENTABLE MEDICAL ERRORS MYCHART, THE COMPONENT OF ECARE THAT ALLOWS PATIENTS TO ACCESS PART OF THEIR MEDICAL RECORDS, WAS PROMOTED TO PATIENTS IN 2011 A PHONE APP WAS CREATED TO PROVIDE EASY ACCESS AS WELL CURRENTLY, 140,000 PATIENTS ACCESS MYCHART EACH YEAR 2013 MARKED THE 13TH YEAR THAT WE EMPLOYED OUR EICU REMOTE MONITORING SYSTEM FOR OUR SICKEST HOSPITAL PATIENTS SENTARA WAS THE FIRST HOSPITAL SYSTEM IN THE COUNTRY TO IMPLEMENT THE EICU SYSTEM, WHICH USES A NETWORK OF CAMERAS, MONITORS, ALERTS, AND TWO-WAY COMMUNICATION LINKS DOCTORS AND CRITICAL CARE NURSES AT THE EICU COMMAND CENTER MAKE VIRTUAL ROUNDS ON ICU PATIENTS THIS SENTARA-PIONEERED TECHNOLOGY IS NOW USED TO HELP CARE FOR PATIENTS IN NEARLY 5,000 ICU BEDS NATIONAL</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>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 INDIVIDUALS 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 (ACC) 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</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>IN NOVEMBER 2012, SENTARA PARTNERED WITH THE FREE FOUNDATION TO OPEN A VIRGINIA BEACH FACILITY THE NON-PROFIT COLLECTS, REFURBISHES, STERILIZES, AND DISTRIBUTES USED DURABLE MEDICAL EQUIPMENT TO THOSE WHO CANNOT AFFORD IT THE SENTARA HEALTH FOUNDATION SUPPORTED THE FREE SET-UP AND DONATED SPACE C IN SUPPORT OF COMMUNITY HEALTH INITIATIVES 1 SENTARA COMMUNITY HEALTH AND PREVENTION AS PART OF SENTARA'S COMMITMENT TO PREVENTIVE HEALTH MEASURES, WE SPONSOR AND HOST SPECIAL COMMUNITY INITIATIVES THAT ARE DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEALTH OUR CAMPAIGNS HAVE INCLUDED -NATIONAL DRUG TAKE BACK DAY -DRIVE-THRU FLU 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 AWARD-WINNING NUTRITION AND HEALTHY EATING PROGRAM -KNOW YOUR NUMBERS, A CARDIOVASCULAR RISK REDUCTION AND HEALTH IMPROVEMENT PROGRAM -WALK-ABOUT WITH HEALTHY EDGE, A WALKING PROGRAM THAT ENCOURAGES WALKING FOR CARDIOVASCULAR HEALTH -GET OFF YOUR BUTT STAY SMOKELESS FOR LIFE, A SMOKING CESSATION PROGRAM -HEALTHY HEART PROGRAM, A CARDIOVASCULAR DISEASE REDUCTION PROGRAM -SENTARA LIVING, A COMPREHENSIVE WELLNESS PROGRAM FOR SENIORS -SENTARA'S MOBILE MAMMOGRAPHY UNIT VISITS NUMEROUS WORK SITES EVERY YEAR TO ENCOURAGE WELLNESS -CAMP LIGHTHOUSE, A GRIEF CAMP FOR KIDS AGES 5-16 WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE -DON'T SIT ON COLON CANCER HEALTHY EATING AND SCREENING CAMPAIGN AND 5K -PROSTATE CANCER EDUCATION 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 MOTHERS-TO-BE -COURAGE FUN, 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 RESPONSE, SENTARA HAS IMPLEMENTED OUR TOBACCO-FREE ENVIRONMENT (TFE) CAMPAIGN NO ONE IS ALLOWED TO SMOKE, CHEW OR DIP ANYWHERE ON CAMPUS, NOT EVEN IN CARS THE GOAL IS NOT JUST TO AVOID THE AESTHETIC AND HEALTH ISSUES OF SECOND-HAND SMOKE, BUT TO PUT SENTARA'S MISSION INTO PRACTICE BY HELPING STAFF, PATIENTS, AND VISITORS QUIT THIS HABIT AS OF 2011, ALL OF OUR FACILITIES ADOPTED THE TOBACCO FREE ENVIRONMENT INITIATIVES WE HAVE EARNED THE AMERICAN CANCER SOCIETY "EXCELLENCE IN THE WORKPLACE TOBACCO CONTROL" AWARD FOR OUR EFFORTS VII OPTIMA HEALTH PLAN A IMPROVING HEALTH OPERATING WITH THE SAME MISSION IN MIND -- TO IMPROVE HEALTH EVERY DAY --IS OUR HEALTH PLAN, OPTIMA HEALTH WITH MORE THAN 25 YEARS OF HEALTH INSURANCE EXPERIENCE, OPTIMA HEALTH PROVIDES HEALTH PLAN COVERAGE TO MORE THAN 440,000 MEMBERS THROUGHOUT THE STATE OUR QUALITY PROVIDER NETWORK FEATURES MORE THAN 15,000 PROVIDERS INCLUDING SPECIALISTS, PRIMARY CARE PHYSICIANS, AND HOSPITALS BY SUPPORTING THE COMMUNITY OPTIMA HEALTH PROVIDES MORE THAN INSURANCE FOR OUR COMMUNITIES, WE REACH OUT THROUGH HEALTH SCREENINGS, EVENTS, EDUCATION