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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
SENTARA HEALTHCARE

Doing business as

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

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

D Employer identification number
52-1271901

E Telephone number
(757) 455-7020

G Gross receipts $ 1,081,733,785

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SENTARA COM

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

L Year of formation 1982 | **M** State of legal domicile VA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	562
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,245,775
b	Net unrelated business taxable income from Form 990-T, line 34	7b	710,377

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	29,774,513	29,714,011
9	Program service revenue (Part VIII, line 2g)	69,060,766	76,865,718
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123,499,503	152,162,694
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,312,233	21,720,060
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,647,015	280,462,483
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,363,623	2,073,939
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)	68,728,064	73,808,562
16a	Professional fundraising fees (Part IX, column (A), line 11e)	42,491	45,962
b	Total fundraising expenses (Part IX, column (D), line 25) ▶573,968		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	52,899,274	49,902,651
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	124,033,452	125,831,114
19	Revenue less expenses Subtract line 18 from line 12	117,613,563	154,631,369

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,142,479,782	3,234,702,724
21	Total liabilities (Part X, line 26)	1,683,742,530	1,837,521,879
22	Net assets or fund balances Subtract line 21 from line 20	1,458,737,252	1,397,180,845

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: 2017-09-18

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 103,508,056 including grants of $ 2,073,939) (Revenue $ 84,391,418)

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 ▶** 103,508,056

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	187		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	562		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**	No
6	Did the organization have members or stockholders?			**6**	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CORPORATE OFFICERS

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								16,473,747	3,441,267	7,184,942

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶134

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PMA COMPANIES P O BOX 824857 PHILADELPHIA, PA 19182	COMMERCIAL INSURANCE UNDERWRITER	2,054,038
KPMG LLP 999 WATERSIDE DRIVE NORFOLK, VA 23510	PROFESSIONAL SERVICES	1,786,815
PRICEWATERHOUSE COOPERS LLP P O BOX 905695 CHARLOTTE, NC 28290	PROFESSIONAL SERVICES	1,044,266
EPAM SYSTEMS INC P O BOX 822469 PHILADELPHIA, PA 19182	SOFTWARE ENGINEERING	791,451
TOWERS WATSON INC P O BOX 277665 ATLANTA, GA 303847665	PROFESSIONAL SERVICES	710,225

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶59

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d	28,665,614			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,048,397			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	29,714,011			
Program Service Revenue		Business Code				
	2a	SUPPORT SERVICES	900099	75,515,337	73,701,199	1,814,138
	b	SQCN	900099	1,134,414	912,402	222,012
	c	WORKING DESIGN	900099	215,967	211,119	4,848
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		76,865,718		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		53,535,206		53,535,206
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	899,898,790			
	b	Less cost or other basis and sales expenses	801,271,302			
	c	Gain or (loss)	98,627,488			
	d	Net gain or (loss) . . . . . ▶		98,627,488		98,627,488
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	DEEMED DISTR FROM CFC	524298	9,560,881		9,560,881
	b	INTERCO INTEREST CHARGES	900099	7,402,989	7,402,989	
	c	SUBPART F INCOME	524298	2,278,047	890,343	1,387,704
	d	All other revenue		2,478,143	2,163,709	314,434
	e	**Total.** Add lines 11a–11d . . . . . ▶		21,720,060		
	12	**Total revenue.** See Instructions . . . . . ▶		280,462,483	84,391,418	3,245,775	163,111,279

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 domestic organizations and domestic governments See Part IV, line 21	1,625,163	1,625,163		
2 Grants and other assistance to domestic individuals See Part IV, line 22	448,776	448,776		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,864,173	14,291,338	3,572,835	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	167,598	134,078	33,520	
7 Other salaries and wages	41,378,613	32,871,434	8,217,859	289,320
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,401,917	5,094,338	1,273,585	33,994
9 Other employee benefits	4,884,710	3,887,017	971,754	25,939
10 Payroll taxes	3,111,551	2,471,275	617,819	22,457
11 Fees for services (non-employees)				
a Management	4,014,291	3,211,433	802,858	
b Legal	1,240,895	992,716	248,179	
c Accounting	943,340	754,672	188,668	
d Lobbying	49,520	39,616	9,904	
e Professional fundraising services See Part IV, line 17	45,962			45,962
f Investment management fees	9,266,193	7,412,954	1,853,239	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,383,437	6,462,330	906,682	14,425
12 Advertising and promotion	6,366,735	5,086,264	1,271,566	8,905
13 Office expenses	1,317,685	1,013,166	253,291	51,228
14 Information technology	2,313,714	1,850,971	462,743	
15 Royalties				
16 Occupancy	1,152,977	922,382	230,595	
17 Travel	724,825	579,860	144,965	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	140,936	112,749	28,187	
20 Interest	11,009,940	11,005,996	3,944	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	507,848	406,278	101,570	
23 Insurance	2,434,111	1,947,289	486,822	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNRELATED BUSINESS TAX	183,709	183,709		
b PURCHASED & CONTRACTED	2,923,813	2,276,654	569,163	77,996
c RECRUITING EXPENSES	1,554,562	1,243,650	310,912	
d ORGANIZATIONAL DUES	1,445,604	1,156,483	289,121	
e All other expenses	-5,071,484	-3,974,535	-1,100,691	3,742
25 **Total functional expenses.** Add lines 1 through 24e	125,831,114	103,508,056	21,749,090	573,968
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		551,451,730	2	470,480,613
	3	Pledges and grants receivable, net			3	678,294
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		151,039,357	7	146,659,181
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,032,660	9	4,208,298
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,087,855			
	b	Less accumulated depreciation	10b 16,061,274	4,795,708	10c	5,026,581
	11	Investments—publicly traded securities		1,537,314,197	11	2,015,116,613
	12	Investments—other securities See Part IV, line 11		304,083,251	12	444,047,828
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		589,762,879	15	148,485,316
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,142,479,782	16	3,234,702,724
Liabilities	17	Accounts payable and accrued expenses		178,686,529	17	147,954,335
	18	Grants payable		288,500	18	787,988
	19	Deferred revenue			19	22,375
	20	Tax-exempt bond liabilities		1,315,733,034	20	1,295,306,260
	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		189,034,467	25	393,450,921
	26	**Total liabilities.** Add lines 17 through 25		1,683,742,530	26	1,837,521,879
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,456,511,939	27	1,394,370,485
	28	Temporarily restricted net assets		2,225,313	28	2,810,360
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,458,737,252	33	1,397,180,845
	34	Total liabilities and net assets/fund balances		3,142,479,782	34	3,234,702,724

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	280,462,483
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,831,114
3	Revenue less expenses Subtract line 2 from line 1	3	154,631,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,458,737,252
5	Net unrealized gains (losses) on investments	5	-73,340,725
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	-142,847,051
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,397,180,845

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM L ACHENBACH	1 00	X						0	0	0
DIRECTOR	3 00									
(1) JOHN AGOLA	1 00	X						0	0	0
DIRECTOR (EFFECTIVE 9/2014)	1 00									
(2) DAVID L BERND	40 00	X		X				4,230,690	0	87,267
CEO/DIRECTOR	14 20									
(3) JOAN P BROCK	1 00	X						0	0	0
DIRECTOR	1 00									
(4) DIAN T CALDERONE	1 00	X						0	0	0
DIRECTOR (EFFECTIVE 3/2014)	2 00									
(5) FREDERICK C COBLE	1 00	X						0	0	0
DIRECTOR	1 00									
(6) LAWRENCE G CUMMING	1 00	X						0	0	0
DIRECTOR	1 00									
(7) JACK L EZZELL JR	1 00	X						0	0	0
DIRECTOR	1 00									
(8) ROBERT C FORT	2 00	X		X				0	0	0
DIRECTOR/CHAIRMAN	1 00									
(9) L ALVIN GARRISON JR	1 00	X						0	0	0
DIRECTOR	1 00									
(10) RICHARD O HARRELL III	1 00	X						0	0	0
DIRECTOR	2 00									
(11) HENRY U HARRIS III	2 00	X		X				0	0	0
DIRECTOR/VICE CHAIRMAN	1 00									
(12) ANN E C HOMAN	1 00	X						0	0	0
DIRECTOR	3 20									
(13) CHARLES F LOVELL JR MD	1 00	X						0	7,550	0
DIRECTOR	2 00									
(14) PETER D PRUDEN III	1 00	X						0	0	0
DIRECTOR	1 00									
(15) MARC B SHARP	1 00	X						0	0	0
DIRECTOR	1 00									
(16) MARION WALL	1 00	X						0	0	0
DIRECTOR	1 00									
(17) THOMAS L WOODWARD	1 00	X						0	0	0
DIRECTOR	1 00									
(18) ROBERT A BROERMANN	40 00			X				1,506,536	0	238,926
SVP/CFO/TREASURER	12 80									
(19) HOWARD P KERN	40 00			X				1,973,999	0	3,513,837
COO/PRESIDENT	12 20									
(20) JEFFREY P KING	40 00			X				669,601	0	105,930
VP/SECRETARY/GEN COUNSEL	7 00									
(21) MICHAEL M DUDLEY	10 00				X			940,174	0	786,430
KE (SHC SVP & PRESIDENT, SHP)	41 00									
(22) VICKY G GRAY	40 00				X			772,636	0	114,901
KE (SVP, SYSTEM DEVELOPMENT)	1 00									
(23) TERRY M GILLILAND MD	40 00				X			1,117,730	0	144,274
KE (SVP & CMO)	6 20									
(24) KENNETH M KRAKAUR	40 00				X			788,841	0	117,707
KE (SVP & PRESIDENT PENINSULA REGION)	5 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MICHAEL V TAYLOR	40 00				X			914,408	0	159,090
KE (SVP HUMAN RESOURCES)	0 00									
(1) MEGAN R PERRY	40 00					X		737,001	0	386,442
CVP, MERGERS & ACQUISITIONS	1 00									
(2) GRACE R HINES	40 00					X		566,306	0	170,903
CVP, SYSTEM INTERGRATION	0 00									
(3) GARY R YATES MD	40 00					X		547,050	0	228,859
PRESIDENT, SHC QUALITY CARE NETWORK	0 00									
(4) DOUGLAS M THOMPSON	40 00					X		540,586	0	111,540
VP, DECISION SUPPORT	0 00									
(5) VIKKI CHARLES	40 00					X		401,416	0	178,716
VP, CORP FINANCE	0 00									
(6) MARY L BLUNT	0 00						X	0	949,902	233,330
FORMER OFFICER	41 00									
(7) MICHAEL V GENTRY	0 00						X	0	945,093	137,601
FORMER OFFICER	43 80									
(8) ROBERT L GRAVES	0 00						X	0	254,667	31,550
FORMER OFFICER	40 00									
(9) DAVID R MAIZEL MD	0 00						X	766,773	0	56,201
FORMER OFFICER	0 00									
(10) GENEMARIE W MCGEE	0 00						X	0	390,679	216,102
FORMER OFFICER	40 00									
(11) BERTRAM S REESE	0 00						X	0	893,376	165,336
FORMER OFFICER	40 00									

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,489,023	66,189,186	21,133,614	29,774,513	29,714,011	160,300,347
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	13,489,023	66,189,186	21,133,614	29,774,513	29,714,011	160,300,347
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						160,300,347

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	13,489,023	66,189,186	21,133,614	29,774,513	29,714,011	160,300,347
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,386,851	40,093,753	42,959,801	40,863,885	57,200,957	217,505,247
9 Net income from unrelated business activities, whether or not the business is regularly carried on	29,377	866,623	1,182,283	619,603	697,409	3,395,295
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						381,200,889

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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**	42 050 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	**15**	46 210 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2014**	**(iii) Distributable Amount for 2014**
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,827
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		239,796
j	Total Add lines 1c through 1i			250,623
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

Part IV **Supplemental Information *(continued)***

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	77,170,379	71,429,647	61,588,154	73,911,554	77,901,428
b	Contributions	1,048,397	783,033	612,380	492,273	324,828
c	Net investment earnings, gains, and losses	2,784,835	5,356,116	9,724,182	-12,427,191	-3,720,513
d	Grants or scholarships	450,000	190,000	210,000	187,348	157,906
e	Other expenditures for facilities and programs	84,084	208,417	285,069	201,134	436,283
f	Administrative expenses					
g	End of year balance	80,469,527	77,170,379	71,429,647	61,588,154	73,911,554

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

- a Board designated or quasi-endowment ▶ 96 510 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 3 490 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,493,820		2,493,820
b Buildings		4,451,674	3,676,462	775,212
c Leasehold improvements		228,337	228,337	0
d Equipment		12,933,310	11,768,431	1,164,879
e Other		980,714	388,044	592,670
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				5,026,581

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	444,047,828	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	365,553
DUE TO AFFILIATES	7,691,116
OTHER LT LIABILITIES	351,361,087
OTHER CURRENT LIABILITIES	34,033,165
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	393,450,921

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

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

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

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

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

Part XIII **Supplemental Information**

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

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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other		
(A) JPMORGAN MULTI STRATEGY FUND	26,403,031	F
(B) OAKTREE MEZZANINE FUND II	1,081,447	F
(C) UBS TRUMBULL PROPERTY INCOME FUND	100,433,975	F
(D) UBS TRUMBULL PROPERTY FUND	38,599,543	F
(E) OAKTREE REAL ESTATE OPPORTUNITIES FUND IV	8,659,413	F
(F) OAKTREE REAL ESTATE OPPORTUNITIES FUND V	7,077,409	F
(G) HEALTH ENTERPRISES PARTNERS I, LP	1,458,151	F
(H) SANTE HEALTH VENTURES I, LP	3,598,203	F
(I) SANTE HEALTH VENTURES II, LP	1,116,905	F
(J) POINTER OFFSHORE LTD - HEDGE FUND	25,396,462	F
(K) WELLINGTON DIVERSIFIED INFLATION HEDGES	76,094,611	F
(L) HEALTH ENTERPRISES PARTNERS II, LP	684,517	F
(M) OAKTREE PRIVATE INVESTMENT FUND 2012	19,426,365	F
(N) PIMCO BRAVO II FUND	9,369,089	F
(O) TTCP FUND I LP	1,771,505	F
(P) PELOTON EQUITY FUND I LP	1,054,673	F
(Q) OAKTREE PRINCIPAL OPPORTUNITIES FD IV, L P	3,449,428	F
(R) PINEBRIDGE GLOBAL DYNAMIC ASSET ALLOCATION FUND LLC	118,000,000	F
(S) OAKTREE PRINCIPAL OPPORTUNITIES V, L P	373,101	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	UNRELATED TRADE OR BUSINESS		
(2) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		70,985,743
(3)					
(4)					
(5)					
3a Sub-total	0	0			70,985,743
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			70,985,743

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

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

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

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

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

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☐ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☐ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	CORPORATE DEVELOPMINT 4000 FABER PLACE DR CHARLESTON, SC 294058585	CONSULTING		No	1,128,565	45,962	1,082,603
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					1,128,565	45,962	1,082,603

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

VA

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

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 38

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** 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
See Additional Data Table					

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

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U S THE SENTARA FOUNDATION - HAMPTON ROADS, A DIVISION OF THE ORGANIZATION, IS RESPONSIBLE FOR AWARDING AND MONITORING THE USE OF GRANT AND SPONSORSHIP FUNDS DONATED TO OTHER ORGANIZATIONS IN THE COMMUNITY WHO SHARE THE SAME MISSION AS THE ORGANIZATION IMPROVING HEALTH EVERYDAY THROUGH THE PROVISION OF HEALTH SERVICES, AND THE PROMOTION OF HEALTH, MEDICAL EDUCATION, AND THE SOCIAL, CULTURAL, EDUCATIONAL, AND ECONOMIC DEVELOPMENT OF THE COMMUNITY COMMUNITY RECOGNITION GRANTS ARE AWARDED ANNUALLY BY THE FOUNDATION'S GRANT COMMITTEE TO OTHER 501(C)(3) ORGANIZATIONS WITHIN THE COMMUNITY AFTER A RIGOROUS APPLICATION AND REVIEW PROCESS ONCE AWARDED, THE GRANTS ARE DISTRIBUTED THE FOLLOWING YEAR IN TWO PAYMENTS - AT THE BEGINNING OF THE YEAR, THEN AFTER AN INTERIM REPORT HAS BEEN FILED WITH THE FOUNDATION THE INTERIM REPORT MUST INCLUDE THE GRANT OBJECTIVES, ANY CHANGES IN STATUS OF THE ORGANIZATION'S 501(C)(3) STATUS, DETAILS OF THE GRANT OUTCOMES TO DATE AND COMPLIANCE WITH SUBMITTED FINANCIAL BUDGET GRANTEES ARE REQUIRED TO SUBMIT WITH THE REPORT A DETAILED LISTING OF MEASUREMENTS INCLUDING THE NUMBER OF PEOPLE SERVED AND INCOME LEVELS FURTHER, A PLAN OF PROGRAM SUSTAINABILITY MUST BE COMPLETED TO PROMOTE THE INITIATIVE'S GOALS FOR THE FUTURE COMMUNITY BENEFIT SPONSORSHIPS ARE AWARDED QUARTERLY BASED ON THE RECOMMENDATION OF THE FOUNDATION'S SPONSORSHIP REVIEW COMMITTEE APPLICANTS MUST SUBMIT A PROPOSAL IN WRITING DEMONSTRATING HOW FUNDS WILL BE USED TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY SPONSORSHIPS ARE GENERALLY AWARDED TO OTHER 501(C)(3) ORGANIZATIONS WITH ACTIVE COMMUNITY BOARDS WHO OVERSEE THE EXPENDITURE OF SUCH FUNDS THE SENTARA FOUNDATION - HAMPTON ROADS ALSO ADMINISTERS THE H O P E (HELPING OVERCOME PERSONAL EMERGENCY) FUND, A PROGRAM FOR EMPLOYEES OF THE SENTARA HEALTHCARE SYSTEM WHO ARE IN NEED OF EMERGENCY ASSISTANCE THIS PROGRAM IS FUNDED BY DONATIONS FROM EMPLOYEES AND MANAGED BY THE PLANNING COUNCIL, A HUMAN SERVICES AGENCY USED TO PROCESS ALL H O P E FUND APPLICATIONS TO MAINTAIN CONFIDENTIALITY EMPLOYEES WHO EXPERIENCE CATASTROPHIC EVENTS THROUGH NO FAULT OF THEIR OWN SUCH AS FIRE, DEATH IN THE FAMILY, FLOODING, HURRICANE, TORNADO, CURRENT PERSONAL ILLNESS OR SERIOUS PERSONAL FAMILY ILLNESS THAT RESULT IN HARDSHIP MAY APPLY FOR ASSISTANCE APPLICANTS MUST COMPLETE A 3-PAGE APPLICATION FORM APPLICANTS SUBMIT THESE FORMS ALONG WITH THEIR LATEST PAY STUBS, COPIES OF THE BILLS BEING SUBMITTED FOR PAYMENT, AND OFFICIAL DOCUMENTATION OF THE CATASTROPHIC EVENT THE PLANNING COUNCIL THEN INTERVIEWS THE APPLICANT AND DETERMINES IF THE GUIDELINES ARE MET FOR ASSISTANCE IN THE EVENT OF A NATURAL DISASTER, APPLICANTS MUST FIRST APPLY TO OTHER EMERGENCY ASSISTANCE PROGRAMS, SUCH AS THE AMERICAN RED CROSS, SALVATION ARMY, OR F E M A , BEFORE BECOMING ELIGIBLE FOR ASSISTANCE FROM THE H O P E FUND A REVIEW COMMITTEE EVALUATES EACH APPLICATION AND DETERMINES ASSISTANCE LEVELS BASED ON DOCUMENTED,APPROPRIATE NEED FUNDS MAY ONLY BE USED TO PAY EXISTING BILLS OR EXTRAORDINARY EXPENSES RELATED TO A CATASTROPHIC EVENT BILLS THAT ARE NOT NECESSARY FOR THE PRESERVATION OF DAILY LIVING, INCLUDING NON-ESSENTIAL UTILITIES (I E , WIRELESS PHONES, CABLE TV, ETC), ARE NOT COVERED PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS RATHER THAN TO INDIVIDUAL RECIPIENTS FUNDS ARE ONLY DISTRIBUTED PROVIDED ADEQUATE EMPLOYEE DONATIONS HAVE BEEN MADE BY EMPLOYEES FOR EMPLOYEES ASSISTANCE IS PROVIDED AS THE AVAILABILITY OF FUNDS PERMIT, DECISIONS ARE MADE IN THE ORDER IN WHICH COMPLETED APPLICATIONS REQUESTS ARE RECEIVED ASSISTANCE FOR AN INDIVIDUAL EMPLOYEE IS LIMITED TO ONCE PER 12-MONTH PERIOD AND TYPICALLY DOES NOT EXCEED $2,000 DURING 2014, 151 INDIVIDUAL EMPLOYEES WERE ASSISTED BY THE HOPE FUND

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS PARTNERSHIPP O BOX 41093 NORFOLK,VA 23541	20-1830252	501(C)(3)	45,000				HEALTHCARE ACCESS TO UNDERINSURED
ACCESS COLLEGE FOUNDATION7300 NEWPORT AVE STE 500 NORFOLK,VA 23505	54-1440734	501(C)(3)	10,000				SPONSORSHIP
AMERICAN PARKINSON'S DISEASE ASSOCIATION OF HAMPTON ROADS4560 PRINCESS ANNE ROAD VIRGINIA BEACH,VA 23456	13-1962771	501(C)(3)	8,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEACH HEALTH CLINIC 3396 HOLLAND RD STE 102 VIRGINIA BEACH,VA 23452	54-1366960	501(C)(3)	25,000				DIAGNOSTIC AND PHARMACY SERVICES FOR INDIGENT
BOYS AND GIRLS CLUBS 11825 ROCK LANDING DRIVE CHESAPEAKE BUILDING STE B NEWPORT NEWS,VA 23606	54-0538202	501(C)(3)	15,000				INSPIRE AND ENABLE YOUNG PEOPLE
CATHOLIC CHARITIES OF EASTERN VA5361 A VIRGINIA BEACH BLVD VIRGINIA BEACH,VA 23462	54-0505879	501(C)(3)	15,000				MENTAL HEALTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHESAPEAKE BAY FOUNDATION INC6 HERNDON AVENUE ANNAPOLIS,MD 21403	52-6065757	501(C)(3)	100,000				RESTORING CHESAPEAKE BAY TO PRESERVE DIVERSE WILDLIFE AND ENSURE CLEAN WATER
CHESAPEAKE CARE INC 2145 S MILITARY HWY CHESAPEAKE,VA 23320	54-1642754	501(C)(3)	25,000				HEALTHCARE FOR UNINSURED
CHILDREN'S HEALTH INVESTMENT PROGRAM 1302 JEFFERSON ST CHESAPEAKE,VA 23324	54-1893166	501(C)(3)	12,000				ORAL HEALTH PROGRAM FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COALITION TO PROTECT AMERICA'S HEALTHCARE 800 10TH ST NW TWO CITYCENTER WASHINGTON, DC 20001	52-2253225	501(C)(4)	100,000				PROVIDE EDUCATION AND INFORMATION TO MEMBERS OF THE PUBLIC AND POLICY MAKERS ON HEALTHCARE ISSUES
COMMUNITY FREE CLINIC OF NEWPORT NEWS727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)	25,000				NEW CLINIC CONTRIBUTION
FORKIDS INCP O BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	25,000				HEALTHCARE FOR HOMELESS SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GHENT AREA MINISTRY 1301 COLONIAL AVENUE STE 2 NORFOLK,VA 23517	26-0082182	501(C)(3)	9,800				RESOURCES AND FINANCIAL AID FOR THE POOR
GLOUCESTER-MATHEWS FREE CLINIC2276 GEORGE WASHINGTON MEM HWY HAYES,VA 23072	54-1875619	501(C)(3)	25,000				HEALTHCARE FOR INDIGENTS
HAMPTON ROADS COMMUNITY HEALTH CENTER664 LINCOLN STREET PORTSMOUTH,VA 23704	54-1626757	501(C)(3)	68,000				HEALTHCARE PROVIDER FOR LOW INCOME AND UNINSURED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMPTON ECUMENICAL LODGINGS AND PROVISIONS INCP O BOX 190 HAMPTON,VA 23669	54-1209213	501(C)(3)	17,000				DENTAL CARE FOR INDIGENTS
LACKEY FREE CLINIC1620 OLD WILLIAMSBURG RD YORKTOWN,VA 23690	54-1850915	501(C)(3)	25,000				HEALTHCARE FOR INDIGENTS
NEPTUNE FESTIVAL265 KINGS GRANT ROAD STE 102 VIRGINIA BEACH,VA 23452	52-1372330	501(C)(3)	25,000				COMMUNITY ENJOYMENT AND ENRICHMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHAMPTON COUNTY DEPARTMENT OF EMERGENCY SERVICES 13294 LANKFORD HWY EASTVILLE,VA 23347	54-6001468	COUNTY GOVERNMENT	8,500				PROVIDE MEDICAL EQUIPMENT TO AMBULANCES
OLDE TOWN MEDICAL CTR 5249 OLDE TOWNE RD STE D WILLIAMSBURG,VA 23188	54-1663905	501(C)(3)	25,000				PEDIATRIC DENTAL SERVICES
PARK PLACE HEALTH AND DENTAL CLINIC606 W 29TH ST NORFOLK,VA 23508	45-3086608	501(C)(3)	25,000				DENTAL HEALTH NEEDS OF LOW INCOME AND UNINSURED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PIN MINISTRY557 S BIRDNECK ROAD SUITE 109 VIRGINIA BEACH,VA 23451	41-2126841	501(C)(3)	10,000				RESOURCES FOR THE POOR
RX PARTNERSHIP2924 EMERYWOOD PKWY STE 300 RICHMOND,VA 23294	57-1186937	501(C)(3)	15,150				ACCESS TO FREE MEDICATION
SAMARITAN HOUSE INC 2620 SOUTHERN BLVD VIRGINIA BEACH,VA 23452	54-1291021	501(C)(3)	14,200				SERVING THE HOMELESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SETON YOUTH SHELTERS 3333 VIRGINIA BEACH BLVD STE 28 VIRGINIA BEACH,VA 23452	54-1250483	501(C)(3)	15,000				HIGH-RISK TEEN MENTAL HEALTHCARE
SOUTHEASTERN VIRGINIA HEALTH SYSTEM1033 28TH STREET NEWPORT NEWS,VA 23607	54-1083954	501(C)(3)	37,000				LAB AND MEDICAL SERVICES FOR INDIGENTS
ST COLUMBA ECUMENICAL MINISTRIES2414 LAFAYETTE BLVD NORFOLK,VA 23509	54-1394797	501(C)(3)	12,000				PRESCRIPTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION MISSION MINISTRIESP O BOX 3203 NORFOLK,VA 23514	54-0506427	501(C)(3)	30,000				HEALTHCARE FOR HOMELESS
UNITED WAY GREATER WILLIAMSBURG312 WALLER MILL ROAD SUITE 100 WILLIAMSBURG,VA 23185	54-0844073	501(C)(3)	9,300				SPONSORSHIP
UNITED WAY OF SOUTH HAMPTON ROADS2515 WALMER ROAD PO BOX 41069 NORFOLK,VA 23513	54-0506322	501(C)(3)	15,800				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF THE VA PENINSULA739 THIMBLE SHOALS BLVD SUITE 400 NEWPORT NEWS,VA 23606	54-0535602	501(C)(3)	10,000				SPONSORSHIP
UP CENTER222 W 19TH ST NORFOLK,VA 23517	54-0674774	501(C)(3)	8,000				MENTORING PROGRAM FOR AT RISK YOUTH
VA SUPPORTIVE HOUSING P O BOX 8585 RICHMOND,VA 23226	54-1444564	501(C)(3)	22,000				CASE MANAGEMENT FOR HOMELESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE VIRGINIA SYMPHONY 150 BOUSH STREET SUITE 201 NORFOLK,VA 23510	54-6000598	501(C)(3)	22,500				SUPPORT SYMPHONY IN PERFORMANCES TO BENEFIT THE PUBLIC
VIRGINIA GENTLEMAN FOUNDATION (JT'S CAMP GROM)2420 ATLANTIC AVENUE SUITE 201 VIRGINIA BEACH,VA 23451	26-1698094	501(C)(3)	400,000				CAMP FOR ADULTS AND CHILDREN LIVING WITH DISABILITIES OR SPECIAL NEEDS
VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION INC101 N 14TH STREET 15TH FLOOR RICHMOND,VA 23219	23-7004354	501(C)(3)	50,000				SCHOLARSHIP FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN TIDEWATER FREE CLINIC2019 MEADE PKWY SUFFOLK,VA 23434	26-3302837	501(C)(3)	25,000				PROVIDE DENTAL PROGRAM ACCESS
WHRO5200 HAMPTON BLVD NORFOLK,VA 23508	54-0843118	501(C)(3)	80,000				PUBLIC TELEVISION FUNDING
WILLIAM AND MARY ATHLETIC EDUCATIONAL FOUNDATIONP O BOX 399 WILLIAMSBURG,VA 23187	54-6056480	501(C)(3)	13,000				FUNDING FOR ATHLETIC SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARTHA JEFFERSON HOSPITAL500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE,VA 22911	54-0261840	501(C)(3)	100,000				SUPPORT INSTITUTE OF NURSING