MATERIALS, AND IMMUNIZATIONS OUR HIGHLIGHTS IN 2013 INCLUDED -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 EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS -EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTHY HEART, MEDITATION, TAI CHI AND YOGA, OUR CARDIOVASCULAR DISEASE RISK REDUCTION PROGRAMS, COLLECTIVELY INCREASED IN DISTRIBUTION BY 9 PERCENT OVER 2012 -FLU PATROL ADMINISTERED A TOTAL OF 10,583 IMMUNIZATIONS 8,573 WERE GIVEN TO OPTIMA HEALTH INSURED EMPLOYERS IN VIRGINIA THIS NUMBER 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 CARD REMINDERS FOR CHILDREN DELIVERED ANNUAL PHYSICAL EXAM MESSAGES TO 149,026 HEALTH PLAN MEMBERS SELF-CARE MANUALS WERE DISTRIBUTED TO HEALTH PLAN MEMBERS AND COMMUNITY ORGANIZATIONS 1,775 WENT OUT IN 2013 -OUR TOBACCO CESSATION PROGRAM HAD 11,404 INTERVENTIONS IN 2013 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 FACILITATED 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 -DURING THE MONTH OF NOVEMBER, 17,029 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE HEALTHY EDGE/MISSION HEALTH PROGRAM OF THOSE, 9,690 EMPLOYEES ATTENDED 132 ON-SITE HEALTH SCREENINGS WITHIN SIX MONTHS IN 20</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>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 PROSTATE 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 IDENTIFIED WITH TWO OR MORE HEALTH RISKS OVERALL, 80 PERCENT OF ELIGIBLE EMPLOYEES PARTICIPATED -HAMPTON ROADS SANITATION DISTRICT AWARDED A THREE-YEAR HEALTH IMPROVEMENT SERVICES CONTRACT TO OPTIMA HEALTH & PREVENTIVE SERVICES THIS UNIQUE CONTRACT IS BETWEEN OPTIMA HEALTH AND A GROUP THAT IS INSURED WITH ANOTHER CARRIER FOR OUR OUTSTANDING WELLNESS SERVICES OUR HEALTH PROGRAMMING IMPACTED 812 EMPLOYEES IN 2013 - POCKET EKG SCREENED 341 PARTICIPANTS IN 2013 WE IDENTIFIED 320 (94 PERCENT) OF THOSE PARTICIPANTS WITH CARDIOVASCULAR HEALTH RISKS -WE SUPPORTED COMMUNITY PARTNERS INCLUDING VIRGINIA DEPARTMENT OF HEALTH, VIRGINIA DIABETES COUNCIL, PENINSULA AGENCY ON AGING, COMMUNITY HEALTH CENTERS, AND VARIOUS CHURCHES WITH CARDIOVASCULAR HEALTH RISK REDUCTION RESOURCES, CANCER RISK REDUCTION PROGRAMS AND CLINICAL EXPERTISE FOR PROGRAM DEVELOPMENT C ACCREDITATION AND AWARDS THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HAS RECOGNIZED OUR QUEST FOR EXCELLENCE BY AWARDING OUR COMMERCIAL HMO AND MEDICAID HMO PRODUCTS WITH AN "EXCELLENT" ACCREDITATION STATUS WE HAVE MAINTAINED THIS RATING SINCE 1998, A CLAIM NO OTHER HEALTH PLAN IN THE REGION CAN MAKE OPTIMA HEALTH RECEIVED AN A+ RATING FROM THE STREET COM (WEISS RATINGS, INC) FOR FINANCIAL SOUNDNESS, RECOGNIZING OUR ABILITY TO WITHSTAND SEVERE ECONOMIC ADVERSITY AND SHOWING EXCEPTIONAL FINANCIAL STRENGTH THE STREET COM IS THE NATION'S LEADING INDEPENDENT PROVIDER OF RATINGS AND ANALYSES OF FINANCIAL SERVICE COMPANIES, MUTUAL FUNDS, AND STOCKS THE RATING RECOGNIZES OPTIMA HEALTH AS AN OUTSTANDING INSURER OFFERING EXCELLENT FINANCIAL STABILITY FOR ITS CUSTOMERS FEWER THAN FIVE PERCENT OF THE NATION'S HMOs AND HEALTH INSURERS MEET THE STREET 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 HEALTH EVERY DAY, WHETHER IT IS BY USING THE MOST ADVANCED MEDICAL EQUIPMENT POSSIBLE, CARING FOR A NEW PATIENT WHO MIGHT NOT OTHERWISE BE HELPED, OR RESEARCHING NEW WAYS TO PREVENT OR CURE CHALLENGING HEALTH CONDITIONS WHILE OUR OFFICIAL PATIENT COUNT COULD BE FIGURED HOSPITAL BY HOSPITAL AND PHYSICIAN'S OFFICE BY PHYSICIAN'S OFFICE, WE BELIEVE WE MAY HELP OVER THREE MILLION PEOPLE WHETHER ENROLLED "PATIENTS" OR COMMUNITY MEMBERS - ACROSS VIRGINIA AND NORTH CAROLINA, THANKS TO ALL OF OUR VITAL HEALTH SERVICES AND PROGRAMS OFFERED EACH YEAR</p>