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
MORTGAGE PAYMENTS	14	18,250			
RENT	95	105,548			
UTILITIES	91	54,365			
FOOD	84	13,700			
CLOTHING	1	200			
HOUSEHOLD MAINT/REPAIR	7	4,713			
HOUSEHOLD GOODS	1	2,000			
SCHOLARSHIPS	50	250,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS CHARTER TRAVEL WAS PROVIDED TO CERTAIN BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION IN CONNECTION WITH BUSINESS PURPOSES ONLY AND WAS NOT TREATED AS TAXABLE COMPENSATION FIRST CLASS TRAVEL WAS ALSO PROVIDED TO THE CEO ON CERTAIN LONG-DISTANCE BUSINESS TRIPS DUE TO THE LENGTH OF THE FLIGHT, IN ORDER TO ACCOMMODATE HIS CONDUCTING OF BUSINESS WHILE IN-FLIGHT
PART I, LINE 4B	HOWARD KERN AND MICHAEL DUDLEY PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE DAVID BERND AND HOWARD KERN PARTICIPATED IN THE SENTARA OPTION PLAN FOR EXECUTIVES THIS PLAN IS UNRELATED TO "EQUITY" OF THE EMPLOYER PARTICIPATION IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE VESTING IS DETERMINED BY THE GOVERNING BOARD OF THE ORGANIZATION AND IS SEPARATELY STATED IN EACH PARTICIPANT'S OPTION AGREEMENT THERE WERE NO OPTIONS GRANTED AFTER 2002 DAVID BERND, HOWARD KERN, MICHAEL DUDLEY, MARY BLUNT, ROBERT BROERMANN, MICHAEL GENTRY, ROBERT GRAVES, VICKY GRAY, KENNETH KRAKAUR, BERTRAM REESE, MICHAEL TAYLOR, DOUGLAS THOMPSON, GARY YATES, M D , GRACE HINES, DAVID MAIZEL, M D , MEGAN PERRY, JEFFREY KING, TERRY GILLILAND, M D , AND GENEMARIE MCGEE, PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE) DURING 2014, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN DAVID BERND ($1,328,440) MARY BLUNT ($75,537), ROBERT BROERMANN ($210,317), MICHAEL DUDLEY ($21,873), MICHAEL GENTRY ($88,045), ROBERT GRAVES ($4,557), VICKY GRAY ($58,503), GRACE HINES ($45,254), HOWARD KERN ($146,902), KENNETH KRAKAUR ($25,200), DAVID MAIZEL, M D ($14,991), MEGAN PERRY ($38,153), GENEMARIE MCGEE ($15,308), BERTRAM REESE ($67,089), MICHAEL TAYLOR ($74,078), JEFFREY KING ($17,327), DOUGLAS THOMPSON ($42,429), AND GARY YATES, M D ($16,902) THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II
PART I, LINE 7	NON-FIXED PAYMENTS NOT LISTED DURING 2014, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL TOP HAT- WITHIN THE ANNUAL INCENTIVE PROGRAM, EXECUTIVES AND SENIOR LEADERS MAY RECEIVE ADDITIONAL INCENTIVE PAY TO REWARD EXCEPTIONAL INDIVIDUAL PERFORMANCE

Additional Data

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

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

(A) Name 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID L BERND, CEO/DIRECTOR	(I)	1,401,631	1,431,286	1,397,773	65,011	22,256	4,317,957	777,268
	(II)	0	0	0	0	0	0	0
ROBERT A BROERMANN, SVP/CFO/TREASURER	(I)	732,606	537,843	236,087	221,150	17,776	1,745,462	98,673
	(II)	0	0	0	0	0	0	0
HOWARD P KERN, COO/PRESIDENT	(I)	973,020	814,072	186,907	3,496,873	16,964	5,487,836	0
	(II)	0	0	0	0	0	0	0
JEFFREY P KING, VP/SECRETARY/GEN COUNSEL	(I)	440,214	186,368	43,019	83,230	22,700	775,531	10,062
	(II)	0	0	0	0	0	0	0
MICHAEL M DUDLEY, KE (SHC SVP & PRESIDENT, SHP)	(I)	527,869	356,450	55,855	773,795	12,635	1,726,604	0
	(II)	0	0	0	0	0	0	0
VICKY G GRAY, KE (SVP, SYSTEM DEVELOPMENT)	(I)	411,188	276,721	84,727	100,141	14,760	887,537	0
	(II)	0	0	0	0	0	0	0
TERRY M GILLILAND MD, KE (SVP & CMO)	(I)	716,219	387,919	13,592	129,664	14,610	1,262,004	0
	(II)	0	0	0	0	0	0	0
KENNETH M KRAKAUR, KE (SVP & PRESIDENT PENINSULA REGION	(I)	359,018	369,195	60,628	98,920	18,787	906,548	0
	(II)	0	0	0	0	0	0	0
MICHAEL V TAYLOR, KE (SVP HUMAN RESOURCES)	(I)	468,963	347,132	98,313	142,081	17,009	1,073,498	48,855
	(II)	0	0	0	0	0	0	0
MEGAN R PERRY, CVP, MERGERS & ACQUISITIONS	(I)	462,786	232,336	41,879	372,206	14,236	1,123,443	32,630
	(II)	0	0	0	0	0	0	0
GRACE R HINES, CVP, SYSTEM INTERGRATION	(I)	305,682	179,205	81,419	150,497	20,406	737,209	0
	(II)	0	0	0	0	0	0	0
GARY R YATES MD, PRESIDENT, SHC QUALITY CARE NETWORK	(I)	381,032	127,870	38,148	193,009	35,850	775,909	0
	(II)	0	0	0	0	0	0	0
DOUGLAS M THOMPSON, VP, DECISION SUPPORT	(I)	292,168	162,927	85,491	97,005	14,535	652,126	0
	(II)	0	0	0	0	0	0	0
VIKKI CHARLES, VP, CORP FINANCE	(I)	298,927	90,350	12,139	163,172	15,544	580,132	0
	(II)	0	0	0	0	0	0	0
MARY L BLUNT, FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	524,306	311,468	114,128	218,429	14,901	1,183,232	0
MICHAEL V GENTRY, FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	534,422	307,694	102,977	123,532	14,069	1,082,694	52,785
ROBERT L GRAVES, FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	35,448	211,644	7,575	30,027	1,523	286,217	0
DAVID R MAIZEL MD, FORMER OFFICER	(I)	16,817	255,414	494,542	43,204	12,997	822,974	0
	(II)	0	0	0	0	0	0	0
GENEMARIE W MCGEE, FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	263,217	111,245	16,217	194,332	21,770	606,781	0
BERTRAM S REESE, FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	474,373	314,870	104,133	151,353	13,983	1,058,712	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,045,000	4,175,000	5,172,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	160,515,000	216,009,050	75,000,000	10,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		1,339,016		
8	Credit enhancement from proceeds		4,253,886		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		195,189,648		
11	Other spent proceeds	160,515,000	15,226,499	75,000,000	10,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2013	2010	2011	2007

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME EDA THE CITY OF NORFOLK DATE THE REBATE COMPUTATION WAS PERFORMED 12/16/2007

Return Reference	Explanation
ENTITY 1, ISSUER A	SERIES 2013A & 2013B (MARTHA JEFFERSON HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE CURRENT REFUNDED THE MARTHA JEFFERSON HOSPITAL SERIES 2008A, SERIES 2008B, SERIES 2008C, AND SERIES 2008D PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT WOULD BE NO LATER THAN 6/5/2018

Return Reference	Explanation
ENTITY 1, ISSUER B	SERIES 2006 (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE PLUS INVESTMENT EARNINGS (MAINLY FROM THE CONSTRUCTION FUND AND DEBT SERVICE RESERVE FUND) PART II, 4 - SUBSEQUENT TO ACQUISITION OF HOSPITAL BY SENTARA, DEBT SERVICE RESERVE FUND NO LONGER REQUIRED DUE TO HIGH CREDIT RATINGS HELD BY SENTARA THE SERIES 2006 DEBT SERVICE RESERVE PROCEEDS WERE RELEASED TO SENTARA ON 1/10/2012 SENTARA DEPOSITED THESE MONIES INTO A SEPARATELY HELD ACCOUNT AND TRACKED THESE MONIES WERE USED TO PAY DEBT SERVICE ON THE 2006 BONDS UNTIL MONIES WERE FULLY EXPENDED ALL SERIES 2006 PROCEEDS WERE FULLY EXPENDED AS OF 2/15/2013 PART II, 11 - MAINLY INCLUDES DEBT SERVICE RESERVE FUND PROCEEDS USED FOR DEBT SERVICE PURPOSES AFTER THE 1/10/2012 RELEASE DATE PART IV, 1 - SENTARA REBATED 100% OF ACCRUING ARBITRAGE LIABILITY OR $743K TO THE IRS WITHIN 60 DAYS OF THE FIRST INSTALLMENT EVALUATION DATE (12/28/2011 FIRST INSTALLMENT DATE) PART IV, 5A - INVESTMENT AGREEMENTS WERE ENTERED INTO FOR THE SERIES 2006 CONSTRUCTION FUND, WHICH MATURED ON 9/1/2009 AND THE DEBT SERVICE RESERVE FUND, WHICH WAS SCHEDULED TO MATURE ON 8/15/2015 HOWEVER, DUE TO THE RELEASE OF THE DEBT SERVICE RESERVE FUND PROCEEDS, THAT INVESTMENT AGREEMENT WAS TERMINATED EARLY IN JANUARY 2012 PART IV, 5 - TERM OF GIC WAS 2 4 AND 4 7 DUE TO SYSTEM LIMITATIONS, THIS INFORMATION COULD NOT BE ENTERED ON THE APPROPRIATE LINE

Return Reference	Explanation
ENTITY 1, ISSUER C	SERIES 2011AB&C (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2010AB&C MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 11/28/2016

Return Reference	Explanation
ENTITY 1, ISSUER D	SERIES 2011A (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2009 ISSUE MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 12/14/2016

Return Reference	Explanation
ENTITY 2, ISSUER A	SERIES 2011B (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2009 ISSUE MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 1/4/2017

Return Reference	Explanation
ENTITY 2, ISSUER B	SERIES 2011C (ROCKINGHAM MEMORIAL HOSPITAL) HOSPITAL FACILITIES & DEBT NOW ACQUIRED AND OWNED BY SENTARA HEALTHCARE PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE MODIFIED THE INTEREST RATES AND TERMS OF A PRIOR SERIES 2009 ISSUE MODIFICATION WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE ARBITRAGE COMPLIANCE CERTIFICATE PROVIDED TO SENTARA FIRST INSTALLMENT DATE WOULD BE NO LATER THAN 1/20/2017

Return Reference	Explanation
ENTITY 2, ISSUER C	SERIES 2003 COMMERCIAL PAPER PROGRAM (SENTARA HEALTHCARE) PART II, 1 - SENTARA ISSUED TAXABLE COMMERCIAL PAPER NOTES IN 2012 TO PARTIALLY REFUND THIS 2003 COMMERCIAL PAPER PROGRAM PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT WITHIN 18 MONTHS OF RECEIPT OF PROCEEDS PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART IV, 2C - SENTARA HAD ARBITRAGE COMPLIANCE REPORT COMPLETED FOR THIS ISSUE AS OF 12/16/2007, WHICH REFLECTED NO REBATE DUE TO THE IRS FOR THIS 2003 ISSUANCE DEBT WAS ISSUED AS REIMBURSEMENT FOR PRIOR EXPENDITURES INCURRED THEREFORE, THIS ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION

Return Reference	Explanation
ENTITY 2, ISSUER D	SERIES 2008 (SENTARA HEALTHCARE SYSTEM) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDED ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 2006 ISSUE THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES ALL PROCEEDS WERE SPENT ON THE DAY OF ISSUE PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN SEPTEMBER OF 2008

Return Reference	Explanation
ENTITY 3, ISSUER A	SERIES 2010 (SENTARA HEALTHCARE SYSTEM - VSBFA) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS (MAINLY FROM PROJECT FUND AND ESCROW FUND) PART II, 11 - OTHER SPENT PROCEEDS INCLUDES REFUNDING PROCEEDS AND INTEREST EARNINGS FROM REFUNDING ESCROW FUND PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 1997A AND 1998 ISSUE THE REFUNDINGS WERE TREATED AS CURRENT REFUNDINGS FOR FEDERAL TAX PURPOSES REFUNDING PROCEEDS WERE DEPOSITED INTO AN ESCROW FUND AND INVESTED THOSE AMOUNTS WERE FULLY EXPENDED ON OR AROUND 3/1/2010 TO REDEEM THE PRIOR BONDS PART IV, 2B - FIRST INSTALLMENT PERIOD FOR THIS ISSUE WILL END NO LATER THAN 1/28/2015 ARBITRAGE COMPLIANCE REPORT COMPLETED THROUGH DECEMBER 31, 2011, WHICH REFLECTED ALL PROCEEDS SPENT AND NO ACCRUING ARBITRAGE LIABILITY FOR SENTARA

Return Reference	Explanation
ENTITY 3, ISSUER B	SERIES 2010B&C (SENTARA HEALTHCARE SYSTEM - EDA OF NORFOLK) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 2009B & 2009C ISSUE THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES ALL PROCEEDS WERE SPENT ON THE DATE OF ISSUE PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA WAS PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN MAY OF 2010 FIFTH YEAR WOULD BE 3/3/2015

Return Reference	Explanation
ENTITY 3, ISSUER C	SERIES 2012A (SENTARA HEALTHCARE SYSTEM - EDA OF NORFOLK) PART II, 3 - AMOUNT OF TOTAL PROCEEDS OF ISSUE INCLUDES ISSUE PRICE NO INTEREST WAS EARNED, ALL PROCEEDS SPENT ON OR AROUND DATE OF CLOSING FOR REFUNDING PURPOSES PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 14 - ISSUE REFUNDED A PRIOR SERIES 2009A ISSUE THE REFUNDING WAS TREATED AS A CURRENT REFUNDING FOR FEDERAL TAX PURPOSES ALL PROCEEDS WERE SPENT ON THE DATE OF ISSUE PART IV, 2B - ISSUE QUALIFIED FOR THE SIX-MONTH SPENDING EXCEPTION TO REBATE SENTARA WAS PROVIDED WITH ARBITRAGE COMPLIANCE CERTIFICATE IN MAY OF 2012 FIFTH YEAR WOULD BE 4/26/2017

Return Reference	Explanation
ENTITY 3, ISSUER D	SERIES 2012B (SENTARA HEALTHCARE SYSTEM) PART II, 3 - TOTAL PROCEEDS OF THE ISSUE INCLUDES ISSUE PRICE, PLUS INTEREST EARNINGS ASSOCIATED WITH PROJECT FUND AND ESCROW FUNDS PART II, 7 - THE COST OF ISSUANCE EXPENSES OF THE ISSUE WERE PAID WITH EQUITY FROM SENTARA AND NOT FROM BOND PROCEEDS PART II, 11 - OTHER SPENT PROCEEDS INCLUDES REFUNDING PROCEEDS AND INTEREST EARNINGS FROM REFUNDING ESCROW FUNDS PART II, 12 - UNSPENT PROCEEDS CONSIST OF THE REMAINING PROJECT FUND PROCEEDS PART II, 15 - SERIES 2012B ADVANCE REFUNDED THE MARTHA JEFFERSON SERIES 2002 BONDS MATURING 10/1/2012 - 10/1/2035 WITH A CALL FOR REDEMPTION DATE OF 10/1/2012 THE SERIES 2012B ALSO ADVANCE REFUNDED THE POTOMAC HOSPITAL SERIES 2003 BONDS MATURING 10/1/2012 - 10/1/2036 WITH A CALL FOR REDEMPTION DATE OF 10/1/2013 PART IV, 2A - SENTARA RECEIVES ANNUAL ARBITRAGE COMPLIANCE REPORTS COMPLETED FOR THIS ISSUE THE FIRST INSTALLMENT PERIOD WILL END NO LATER THAN 05/16/2017 ALL PROCEEDS OF THE SERIES 2012B BONDS WERE FULLY EXPENDED AS OF 3/19/2014 ARBITRAGE COMPLIANCE CERTIFICATE WAS PROVIDED FORECASTING RESULTS THROUGH THE 5/1/2017 FIFTH BOND YEAR, WHICH REFLECTED THAT NO ARBITRAGE REBATE LIABILITY WILL BE DUE TO THE IRS AS OF THE FIRST INSTALLMENT PERIOD

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			8,300,000	1,450,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,000,000	10,000,000	53,100,000	156,615,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			53,100,000	
11	Other spent proceeds	10,000,000	10,000,000		156,615,000
12	Other unspent proceeds				
13	Year of substantial completion	2007	2007	2003	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	44,320,000	1,795,000	915,000	6,270,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	296,443,256	132,480,000	68,890,000	163,873,559
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,715,612			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	230,220,167			75,585,411
11	Other spent proceeds	63,507,476	132,480,000	68,890,000	88,288,148
12	Other unspent proceeds				
13	Year of substantial completion	2011	2010	2012	2014

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALLISON K GREENE	FAMILY MEMBER OF KEN KRAKAUR, KE	132,284	EMPLOYMENT		No
(2) KELLY B LAMPING	FAMILY MEMBER OF DAVID BERND, DIRECTOR AND OFFICER	91,047	EMPLOYMENT		No
(3) MARC A SHARP	FAMILY MEMBER OF MARC B SHARP, DIRECTOR	76,551	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	SENTARA HEALTHCARE I YOUR NOT-FOR-PROFIT HEALTH PARTNER FOR MORE THAN 126 YEARS, SENTARA HAS BEEN COMMITTED TO HELPING PEOPLE WHO WANT THE MOST DEDICATED MEDICAL PROFESSIONALS HEL PING THEM THROUGH EVERY STAGE OF LIFE TO PROVIDE A RANGE OF QUALITY CARE, WE HAVE GROWN S LOWLY 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 HOS PITALS - 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, MOD ERN HEALTHCARE MAGAZINE RANKED US AS ONE OF THE NATION'S TOP INTEGRATED HEALTHCARE SYSTEMS OUR NOT-FOR-PROFIT SYSTEM PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTE D-LIVING CENTERS, OUTPATIENT CAMPUSES, PHYSICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE AGENCY, A 3,800-PROVIDER MEDICAL STAFF, AND FIVE MEDICAL GROUPS IN ADD ITION, WE PROVIDE MEDICAL TRANSPORT AMBULANCES AND THE NIGHTINGALE AIR AMBULANCE, AND EXTE ND HEALTH INSURANCE TO 450,000 PEOPLE THROUGH OPTIMA HEALTH, OUR AWARD-WINNING HEALTH PLAN AMONG OUR 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 INCREASIN G 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 TO IMPROVE HEALTH EVERY DAY IN NOVEMBER 2014, WE PROUDLY CELEBRATED 126 YEARS OF DELIVERI NG COMPASSIONATE AND QUALITY CARE. WHEN WE BEGAN AS THE RETREAT FOR THE SICK IN 1888 IN NO RFOLK, VIRGINIA, MEDICAL PROVIDERS DEDICATED THEMSELVES TO CARING FOR NORFOLK'S POOR, FOCU SED ON MEETING THEIR IMMEDIATE HEALTHCARE NEEDS AS NOTED ABOVE AND DETAILED IN THIS REPOR T, WE HAVE GROWN INTO A MULTI-STATE, INTEGRATED HEALTHCARE SYSTEM COMMITTED TO STILL DELIV ERING 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 OUTREAC H 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 INDU STRY LEADERS AND JOINED FORCES TO EXTEND HEALTHCARE TO MORE PEOPLE. IN RECENT YEARS, WE HA VE GROWN IN VIRGINIA AND NORTH CAROLINA BY SEEKING PARTNERSHIPS WITH LONG-ESTABLISHED AND SUCCESSFUL HOSPITALS AND HEALTHCARE SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE AND VA LUE SOME OF OUR MOST RECENT ADDITIONS INCLUDE. A HALIFAX REGIONAL HEALTH SYSTEM IN THE F ALL OF 2012, HALIFAX REGIONAL HEALTH SYSTEM SIGNED A LETTER OF INTENT TO MERGE WITH SENTAR A HEALTHCARE. IT IS AN INTEGRATED SYSTEM INCLUDING A 192-BED HOSPITAL, THREE LONG-TERM CAR E FACILITIES, A HOME CARE AND HOSPICE FACILITY, AND A BROAD RANGE OF SPECIALTIES AND OUTPA TIENT 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 SOUT H BOSTON COMMUNITY THE SYSTEM'S EXTENSIVE EXPERIENCE CARING FOR RURAL COMMUNITIES MAKES I T PARTICULARLY VALUABLE TO LOCALS AND COMPLEMENTS THE SENTARA COMMITMENT TO PERSONALIZED H EALTHCARE IT IS NOW THE 11TH OF TWELVE HOSPITALS IN OUR NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN FEBRUARY 2015, HALIFAX REGIONAL HOSPITAL AND SUBSIDIARIES ADOPTED THE SENTARA N AME B SENTARA ALBEMARLE MEDICAL CENTER, MEDICAL GROUP AND RELATED FACILITIES SENTARA HEA LTHCARE AND ALBEMARLE HEALTH OF NORTHEASTERN NORTH CAROLINA BEGAN A PARTNERSHIP MARCH 1, 2 014, AFTER APPROVAL BY THE PASQUOTANK COUNTY BOARD OF COMMISSIONERS AND THE ALBEMARLE HOSP ITAL AUTHORITY BOARD OF COMMISSIONERS AND THEIR TWO-YEAR PROCESS OF EVALUATING POTENTIAL P ARTNERS 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 FA CILITY OFFERING A WIDE RANGE OF SERVICES, INCLUDING INPATIENT AND CRITICAL CARE, A FULL A RRAY OF SURGICAL SERVICES, SOPHISTICATED DIAGNOSTIC IMAGING TECHNOLOGY, COMPREHENSIVE WOME N'S CARE, CARDIOLOGY, CANCER TREATMENT, REHABILITATION SERVICES AND MORE SENTARA ALBEMARL E MEDICAL CENTER HAS ASSEMBLED A MEDICAL STAFF OF MORE THAN 100 PHYSICIANS, REPRESENTING N EARLY 30 SPECIALTIES, AND A CARING STAFF OF ALMOST 1,000 EMPLOYEES IT IS NUMBER TWELVE 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 C AROLINA ALL OF THE FACILITIES ADOPTED THE SENTARA NAME IN MAY 2014 III CONSTANTLY LOOKI NG AHEAD TO BEST SERVE OUR COMMUNITIES AND PROVIDE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THE MOST PATIENT-FOCUSED, COST-EFFECTIVE HEALTHCARE POSSIBLE, WE SEEK TO EXPAND AND ENHAN CE OUR SERVICES IN A VARIETY OF WAYS WE STRIVE TO BE THE FIRST IN OUR COMMUNITIES TO OFFE R NEW, YET PROVEN, MEDICAL PROCEDURES, AND WE REACH OUT TO NEW COMMUNITIES TO OFFER SERVIC ES 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 TH E WAYS WE HAVE DONE THIS RECENTLY INCLUDE A OFFERING NEW PROCEDURES AND TECHNOLOGY SENTA RA 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 BE ING CLOSE TO HOME WHILE IMPROVING THEIR HEALTH IN 2014, MARTHA JEFFERSON HOSPITAL BECAME THE FIRST HOSPITAL IN VIRGINIA TO INSTALL THE VARIAN PERFECTPITCH SIX-DEGREES-OF-FREEDOM R OBOTIC COUCH ON ITS LINEAR ACCELERATORS IN RADIATION ONCOLOGY THE TECHNOLOGY HELPS TO PRO VIDE PINPOINT POSITIONING OF PATIENTS UNDERGOING RADIATION THERAPY IN 2014, SENTARA RMH M EDICAL CENTER JOINED FOUR OTHER SENTARA-RELATED LOCATIONS IN TREATING ADVANCED PROSTATE CA NCER USING XOFIGO (RADIUM-223 DICHLORIDE), WHICH RECEIVED FDA APPROVAL IN MAY 2013 IT IS USED IN MEN WITH PROSTATE CANCER METASTASIZED TO THE BONES THE PROGRAM IS ALSO OFFERED AT SENTARA CAREPLEX, SENTARA NORFOLK GENERAL, MARTHA JEFFERSON HOSPITAL AND PARTNER VIRGINIA ONCOLOGY ASSOCIATES' LAKE WRIGHT LOCATION IN NORFOLK ALSO IN 2014, THE SENTARA LAKE RIDG E ADVANCED IMAGING CENTER INSTALLED AN MRI MACHINE TO PROVIDE GREATER ACCESS TO DIAGNOSTIC TESTING FOR PATIENTS IN THE EVER-EXPANDING NORTHERN VIRGINIA COMMUNITY THE NEW MRI OFFER S A LARGER AND SHORTER BORE THAN TRADITIONAL MRI MACHINES, INSTANTLY PUTTING PATIENTS AT G REATER EASE IN THE MORE SPACIOUS DEVICE THE MRI ROOM FEATURES NATURAL LIGHT THROUGH FROST ED WINDOWS AND MRI GOGGLES FOR TV OR MOVIE VIEWING TO FURTHER FOSTER A RELAXING EXAMINATIO N ENVIRONMENT ADDITIONALLY, SENTARA LAKE RIDGE HAS INTRODUCED SCREENING TOOLS FOR PATIENT SAFETY TO AIDE MRI TECHNOLOGISTS IN DETECTING METAL IN A PATIENT'S BODY PRIOR TO ENTERING THE MRI ROOM 2014 MARKED THE OPENING OF THE SENTARA AUTONOMIC LAB AT SENTARA HEART HOSPI TAL AS WELL THERE ARE ONLY A HANDFUL OF AUTONOMIC LABS IN THE COUNTRY AUTONOMIC TESTING DETERMINES HOW WELL YOUR BODY IS REGULATING BLOOD PRESSURE, HEART RATE AND OTHER FUNCTIONS RELATED TO THE AUTONOMIC NERVOUS SYSTEM THE AUTONOMIC LAB, INCLUDING THERMOREGULATORY SW EAT TESTING, OFFERS FULL-SERVICE AUTONOMIC TESTING AND IS A POTENTIAL REFERRAL SITE FOR PA TIENTS THROUGHOUT THE COUNTRY THE SAME YEAR, SENTARA RMH MEDICAL CENTER STAFF PERFORMED T HE HOSPITAL'S FIRST MRI SCAN ON A PATIENT FITTED WITH A PACEMAKER FDA-APPROVED FOR USE IN THE MRI ENVIRONMENT BEFORE THIS TYPE OF DEVICE WAS INVENTED, PATIENTS WITH IMPLANTED PACE MAKERS WERE PROHIBITED FROM GETTING AN MRI SCAN OVER THE LIFETIME OF THEIR IMPLANTED DEVIC E BECAUSE IT WAS UNSAFE IN 2013, SENTARA ADDED 3D MAMMOGRAPHY, A BREAKTHROUGH TECHNOLOGY FOR DETECTING EARLY BREAST CANCER, AT EIGHT BREAST IMAGING LOCATIONS FROM WILLIAMSBURG TO VIRGINIA BEACH THE ADVANCED TECHNOLOGY CREATES 3D BREAST RECONSTRUCTIONS SO RADIOLOGISTS CAN VIEW BREASTS IN THIN LAYERS AND SEE EARLY CANCERS THAT WOULD NOT BE VISIBLE USING OTHE R MAMMOGRAPHY IN 2012, SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER STARTED A NEW TREATME NT FOR SEVERE ASTHMA CALLED BRONCHIAL THERMOPLASTY THE MINIMALLY INVASIVE OUTPATIENT PROC EDURE USES A BRONCHOSCOPE TO DELIVER THERMAL ENERGY TO THE LUNGS OF PATIENTS WITH ASTHMA T O DECREASE THE AMOUNT OF SMOOTH MUSCLE IN THE LUNGS - THE MUSCLES THAT CONSTRICT AND RESUL T IN ASTHMA SYMPTOMS