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC DAVID BERND AND HOWARD KERN HAVE A BUSINESS RELATIONSHIP 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	EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS THE ORGANIZATION HAD ONE CLASS OF MEMBER, THE SOLE MEMBER BEING SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS AS SOLE MEMBER, SENTARA HEALTHCARE IS ENTITLED TO ONE VOTE ON ALL MATTERS AND HAS THE RIGHT TO ELECT AND REMOVE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY , APPROVE ANY ALTERATION, 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	FORM 990 REVIEW PROCESS THE ORGANIZATION WAS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AND AS SUCH, USED THE SYSTEM'S IN-HOUSE TAX DEPARTMENT, HEADED BY A LICENSED CERTIFIED PUBLIC ACCOUNTANT, TO BOTH PREPARE AND REVIEW ITS FORM 990 DURING THE PREPARATION AND REVIEW PROCESS, THE TAX DEPARTMENT WORKED CLOSELY WITH OTHER SYSTEM DEPARTMENTS, SUCH AS LEGAL, COMPENSATION AND BENEFITS, COMPLIANCE, FINANCE, AND MARKETING, TO ENSURE THAT A COMPLETE AND ACCURATE RETURN WAS FILED

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES 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 EXECUTIVES 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 SD'S NATIONAL TOP INTEGRATED HEALTH NETWORKS OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A)ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CHAIRMAN AND PRESIDENT/TREASURER, WHO ALSO SERVE AS CEO AND SENIOR VICE PRESIDENT AND CFO OF THE SYSTEM, RESPECTIVELY THE PROCESS WAS LAST UNDERTAKEN DURING 2013 FOR THE POSITIONS LISTED</p>

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

Return Reference	Explanation
FORM 990, PT VI, LINES 1A AND B	GOVERNING BODY 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECLASS OF INTERCOMPANY BALANCES TO EQUITY 25,116,201 PARTNERSHIP INCOME TAX < BOOK 350,643 NET ASSET TRANSFERS FROM AFFILIATES -35,391 TRANSFER OF PROPERTY TO SUBSIDIARY -29,100,000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
SENTARA ENTERPRISES

Employer identification number

54-1917649

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

(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) MEDICAL TRANSPORT LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-4510710	MEDICAL TRANSPORT	VA	35,044,508	7,492,922	SENTARA ENTERPRISES
(2) SE FTN INVESTOR LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HOLDING COMPANY	VA			SENTARA ENTERPRISES
(3) NORTHERN VA HOME CARE LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 45-3940053	HOME HEALTH CARE	VA	-76,637	79,790	SENTARA ENTERPRISES

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

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

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
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 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: 54-1917649
Name: SENTARA ENTERPRISES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CLARKSVILLE SENIOR CARE LLC 2203 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 HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(8) SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	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 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				Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBRIDGE, VA 22191 54-1441420	PHARMACY	VA	N/A	C				Yes	
ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	N/A	C				Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	B	1,079,792	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	1,079,524	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	137,285	CORP BOOKS/REC
SENTARA MEDICAL GROUP	M	122,540	CORP BOOKS/REC
SENTARA HOSPITALS	B	2,283,682	CORP BOOKS/REC
SENTARA HOSPITALS	C	6,304,721	CORP BOOKS/REC
SENTARA HOSPITALS	L	3,219,698	CORP BOOKS/REC
SENTARA HOSPITALS	M	4,649,509	CORP BOOKS/REC
SENTARA HOSPITALS	N	2,426,070	CORP BOOKS/REC
MPB INC	R	29,100,000	CORP BOOKS/REC
SENTARA LIFE CARE CORP	B	234,379	CORP BOOKS/REC
SENTARA LIFE CARE CORP	C	451,727	CORP BOOKS/REC
SENTARA LIFE CARE CORP	K	69,000	CORP BOOKS/REC
SENTARA LIFE CARE CORP	L	347,003	CORP BOOKS/REC
SENTARA LIFE CARE CORP	M	482,900	CORP BOOKS/REC
OPTIMA HEALTH PLAN	L	11,930,543	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	L	276,139	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	Q	275,373	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	A	378,455	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	D	6,594,424	CORP BOOKS/REC
NORTHERN VIRGINIA HOME CARE LLC	B	102,000	CORP BOOKS/REC
NORTHERN VIRGINIA HOME CARE LLC	L	105,439	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	A	113,771	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	P	1,316,039	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	L	292,379	CORP BOOKS/REC