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	FORM 990, PART III, LINE 4A	ALSO IN 2012, THE SENTARA CANCER NETWORK'S MOBILE PET/CT BEGAN PERFORMING BODY SCANS TO DI SCOVER AND STAGE CANCERS THAT MAY HAVE SPREAD TO THE BONES THIS IS POSSIBLE DUE TO THE FD A'S APPROVAL OF THE USE OF 18F-SODIUM FLUORIDE AS AN INJECTION AT SENTARA RMH MEDICAL CEN TER IN 2012, PATIENTS WITH THE HEART CONDITION ATRIAL FIBRILLATION BENEFITTED FROM A PROCE DURE 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 DEGREE S CELSIUS THE BALLOON IS APPLIED TO THE HEART TISSUES THAT CAUSE IRREGULAR HEARTBEATS, AN D 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 GRA NT 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 IN SURANCE, IN HOPES OF DETECTING CANCER EARLIER IN WOMEN IN PRINCE WILLIAM COUNTY, WHERE THE RE'S A HIGHER-THAN-AVERAGE DEATH RATE FROM BREAST CANCER B EXPANDING SERVICE AREAS AND P ARTNERSHIPS IN JUNE 2014, SENTARA JOINED FORCES WITH FOUR OF THE NATION'S TOP HEART TREATM ENT CENTERS AND A LEADING PATIENT ADVOCACY ORGANIZATION TO FORM THE NATIONAL ALLIANCE OF I NTEGRATED AFIB CENTERS (NAIAC) THEY SEEK TO COMBAT THE GROWING AND LIFE-THREATENING CONDI TION OF AFIB (ATRIAL FIBRILLATION) SENTARA AND THE FIVE OTHER MEMBERS - CEDARS-SINAI HEAR T INSTITUTE, ST HELENA ARRHYTHMIA CENTER, ST VINCENT'S MEDICAL CENTER, ORLANDO HEALTH HE ART INSTITUTE AND STOPAFIB ORG - WILL IMPROVE MEDICAL CARE AND ENHANCE AFIB PATIENTS' QUAL ITY OF LIFE AS OF JULY 1, 2014, SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC) INSTITUT ED A PARTNERSHIP WITH CHILDREN'S NATIONAL HEALTH SYSTEM TO PROVIDE NEONATAL CARE SERVICES CHILDREN'S NATIONAL HEALTH SYSTEM NEONATOLOGISTS PROVIDE LEVEL 1 (TERM NURSERY) AND LEVEL 2 (INTERMEDIATE NURSERY) COVERAGE WITHIN THE SNVMC NICU (NEONATAL INTENSIVE CARE UNIT) T HEY WORK JOINTLY WITH HOSPITAL STAFF AND ON-STAFF OBSTETRICIANS TO DETERMINE THE FEASIBILI TY OF PROVIDING CARE FOR 28/29-WEEK NEWBORNS, AS WELL AS MOTHER AND BABY TREATMENT PLANS C REATED IN COLLABORATION WITH THE MOTHER'S OBSTETRICIAN THE PARTNERSHIP ALLOWS SNVMC TO RE DUCE THE NUMBER OF NICU TRANSFERS TO OTHER FACILITIES, FOSTERING THE CARE OF THESE SPECIAL PATIENTS CLOSER TO HOME IN AUGUST 2014, SENTARA INVESTED IN NUSCRIPTRX, A COMPANY THAT E NHANCES MEDICATION SAFETY IN LONG-TERM CARE FACILITIES WHILE REDUCING WASTE AND COST NUSC RIPTRX HAS DEVELOPED A FULLY AUTOMATED ON-SITE EMEDSTAT MEDICATION DISPENSING SYSTEM AND A FULL SERVICE CENTRALIZED PHARMACY THAT OFFERS SEVEN-DAY MEDICATION REPLENISHMENT VERSUS T HE INDUSTRY STANDARD OF 30 DAYS THIS ENSURES A MORE TIMELY RESPONSE TO MEDICATION CHANGES AND UP TO A SIXTY PERCENT REDUCTION IN PRODUCT WASTES AND TEN TO FIFTEEN PERCENT COST SAV INGS DAILY DOSAGE PACKAGING CAN REDUCE MEDICATION PASS TIMES FROM THIRTY-FIVE TO FIFTY PE RCENT THE NUSCRIPTRX SYSTEM ALSO HELPS IMPROVE MEDICATION SAFETY WITH ONLINE PATIENT RECO RDS IN AUGUST 2012, SENTARA AND MDLIVE ANNOUNCED AN EQUITY PARTNERSHIP TO DELIVER REAL-TI ME 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 LI CENSED SENTARA OR PARTNER PHYSICIAN WHO CAN DIAGNOSE LOW-ACUITY ILLNESSES, PROVIDE CARE, A ND PRESCRIBE MEDICATIONS IN 2013, SENTARA EMPLOYEES WITH OPTIMA HEALTH AND CIGNA INSURANC E 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 SAM E YEAR, 429 EMPLOYEES AND THEIR FAMILIES MADE AN APPOINTMENT WITH MDLIVE SENTARA IS WORKI NG WITH MDLIVE TO PARTNER WITH OTHER HEALTH SYSTEMS TO OFFER THE BENEFITS TO THEIR EMPLOYE ES AND IS WORKING TO LEVERAGE THE TECHNOLOGY TO PILOT NEW MODELS TO TRANSFORM CARE AND IMP ROVE LIVES C 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 PROFESS IONALS CHANGED ITS NAME IN 2009 TO THE SENTARA COLLEGE OF HEALTH SCIENCES (SCHS) AT THE S AME TIME, IT RECEIVED APPROVAL TO OFFER A BACCALAUREATE DEGREE IN NURSING, A REQUIREMENT M ORE 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 T WENTY-SIX STUDENTS ALSO GRADUATED IN THE NEW, TRADITIONAL BSN PROGRAM, AND ONE STUDENT GRA DUATED IN THE NEW LPN TO BSN PROGRAM ALL STUDENTS PRACTICE THEIR SKILLS IN THE SENTARA SI MULATION LAB A MINIMUM OF EIGHT TIMES, ENABLING TH

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	FORM 990, PART III, LINE 4A	EM 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 CLASSRO OM INSTRUCTION OR FEEDBACK CAN OCCUR IMMEDIATELY AFTERWARDS WE FURTHERED OUR OFFERINGS WI TH THE SURGICAL TECHNOLOGY PROGRAM AT THE COLLEGE LAUNCHING THE FIRST ASSOCIATE OF OCCUPAT IONAL SCIENCE DEGREE WITH THE JANUARY 2013 CLASS D RESEARCHING FOR THE FUTURE IN A PATIE NT STUDY CONDUCTED AT SENTARA LEIGH HOSPITAL IN 2012, NURSES WERE EMPOWERED TO GIVE IV FLU IDS AT THE EARLIEST SIGNS THAT A KNEE OR HIP JOINT REPLACEMENT PATIENT'S BLOOD PRESSURE WA S TRENDING DOWNWARD BEFORE THE STUDY, A 10-STEP PROCESS INCLUDING A PHYSICIAN ORDER WAS R EQUIRED THE NEW PROTOCOL SPED CARE AND REDUCED THE NUMBER OF PATIENTS WHOSE CONDITIONS WO RSENED DUE TO LOW BLOOD PRESSURE BY THIRTY PERCENT STUDY FINDINGS WERE SHARED WITH ORTHOP AEDIC 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 HOS PITAL JOINED THE HEARTLIGHT TRIAL FOR THE TREATMENT OF SYMPTOMATIC ATRIAL FIBRILLATION US ING 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 AREA S 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-MON TH, 2012 STUDY, SENTARA PHYSICIANS WORKED WITH THE EASTERN VIRGINIA MEDICAL SCHOOL STRELIT Z DIABETES CENTER TO DEVELOP ALERTS IN THE SENTARA ECARE HEALTH NETWORK, OUR ELECTRONIC ME DICAL RECORD SYSTEM, WHEN A CHANGE OCCURS IN A DIABETIC PATIENT'S CONDITION THE ALERTS OF FER GUIDANCE ABOUT THE APPROPRIATE CARE FOR EACH SITUATION DURING THE STUDY PERIOD, PATIE NTS SHOWED SUBSTANTIAL IMPROVEMENT NEARLY 900 PATIENTS MOVED FROM THE HIGHEST LEVEL OF RI SK FOR COMPLICATIONS TO A HEALTHIER RANGE THE RESULTS WERE PRESENTED MAY 2, 2013 IN PHOEN IX AT THE 22ND ANNUAL SCIENTIFIC AND CLINICAL CONGRESS OF THE AMERICAN ASSOCIATION OF CLIN ICAL ENDOCRINOLOGIST (AACE) SENTARA PARTNERED WITH CUPRON AND EOS SURFACES IN 2013 TO LAU NCH THE WORLD'S LARGEST CLINICAL TRIAL TO TEST THE EFFECTIVENESS OF COPPER-INFUSED HARD SU RFACES AND LINENS IN PREVENTING HOSPITAL-ACQUIRED INFECTIONS THE STUDY LAUNCHED AT THE SE NTARA NORFOLK GENERAL HOSPITAL ICU AND IN THE SENTARA LEIGH HOSPITAL EAST TOWER IN THE FIR ST QUARTER OF 2014 WITH MORE THAN 15,000 HORIZONTAL SQUARE FEET OF PATENT-PENDING CUPRON-E NHANCED EOS SURFACES INSTALLED ANTI-ODOR TEXTILES MANUFACTURED BY ENCOMPASS ARE USED FOR PATIENT BED LINENS, GOWNS AND OTHER TEXTILES BEGINNING NOVEMBER 2, 2014, SENTARA CAREPLEX HOSPITAL BECAME THE THIRD FACILITY IN OUR HOSPITAL FAMILY TO ADOPT COPPER-INFUSED LINENS IN FEBRUARY 2015, SENTARA NORFOLK NURSING FACILITY BECAME THE FOURTH CENTER TO IMPLEMENT THE LINENS THE COMPREHENSIVE PROGRAM IS BELIEVED TO BE THE WORLD'S LARGEST HOSPITAL EVALU ATION OF ANTIMICROBIAL -PROTECTED MATERIALS, WITH THE GOAL OF COMBATING THE SPREAD OF PATH OGENS KNOWN TO CONTRIBUTE TO HEALTHCARE INFECTIONS APPROXIMATELY SEVEN MILLION PEOPLE WOR LDWIDE SUFFER FROM HOSPITAL-ACQUIRED INFECTIONS EACH YEAR

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	FORM 990, PART III, LINE 4A	IN FEBRUARY 2014, RESEARCHERS AT THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE WERE AMONG THE FIRST IN VIRGINIA TO ENROLL PATIENTS IN THE PARACHUTE IV TRIAL OF AN INVESTIGATIONAL D EVICE TO TREAT HEART FAILURE IN PEOPLE WHO HAVE SUFFERED A HEART ATTACK THE PARACHUTE VEN TRICULAR PARTITIONING DEVICE, IF PROVEN EFFECTIVE IN THE FIVE-YEAR, 20-SITE STUDY, WOULD O FFER A NEW, NON-SURGICAL, MINIMALLY INVASIVE MEANS OF HELPING A DAMAGED HEART RECOVER IV BUILDING FOR THE FUTURE ALONG WITH REACHING OUT TO NEW COMMUNITIES, SENTARA HEALTHCARE ST RIVES 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 I NVESTED IN IN OUR ESTABLISHED COMMUNITIES RECENTLY INCLUDE A SENTARA NORTHERN VIRGINIA M EDICAL CENTER COMPLETES OPERATING ROOM MODERNIZATION TOPPING OFF SENTARA NORTHERN VIRGINIA MEDICAL CENTER REACHED A MAJOR CONSTRUCTION MILESTONE IN LATE 2014, TOPPING OFF THE STEEL FRAME OF THE NEW SURGICAL CENTER THE TOPPING OFF EVENT MARKS THE COMPLETION OF THE STEEL CONSTRUCTION PHASE OF THE PROJECT THAT WILL PROVIDE ENHANCED SURGICAL SERVICES TO THE COM MUNITY THE NEW FACILITY WILL ADJOIN THE MAIN HOSPITAL AND INCLUDE GENERAL-PURPOSE OPERATI NG ROOMS OUTFITTED WITH STATE-OF-THE-ART EQUIPMENT B SENTARA LORTON STATION WOMEN'S IMAG ING CENTER OPENS ON SEPTEMBER 2, 2014, SENTARA NORTHERN VIRGINIA MEDICAL CENTER ANNOUNCED THE GRAND OPENING OF THE SENTARA LORTON STATION WOMEN'S IMAGING CENTER THE CENTER OFFERS SOPHISTICATED TECHNOLOGY BACKED BY A TEAM OF HIGHLY SKILLED TECHNOLOGISTS AND FELLOWSHIP-T RAINED RADIOLOGISTS DEDICATED TO WOMEN'S IMAGING SERVICES PROVIDED AT THE CENTER INCLUDE GENERAL, OB, AND BREAST ULTRASOUND, 3D MAMMOGRAPHY, IMAGE-GUIDED BIOPSY, FINE-NEEDLE ASPIR ATION, AND BONE DENSITY (DEXA) TESTING C SENTARA MEDICAL GROUP GROWS IN NORTHERN VIRGINI A SENTARA MEDICAL GROUP CONTINUES TO GROW IN NORTHERN VIRGINIA WITH THE ADDITION OF SENTAR A HOSPITAL MEDICINE PHYSICIANS AT SENTARA NORTHERN VIRGINIA MEDICAL CENTER IN 2014 WITH E IGHT BOARD-CERTIFIED, HOSPITAL-BASED PHYSICIANS, THE NEW SENTARA HOSPITAL MEDICINE PHYSICI ANS TEAM IN NORTHERN VIRGINIA IS DEDICATED TO PROVIDING QUALITY CARE D MARTHA JEFFERSON NOW OFFERING GASTRIC SLEEVE OPTION FOR BARIATRIC SURGERY MARTHA JEFFERSON HOSPITAL BEGAN O FFERING THE GASTRIC SLEEVE OPTION FOR BARIATRIC SURGERY IN 2014 THE GASTRIC SLEEVE PROCED URE IS AN ALTERNATIVE TO THE GASTRIC BYPASS SURGERY AND THE ADJUSTABLE GASTRIC BAND ALSO KNOWN AS A LAPAROSCOPIC SLEEVE GASTRECTOMY, IT IS A PREFERRED OPTION BY SOME PATIENTS BECA USE IT DOES NOT REARRANGE THE BOWELS LIKE THE GASTRIC BYPASS SURGERY AND DOES NOT HAVE A P ROSTHETIC INSERTED LIKE THE GASTRIC BAND ADDITIONALLY, PATIENTS ARE AT LESS RISK FOR ULCE RS, PROTEIN DEFICIENCIES, OR DUMPING SYNDROME E. UNDER CONSTRUCTION SENTARA RMH MEDICAL CENTER CAMPUS CONSTRUCTION IS UNDERWAY ON A NEW MEDICAL BUILDING ON THE SENTARA RMH MEDICA L CENTER CAMPUS, WHICH WILL HOUSE THE HOSPITAL'S ORTHOPAEDICS, SPINE, SPORTS MEDICINE, REH ABILITATION AND OUTPATIENT ADVANCED IMAGING SERVICES THE PROJECT IS EXPECTED TO BE COMPLE TE IN THE WINTER OF 2015-16 F MARTHA JEFFERSON AND SENTARA RMH CARDIAC GENETIC COUNSELIN G SERVICES MARTHA JEFFERSON HOSPITAL AND SENTARA RMH MEDICAL CENTER BEGAN OFFERING PATIENT S IN THE BLUE RIDGE REGION CARDIAC GENETIC COUNSELING AND GENETIC TESTING OPTIONS IN MAY 2 014 WHILE HEART DISEASE IS OFTEN RELATED TO ENVIRONMENTAL FACTORS INCLUDING SMOKING, EATI NG AND EXERCISE HABITS, SOME TYPES OF HEART DISEASE CAN BE CAUSED BY GENETIC MUTATIONS G FOOT AND ANKLE PILOT ON THE PENINSULA A NEW SENTARA ORTHOPAEDICS PRODUCT, THE SENTARA FOO T & ANKLE CENTER, WAS PILOTED FOR THE SYSTEM IN JUNE 2014 AT SENTARA PORT WARWICK AND SENT ARA WILLIAMSBURG REGIONAL MEDICAL CENTER THE CENTER'S GOAL IS TO HELP PATIENTS TO CONNECT WITH THE FOOT AND ANKLE CARE THAT IS MOST APPROPRIATE FOR THEM, INCLUDING OFFICE VISITS, INPATIENT AND OUTPATIENT SURGICAL CARE AND THE SERVICES OF THE SENTARA WOUND HEALING CENTE RS AT BOTH LOCATIONS H ORTHOJOINT CENTER OPENS AT SNVMC SENTARA NORTHERN VIRGINIA MEDICA L CENTER OPENED THE SENTARA ORTHOJOINT CENTER IN APRIL 2014 TO ENHANCE ORTHOPAEDIC PATIENT EXPERIENCES, INCLUDING A SEAMLESS, COORDINATED CARE APPROACH PROVIDED BY A TEAM OF EXPERI ENCED SURGEONS, NURSES, THERAPISTS AND TECHNICIANS THE CENTER OFFERS DEDICATED ORTHOPAEDI C SERVICES FOCUSED ON THE NEEDS OF PATIENTS REQUIRING HIP AND KNEE REPLACEMENTS JOINT REP LACEMENT PATIENTS ARE ENCOURAGED TO INVOLVE THEIR FAMILIES AND MAKE CONNECTIONS WITH OTHER S UNDERGOING THE SAME PROCEDURE I SENTARA BACK & NECK CENTER AT OBICI A NEW ORTHOPAEDIC SERVICE, SENTARA BACK & NECK CENTER, OPENED AT SENTARA OBICI HOSPITAL IN SUFFOLK, VA, IN A PRIL 2014 THE CENTER FOCUSES ON IMPLEMENTING PROVEN PROTOCOLS THAT PROVIDE STANDARDS OF C ARE TO OPTIMIZE EACH PATIENT'S BACK OR NECK SURGICAL PROCEDURE SIMILAR TO THE SENTARA ORT HOJOINT CENTERS, AN ORTHOPAEDIC/SPINE PATIENT NAVI

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	FORM 990, PART III, LINE 4A	GATOR IS ASSIGNED TO PATIENTS AND THEIR FAMILIES THROUGHOUT THE SURGICAL EVENT FOR PRE-SUR GERY EDUCATION AND GUIDANCE, INPATIENT RECOVERY AND EVEN A REUNION LUNCHEON SEVERAL MONTHS DOWN THE ROAD TO CHECK ON THE PATIENT'S RECOVERY J LORTON OUTPATIENT FACILITIES NEW OUT PATIENT FACILITIES OPENED IN LORTON/FAIRFAX COUNTY IN JUNE 2013 THEY INCLUDE A 24-HOUR EM ERGENCY 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 TH ESE ARE CONVENIENT HEALTHCARE DESTINATIONS IN A FAST-GROWING MARKETPLACE WHERE THE MAJORIT Y OF POPULATION GROWTH WILL BE FROM PEOPLE OVER 65 K BEHAVIORAL HEALTH UNIT A 24-BED INP ATIENT 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 DEPARTMEN T AT SENTARA VIRGINIA BEACH GENERAL HAS INCREASED ONE HUNDRED AND ELEVEN PERCENT SINCE 200 6 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 BED S SPEED UP ADMISSION AND IMPROVE CARE L MARTHA JEFFERSON NEUROSCIENCE CENTER THE NEUROSC IENCE CENTER BEGAN SERVING PATIENTS IN JANUARY 2013 IT IS EQUIPPED WITH THE LATEST TECHNO LOGY, WITH ELECTROMY OGRAPHY (EMG) AND ELECTROENCEPHALOGRAPHY (EEG) DIAGNOSTIC EQUIPMENT, N EW VESTIBULAR BALANCE REHABILITATION EQUIPMENT, LOW-DOSE CT-IMAGING, AND COMPLETE COMPLEX BRAIN SURGERY SUCH AS STEREOTACTIC RADIOSURGERY (SRS) FOUR NEUROLOGISTS, TWO NEUROSURGEON S AND 13 REHAB THERAPISTS ARE UNDER ONE ROOF TO ENSURE PATIENTS RECEIVE CARE IN ONE LOCATI ON THE CENTER HAS ROLLED-OUT MULTI-DISCIPLINARY SUBSPECIALTY CLINICS THAT DELIVER A COORD INATED, PATIENT-CENTERED APPROACH THE CLINICS INCLUDE THE SEIZURE DISORDER AND EPILEPSY C LINIC, THE NEUROPATHY CLINIC, THE STROKE RECOVERY CLINIC, THE COGNITIVE REHABILITATION CLI NIC AND THE VESTIBULAR BALANCE AND FALLS PREVENTION CLINIC M SENTARA EASTERN VIRGINIA ME DICAL SCHOOL (EVMS) COMPREHENSIVE PELVIC FLOOR CENTER SENTARA AND EVMS PARTNERED IN FEBRUA RY 2013 TO CREATE THE CENTER AND COMBINE THE LATEST IN RESEARCH, STATE-OF-THE-ART TECHNOLO GY AND A MULTIDISCIPLINARY CARE TEAM THE CENTER BRINGS TOGETHER SPECIALISTS IN UROGYNECOL OGY, GASTROENTEROLOGY, SPECIALIZED RADIOLOGY, UROLOGY, COLORECTAL MEDICINE AND SURGERY, PH YSICAL MEDICINE AND REHABILITATION, NUTRITION AND PHYSICAL THERAPY TO HELP PATIENTS WITH P ROBLEMS 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 TEN PERCENT OF WOMEN WILL UNDERGO SURGERY FOR PELVIC ORGAN PROLAPSE OR URINARY INCONTINENCE N SENTARA LEIGH TOWERS WORK BEGAN IN DECEMBER 2011 ON A MULTI-PHASE, THREE-YEAR PROJECT TO BUILD A NEW SEN TARA LEIGH HOSPITAL ON THE SITE OF THE CURRENT ONE SENTARA OPENED THE NEW EAST TOWER IN N OVEMBER 2013 ALONG WITH THE WEST TOWER, WHICH OPENED IN APRIL 2015, IT REPLACES THREE 197 0S-ERA WINGS AT THE NORFOLK, VIRGINIA HOSPITAL THE TOWERS FEATURE STATE-OF-THE-ART PATIEN T ROOMS WITH PRIVATE BATHROOMS, NO-STEP SHOWERS AND OVERNIGHT ACCOMMODATIONS FOR FAMILIES THE PROJECT ALSO INCLUDES A 48-BED ORTHOPAEDIC AND REHABILITATION CENTER ON THE FIRST FLO OR AND EMPLOYS PART OF THE OUTSIDE GARDEN SPACE FOR WALKING EXERCISES ON DIFFERENT GRADES AND SURFACES, MAKING IT A TRUE HEALING GARDEN O SENTARA HOSPICE HOUSE IN MARCH 2013, SEN TARA 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

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	FORM 990, PART III, LINE 4A	P SENTARA RMH MEDICAL CENTER WOMEN'S CENTER CONSTRUCTION BEGAN ON THE RMH FUNKHOUSER WOME N'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 SU RGEON'S OFFICE Q SENTARA RMH MEDICAL CENTER OUTPATIENT ORTHOPAEDICS & ADVANCED IMAGING C ENTER SENTARA RMH GAINED APPROVAL FOR THE NEW CENTER IN JULY 2012 THE NEW FACILITY WILL B E AN ORTHOPAEDIC AND SPORTS MEDICINE DESTINATION INCLUDING ADVANCED IMAGING, RMH ORTHOPAED ICS AND SPORTS MEDICINE, REHABILITATION THERAPY, A SPORTS PERFORMANCE ARENA AND AN INTERVE NTIONAL SUITE FOR PAIN MANAGEMENT AND SPECIAL PROCEDURES THE CENTER IS SCHEDULED TO BE CO MPLETED IN LATE 2015 R MARTHA JEFFERSON OUTPATIENT CARE CENTER A NEW OUTPATIENT CARE CEN TER OPENED IN THE FALL OF 2012, WITH A FREE-STANDING 24-HOUR ED AND IMAGING, LABORATORY SE RVICES 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 VIRGIN IA V SENTARA QUALITY & PATIENT SAFETY DISTINCTIONS A MEASURING QUALITY HEALTHCARE SINCE OUR HEALTH SYSTEM'S EARLIEST YEARS, WE HAVE BELIEVED THE COMMUNITY DESERVES HEALTHCARE TH AT IS MEASURABLY BETTER SENTARA'S GOAL IS TO BE ACCREDITED BY RESPECTED NATIONAL ORGANIZA TIONS AND TO ACHIEVE TOP TEN PERCENT PERFORMANCE WHEREVER BENCHMARKS EXIST WE ARE PROUD O F THE WORK WE HAVE DONE SO FAR TOWARD THIS GOAL, AS IT HAS BEEN RECOGNIZED IN MANY WAYS 1 TOP 100 INTEGRATED HEALTHCARE NETWORKS SENTARA HAS CONSISTENTLY RANKED AMONG THE NATION' S TOP INTEGRATED HEALTHCARE NETWORKS AS PUBLISHED IN MODERN HEALTHCARE'S FACT-BASED RANKIN G THE ONLY HEALTHCARE SYSTEM IN THE COUNTRY TO BE AMONG THE NATION'S TOP 10 FOR ALL 15 YE ARS OF THE SURVEY, SENTARA LANDED AT NUMBER ONE IN 2001, 2010 AND 2011 THE STUDY, PUBLISH ED ANNUALLY, HIGHLIGHTS THE TOP 100 INTEGRATED HEALTH CARE NETWORKS ACROSS THE NATION AS S ELECTED BY SDI, A HEALTH INFORMATION COMPANY 2 USING TECHNOLOGY TO IMPROVE CARE ALL SENT ARA HOSPITALS IN HAMPTON ROADS AS WELL AS SENTARA NORTHERN VIRGINIA MEDICAL CENTER AND MAR THA JEFFERSON HOSPITAL WERE RECENTLY RECOGNIZED FOR THEIR IT EFFORTS, RECEIVING THE 2014 " MOST WIRED" AWARD FROM HOSPITALS AND HEALTH NETWORKS SENTARA ALBEMARLE MEDICAL CENTER WAS NAMED AS A "MOST IMPROVED" RECIPIENT THE AWARDS LOOK AT HOW WELL HOSPITALS PERFORM IN TH E AREAS OF INFRASTRUCTURE, BUSINESS AND ADMINISTRATIVE MANAGEMENT, CLINICAL QUALITY AND SA FETY, AND CLINICAL INTEGRATION SENTARA HEALTHCARE RECEIVED THE SAME HONOR IN 2013 AND 201 2 3 AWARD-WINING CARDIAC AND NEPHROLOGY CARE SENTARA HEART HOSPITAL/SENTARA NORFOLK GENE RAL HOSPITAL IS A COMPREHENSIVE NETWORK OF PROVIDERS, FACILITIES AND SERVICES WORKING TOGE THER 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 NATIONALL Y RANKED TOP 50 PROGRAMS CARDIOLOGY AND HEART SURGERY ARE RANKED 44TH, WHICH MARKS THE PR OGRAM'S 14TH CONSECUTIVE YEAR AMONG THE NATION'S ELITE PROGRAMS IN THE U S NEWS NATIONAL SURVEY FOR THE FIRST TIME, EAR, NOSE AND THROAT IS ALSO AMONG THE NATION'S TOP 50 PROGRAM S AT NUMBER 41 THIS NATIONAL RANKING IS DUE, IN PART, TO INNOVATIVE PROCEDURES USED BY SU RGEONS AND RADIOLOGISTS WITH EASTERN VIRGINIA MEDICAL SCHOOL MEDICAL GROUP FOR PATIENTS WI TH HEAD AND NECK CANCERS AND TRAUMATIC INJURIES THE TWO SPECIALTIES ARE THE ONLY TOP-50 R ANKED 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 NUM BER ONE IN THE STATE SENTARA VIRGINIA BEACH GENERAL HOSPITAL WAS 8TH IN THE STATE AND SEC OND IN HAMPTON ROADS MARTHA JEFFERSON HOSPITAL RANKED 11TH IN THE STATE SENTARA RMH MEDI CAL CENTER TIED WITH SENTARA PRINCESS ANNE HOSPITAL FOR 15TH IN THE STATE SENTARA WILLIAM SBURG REGIONAL MEDICAL CENTER TIED WITH SENTARA LEIGH HOSPITAL FOR 20TH IN THE STATE. SENT ARA WILLIAMSBURG REGIONAL MEDICAL CENTER TIED WITH SENTARA PRINCESS ANNE FOR THIRD IN HAMP TON ROADS AND SENTARA LEIGH HOSPITAL WAS RANKED SIXTH 4 OUTSTANDING CANCER CARE AFTER A THREE-DAY SURVEY IN 2012, THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER RE-ACCRED ITED 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 SY STEM STROKE TEAM IN FEBRUARY 2013, THE VOLUNTARY HOSPITAL ASSOCIATION (VHA) SELECTED SENTA RA'S STANDARDIZED STROKE PROGRAM AS A LEADING BEST PRACTICE THE SY STEM STROKE TEAM AT SEN TARA DEVELOPED A STANDARDIZED PROGRAM AND IMPLEMEN

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	FORM 990, PART III, LINE 4A	TED IT AT 10 SENTARA HOSPITALS THE TEAM EVALUATED THE ENTIRE STROKE PROCESS FROM DIAGNOSI S IN THE FIELD AND TREATMENT IN THE EMERGENCY DEPARTMENT TO PATIENT DISCHARGE THE RESULTS INCLUDED A REDUCTION IN SYSTEM-WIDE STROKE MORTALITY FROM ELEVEN 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 O F GOAL MET IN 2009 TO 92 1 PERCENT OF GOAL MET IN 2012 6 THE JOINT COMMISSION AND DET NO RSKE VERITAS HEALTHCARE, INC (DNVHC) ACCREDITATION PRIOR TO CONVERTING ALL HOSPITALS IN T HE SENTARA SYSTEM TO DNV, THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION S HAS GIVEN SEVERAL OF OUR HOSPITALS ITS GOLD SEAL OF APPROVAL AND DISEASE-SPECIFIC CARE C ERTIFICATION AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION, THE JOINT COMMISSION ACCREDITS AND CERTIFIES MORE THAN 20,500 HEALTH CARE 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 STANDAR DS THEIR MISSION IS TO CONTINUOUSLY IMPROVE HEALTH CARE FOR THE PUBLIC BY EVALUATING HEAL TH CARE 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 COMMISSIO N'S VASCULAR CERTIFICATION SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENT ARA VIRGINIA BEACH GENERAL HOSPITAL, SENTARA CAREPLEX HOSPITAL, SENTARA OBICI HOSPITAL, AN D SENTARA PRINCESS ANNE HOSPITAL ALL EARNED PRIMARY STROKE CERTIFICATION VOLUNTARY HOSPIT ALS ASSOCIATION "BLUEPRINTED" THE SENTARA HAMPTON ROADS' HOSPITALS STROKE PROGRAMS AS A "L EADING PRACTICE IN STROKE CARE" WITH A WEBINAR ORIGINATING FROM SENTARA THE JOINT COMMISS ION CERTIFIED SENTARA RMH MEDICAL CENTER AS AN ADVANCED PRIMARY STROKE CENTER THE SURVEYO RS RECOGNIZED RMH'S PATIENT DISCHARGE PHONE CALL PROGRAM AND ITS COLLABORATION WITH LOCAL EMS PROVIDERS AS BEST PRACTICES IN STROKE CARE IN 2013 - FOLLOWING THE LEAD OF SENTARA WI LLIAMSBURG REGIONAL MEDICAL CENTER - ALL HOSPITALS IN THE SENTARA SYSTEM ACHIEVED DNVHC AC CREDITATION ALL PREVIOUS STROKE CERTIFICATION ALSO FOLLOWED AND MARTHA JEFFERSON HOSPITAL WAS AWARDED 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 INTER NATIONAL COMPANY BASED OUTSIDE OF OSLO, NORWAY FOUNDED IN 1864 IN 2012, DNV MERGED WITH G ERMAN-BASED GERMANISCHER LLOYD TO FORM THE DNV-GL GROUP 7 AMERICAN ASSOCIATION OF BLOOD BANKS ACCREDITATION (AABB) AABB GRANTED ACCREDITATION TO SENTARA NORTHERN VIRGINIA MEDICAL CENTER IN 2014 THE ACCREDITATION PROGRAM STRIVES TO IMPROVE THE QUALITY AND THE SAFETY O F COLLECTING, PROCESSING, TESTING, DISTRIBUTING AND ADMINISTERING BLOOD AND BLOOD PRODUCTS AND REPRESENTS A STRONG COMMITMENT TO QUALITY OUTCOMES AND PATIENT SAFETY IN THE FIELDS O F TRANSFUSION MEDICINE AND CELLULAR THERAPIES THE PROGRAM LEADERS ASSESS THE QUALITY AND OPERATIONAL SYSTEMS IN PLACE WITHIN EACH FACILITY THEY REVIEW THE BASIS FOR ASSESSMENT IN CLUDES COMPLIANCE WITH STANDARDS, CODE OF FEDERAL REGULATIONS AND FEDERAL GUIDANCE DOCUMEN TS THE AABB ASSESSMENT PROCESS IS RIGOROUS AND BASED ON A QUALITY AND OPERATION SYSTEMS A SSESSMENT DESIGNED TO ENCOURAGE INNOVATION AND ONGOING QUALITY IMPROVEMENT

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	FORM 990, PART III, LINE 4A	8 FIVE-STAR RANKINGS, SILVER ACHIEVEMENT, AND EXCELLENCE IN ACTION AWARDS FOR NURSING CEN TERS IN 2014, FOUR SENTARA NURSING CENTERS IN VIRGINIA AND NORTH CAROLINA RECEIVED THE HIG HEST POSSIBLE OVERALL RATING OF FIVE STARS IN U S NEWS & WORLD REPORT'S SIXTH ANNUAL BEST NURSING HOMES SENTARA NURSING CENTER-WINDERMERE (VIRGINIA BEACH, VA), SENTARA NURSING CE NTER (BARCO, NC), SENTARA NURSING CENTER (PORTSMOUTH, VA) AND SENTARA NURSING CENTER (CHES APEAKE, VA) U S NEWS & WORLD REPORT'S BEST NURSING HOMES RECOGNIZES TOP-RATED HOMES IN T HE UNITED STATES MORE THAN 15,500 HOMES WERE RATED AND FEWER THAN ONE IN EIGHT RECEIVED A FIVE-STAR RATING IN 2011, 2012 AND 2013, SENTARA NURSING CENTER WINDMERE, VIRGINIA BEACH AND NURSING CENTER PORTSMOUTH ALSO RECEIVED FIVE-STAR RATINGS SENTARA NURSING CENTER BAR CO, NORTH CAROLINA RECEIVED FIVE STARS IN 2012 AND 2013 AS WELL IN 2014, MEADOWVIEW TERRA CE, HALIFAX REGIONAL HOSPITAL'S 150-BED LONG-TERM CARE FACILITY IN CLARKSVILLE, VA, RECEIV ED A FIVE-STAR RATING IN THE NEW FIVE-STAR QUALITY RATING SYSTEM FOR NURSING HOMES CONDUCT ED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES THE OVERALL RATING IS BASED ON THE STA R RATINGS IN THREE SEPARATE CATEGORIES HEALTH INSPECTIONS, QUALITY MEASURES AND STAFFING LEVELS FORTY-TWO OF MEADOWVIEW TERRACE'S 150 BEDS ARE LOCATED IN THE FACILITY'S TWO SELF- CONTAINED HOUSEHOLDS FOR RESIDENTS WITH MEMORY-SUPPORT NEEDS, SUCH AS ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIAS SENTARA NURSING CENTER-CURRITUCK RECEIVED A 2012 SILVER-ACHIE VEMENT IN QUALITY AWARD FROM THE AMERICAN HEALTHCARE ASSOCIATION AND NATIONAL CENTER FOR A SSISTED LIVING THE COMPETITIVE AWARDS FOLLOW CRITERIA IN THE BALDRIGE PERFORMANCE EXCELLE NCE PROGRAM AND MARK MEASURABLE PROGRESS IN QUALITY IMPROVEMENTS IN LONG TERM CARE 9 MAG NET HOSPITAL CERTIFICATION IN 2014, THE AMERICAN NURSE CREDENTIALING CENTER (ANCC) RE-DESI GNATED SENTARA NORFOLK GENERAL HOSPITAL (SNGH) AS A MAGNET HOSPITAL THIS IS THE HIGHEST Q UALITY RECOGNITION A HOSPITAL OR HEALTH ORGANIZATION CAN RECEIVE FOR BEST PRACTICES IN NUR SING THROUGHOUT THE WORLD THE DESIGNATION LASTS FOR FOUR YEARS THE SAME YEAR, SENTARA WI LLIAMSBURG REGIONAL MEDICAL CENTER AND SENTARA RMH MEDICAL CENTER RECEIVED MAGNET CERTIFIC ATION FOR THE FIRST TIME MARTHA JEFFERSON HOSPITAL ALSO HOLDS MAGNET CERTIFICATION 10 A MERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) AWARD IN 2014, THE AACN CONFERRED A SIL VER-LEVEL BEACON AWARD FOR EXCELLENCE ON THE ICU AT SENTARA PRINCESS ANNE HOSPITAL THE AW ARD RECOGNIZES CAREGIVERS IN UNITS WHOSE CONSISTENT AND SYSTEMATIC APPROACH TO EVIDENCE-BA SED CARE OPTIMIZES PATIENT OUTCOMES 11 BECKER'S HOSPITAL REVIEW "GREAT 100" ACCOLADE BEC KER'S HOSPITAL REVIEW NAMED SENTARA NORFOLK GENERAL HOSPITAL AS ONE OF THE 100 GREAT HOSPI TALS IN AMERICA IN 2014 BASED UPON ITS "RICH HISTORY, STRONG CREDENTIALS AND GROWING FOCUS ON HOW TO BEST CARE FOR PATIENTS IN AN ERA OF REFORM" 12 MARSHALL STEELE PROGRAM/DESTIN ATION JOINT CENTER THE MARTHA JEFFERSON JOINT REPLACEMENT CENTER HAS ACHIEVED ITS DESIGNAT ION AS A DESTINATION JOINT CENTER BY MARSHALL STEELE. BASED ON A NATIONAL BEST PRACTICE MO DEL FOR HIP AND KNEE REPLACEMENTS, AND STRUCTURED AROUND THE FUNDAMENTAL PRINCIPLE OF WELL NESS, THE PROGRAM BY CONSULTANT MARSHALL STEELE HAS ALLOWED THE JOINT REPLACEMENT SERVICES AT MARTHA JEFFERSON TO IMPROVE AT EVERY LEVEL, FROM PRE-OPERATIVE CARE TO SURGICAL TIMES AND IN-PATIENT STAYS HOSPITALS THAT HAVE IMPLEMENTED THE PROGRAM REPORT SUPERIOR OUTCOMES 13 MISSION HEALTH GAME CHANGER AWARD IN 2014, MISSION HEALTH WAS THE RECIPIENT OF VIR GINIA'S FIRST ANNUAL GAME CHANGER AWARD VIRGINIA HEALTH SECRETARY DR WILLIAM HAZEL PRESE NTED THE AWARD TO TERRINA THOMAS OF SENTARA HEALTH AND PREVENTATIVE SERVICES, ON BEHALF OF THE VIRGINIA HEALTH INNOVATION NETWORK, A PROJECT OF THE VIRGINIA CENTER FOR HEALTH INNOV ATION THE GAME CHANGER AWARD RECOGNIZES AN ORGANIZATION THAT HAS IMPLEMENTED AN OUTSTANDI NG EMPLOYEE HEALTH STRATEGY THAT ENGAGES EMPLOYEES IN HEALTH CARE DECISION-MAKING, IMPROVE S EMPLOYEE HEALTH, AND IMPROVES THE VALUE OF THE ORGANIZATION'S INVESTMENT IN EMPLOYEE HEA LTH 14 SENTARA HOSPITALS RECOGNIZED FOR HEART ATTACK CARE FIVE SENTARA HOSPITALS WERE RE COGNIZED BY THE AMERICAN COLLEGE OF CARDIOLOGY AND THE AMERICAN HEART ASSOCIATION IN 2014 FOR IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART ATTACK PATIENTS IN TWO AREAS ACTION PERFORMANCE RECOGNITION/MISSION LIFELINE PERFORMANCE RECOGNITION - MARTHA JEFFERSON HOSPI TAL - PLATINUM/BRONZE - SENTARA CAREPLEX HOSPITAL - PLATINUM/SILVER - SENTARA LEIGH HOSPIT AL - SILVER/SILVER - SENTARA VIRGINIA BEACH GENERAL HOSPITAL - PLATINUM/BRONZE - SENTARA W ILLIAMSBURG REGIONAL MEDICAL CENTER - PLATINUM/GOLD FOUR HOSPITALS WERE RECOGNIZED IN ACTI ON PERFORMANCE ONLY, ALL RECEIVED PLATINUM AWARDS - SENTARA NORFOLK GENERAL HOSPITAL - SE NTARA NORTHERN VIRGINIA MEDICAL CENTER - SENTARA PRINCESS ANNE HOSPITAL - SENTARA RMH MEDI CAL CENTER 15 FIRST IN THE WORLD TO RECEIVE MIR C

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	FORM 990, PART III, LINE 4A	ERTIFICATION FROM DNV MANAGING INFECTION RISK HAS BEEN PART OF THE SENTARA SAFETY JOURNEY FOR MANY YEARS THAT'S WHY WE WERE EXCITED TO WORK WITH DET NORSKE VERITAS HEALTHCARE, INC (DNV) AS THEY DEVELOPED AND INTRODUCED A NEW CERTIFICATION FOR MANAGING INFECTION RISK (MIR) BOTH SENTARA LEIGH AND SENTARA VIRGINIA BEACH GENERAL HOSPITALS RECEIVED THE CERTIFI CATION IN OCTOBER 2014 THEY WERE THE FIRST IN THE WORLD TO ACHIEVE THE DESIGNATION, WHICH DEMONSTRATES THEIR EFFORTS TO EMBRACE IMPROVEMENT, REDUCE VARIATION, IMPROVE SAFETY AND E NGAGE EVERYONE FACILITY-WIDE IN THE PROCESS B PATIENT SAFETY OUR FOCUS GOES BEYOND THE B ASICS OF MAKING HEALTHCARE SAFE FOR OUR PATIENTS SENTARA HAS BUILT A STRONG "CULTURE OF S AFETY" 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, RELIA BLE AND EFFECTIVE CARE THE FOUNDATION OF THIS CULTURE IS A STRONG ACCOUNTABILITY TO PERFO RM REGIMENTED BEHAVIORS THAT REDUCE MEDICAL ERRORS OUR STAFF USES GUIDELINES KNOWN AS "BE HAVIOR-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 AWA RDS 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 HOSPIT ALS ON PATIENT SAFETY IN VIRGINIA, 58 HOSPITALS WERE NAMED IN THE REPORT, AND SEVEN SENTA RA 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 PREV ENTION 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 DILIGENT LY 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 2014, SENTARA W ILLIAMSBURG REGIONAL MEDICAL CENTER MARKED 10 CONSECUTIVE YEARS WITH ZERO CASES OF VAP, WH ICH NO OTHER HOSPITAL IN THE COUNTRY CAN CLAIM THE DEPARTMENT OF HEALTH AND HUMAN SERVICE S AND THE CRITICAL CARE SOCIETIES COLLABORATIVE HAVE RECOGNIZED WILLIAMSBURG FOR OUTSTANDI NG ACHIEVEMENT AND LEADERSHIP IN THE ELIMINATION OF VAP VOLUNTARY HOSPITALS OF AMERICA (V HA), A VOLUNTARY NATIONAL ORGANIZATION FOCUSED ON HEALTH CARE FINANCIAL PERFORMANCE THROUG H CLINICAL EXCELLENCE AND SUPPLY CHAIN MANAGEMENT, "BLUEPRINTED" THE PRACTICES AT SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER AS A MODEL FOR HOSPITALS ACROSS THE COUNTRY 3 IMPRO VING PATIENT SAFETY THROUGH TECHNOLOGY SENTARA HEALTHCARE PROVIDES THE SENTARA ECARE HEALT H NETWORK THE CLINICAL SYSTEM USES INNOVATIVE TECHNOLOGY TO LINK PATIENT MEDICAL INFORMAT ION BETWEEN OUR HOSPITALS, PHYSICIAN PRACTICES AND OTHER HEALTH CARE SITES OVER A PROTECTE D NETWORK, ENABLING THE SECURE SHARING OF PATIENT INFORMATION, INCREASING PATIENT SAFETY A ND REDUCING PREVENTABLE MEDICAL ERRORS MYCHART, THE COMPONENT OF ECARE THAT ALLOWS PATIEN TS TO ACCESS PART OF THEIR MEDICAL RECORDS, WAS PROMOTED TO PATIENTS IN 2011 A PHONE APP WAS CREATED TO PROVIDE EASY ACCESS AS WELL

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	FORM 990, PART III, LINE 4A	IN 2014, MARTHA JEFFERSON HOSPITAL IN CHARLOTTESVILLE WENT LIVE WITH ITS PATIENT PORTAL, MY MARTHA JEFFERSON RECORD MY MARTHA JEFFERSON RECORD IS SIMILAR TO MYCHART THROUGH THE PORTAL, PATIENTS CAN MANAGE AND MONITOR THEIR HEALTH AND THEIR FAMILY'S HEALTH - EASILY, IMMEDIATELY, ACCURATELY AND SECURELY ONLINE MY MARTHA JEFFERSON RECORD ALLOWS PATIENTS TO VIEW MEDICAL INFORMATION ONLINE, AT ANY TIME, AND FROM ANYWHERE FOR FREE THAT SAME YEAR, MORE THAN 700 PATIENTS CONNECTED WITH SENTARA ALBEMARLE MEDICAL CENTER THROUGH THE MY ALBEMARLE MEDICAL RECORD PATIENT PORTAL IN THE FIRST ITERATION OF THE PRODUCT, PATIENTS ARE ABLE TO LOOK AT REPORTS FROM MEDICAL TESTS, PRE-REGISTER FOR APPOINTMENTS, TRANSITION THEIR MEDICAL RECORD TO A COMMUNITY PROVIDER ELECTRONICALLY AND ESTABLISH MEDICAL PROXIES ALSO IN 2014, OPTIMA HEALTH LAUNCHED A MOBILE APP FOR MEMBERS CALLED MYOPTIMA IT PROVIDES A SECURE, CONVENIENT, AND EASY WAY TO ACCESS IMPORTANT HEALTH PLAN INFORMATION ON DEMAND WITH THE APP, ANYONE CAN SHOP FOR HEALTH PLANS, LOCATE DOCTORS AND FIND URGENT CARE CENTERS OPTIMA HEALTH MEMBERS CAN ALSO SECURELY VIEW BENEFIT INFORMATION, MEMBER ID CARDS, CLAIMS INFORMATION AND THEIR USER PROFILE 2014 MARKED THE 14TH YEAR THAT WE EMPLOYED OUR EICU REMOTE MONITORING SYSTEM FOR OUR SICKEST HOSPITAL PATIENTS SENTARA WAS THE FIRST HOSPITAL SYSTEM IN THE COUNTRY TO IMPLEMENT THE EICU SYSTEM, WHICH USES A NETWORK OF CAMERAS, MONITORS, ALERTS, AND TWO-WAY COMMUNICATION LINKS DOCTORS AND CRITICAL CARE NURSES AT THE EICU COMMAND CENTER MAKE VIRTUAL ROUNDS ON ICU PATIENTS THIS SENTARA-PIONEERED TECHNOLOGY IS NOW USED TO HELP CARE FOR PATIENTS IN NEARLY 5,000 ICU BEDS NATIONALLY ANOTHER SAFETY INITIATIVE ADOPTED BY SENTARA IS BEDSIDE MEDICATION VERIFICATION, INCLUDING BAR-CODING TECHNOLOGY NATIONAL STUDIES HAVE FOUND THAT BEDSIDE VERIFICATION CAN REDUCE HOSPITAL MEDICATION ERRORS BY NEARLY 70 PERCENT VI COMMITMENT TO THE COMMUNITY AS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, WE CONTINUOUSLY REINVEST IN THE COMMUNITY-BY PURCHASING THE MOST MEDICALLY ADVANCED TECHNOLOGY, BUILDING NEW, STATE-OF-THE-ART HEALTHCARE FACILITIES, TRAINING MEDICAL PROFESSIONALS, AND PROVIDING THE HIGHEST QUALITY HEALTHCARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY IT'S NOT JUST OUR MISSION, IT'S OUR COMMITMENT TO THE COMMUNITY WE ARE HONORED TO BE RECOGNIZED FOR BENEFITS WE BRING TO OUR COMMUNITIES AND PROUD TO LEAD THE WAY IN CREATING NEW METHODS OF MEETING COMMUNITY NEEDS SOME OF OUR RECENT HONORS AND EFFORTS INCLUDE THE PRINCE WILLIAM CHAMBER OF COMMERCE HONORED SENTARA NORTHERN VIRGINIA MEDICAL CENTER IN 2014 WITH ITS BUSINESS OF THE YEAR AWARD THE AWARD RECOGNIZES BUSINESSES FOR INNOVATIVE AND OUTSTANDING CONTRIBUTIONS TO THE LOCAL ECONOMY, QUALITY OF LIFE AND THE CHAMBER OF COMMERCE SENTARA RMH MEDICAL CENTER RECEIVED THE CRYSTAL AWARD IN SUSTAINABILITY FOR HEALTHCARE AT THE SECOND ANNUAL ENERGY AND SUSTAINABILITY CONFERENCE IN RICHMOND, VA IN FEBRUARY 2014 THE CRYSTAL AWARDS IN SUSTAINABILITY RECOGNIZE VIRGINIA COMPANIES AND INSTITUTIONS FOR THEIR SUSTAINABILITY MARTHA JEFFERSON HOSPITAL WAS HONORED BY THE CHARLOTTESVILLE REGIONAL CHAMBER OF COMMERCE WITH THE 2012 HOVEY S DABNEY AWARD FOR CORPORATE CITIZENSHIP ORGANIZATIONS RECEIVING THIS AWARD ARE KNOWN FOR ENGAGING IN SOUND, SUCCESSFUL BUSINESS PRACTICE AND BEING GOOD PARTNERS WITH OTHER BUSINESSES, INVESTING DIRECTLY IN THE ECONOMIC AND CULTURAL ADVANCEMENT OF THE COMMUNITY, PERSUING A POSITIVE WORK ENVIRONMENT, AND INSPIRING BY EXAMPLE THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES AWARDED SENTARA RMH MEDICAL CENTER WITH A $3 1 MILLION, FIVE-YEAR GRANT IN NOVEMBER 2012 TO HELP FAMILIES AT RISK FROM SUBSTANCE ABUSE AS A FISCAL AGENT, SENTARA RMH MEDICAL CENTER OVER SEES ADMINISTRATION OF THE GRANT, AND CENTRAL SHENANDOAH VALLEY FAMILY PARTNERSHIP HELPS FAMILIES WITH CHILDREN IN DANGER OF BEING REMOVED FROM THEIR HOMES BECAUSE OF SUBSTANCE ABUSE BY A CAREGIVER HALIFAX REGIONAL DENTAL CLINIC CELEBRATED ITS ONE-YEAR ANNIVERSARY IN EARLY 2014 WITH MORE THAN 4,400 PEOPLE HAVING RECEIVED DENTAL CARE OPERATING SUPPORT FOR THE TWO DENTISTS IS POSSIBLE BECAUSE OF A GRANT ADMINISTERED BY THE VIRGINIA HEALTH CARE FOUNDATION A SIGNIFICANT PORTION OF THE GRANT WAS PROVIDED BY SENTARA TO SERVE HALIFAX COUNTY HERE ARE SOME OF THE OTHER WAYS WE'VE INVESTED IN THE PEOPLE WE SERVE A THE SENTARA HEALTH FOUNDATION WE ESTABLISHED THE SENTARA HEALTH FOUNDATION IN 1998 TO IMPROVE HEALTH AND QUALITY OF LIFE THROUGHOUT SOUTHEASTERN VIRGINIA AND NORTH CAROLINA, AND TO DEMONSTRATE OUR NOT-FOR-PROFIT MISSION THE FOUNDATION HAS TOUCHED THE LIVES OF MANY VIRGINIA RESIDENTS FROM THE EASTERN SHORE TO GREATER HAMPTON ROADS THROUGH GRANTS SUPPORTING COMMUNITY HEALTH PROGRAMS SPECIFICALLY, IT HAS AWARDED OVER $10 MILLION IN GRANTS, INCLUDING $625,000 IN 2014 PROGRAMS INCLUDE DENTAL CARE, PRENATAL SUPPORT, MEDICATION ASSISTANCE, AND REDUCED-COST PRIMARY CARE LOOKING AT THE GRANTS AWARDED

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	FORM 990, PART III, LINE 4A	BY CATEGORIES, 79 PERCENT WENT TO PRIMARY, SPECIALTY AND CHRONIC DISEASE SERVICES, NINE P ERCENT TO MENTAL HEALTH SERVICES, SIX PERCENT TO PRESCRIPTION DRUG SERVICES, FOUR PERCENT TO ORAL HEALTH SERVICES, AND TWO PERCENT TO MATERNAL HEALTH SERVICES 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 PR OVIDE MILLIONS OF DOLLARS IN BENEFITS TO THE COMMUNITY IN 2014, SENTARA REINVESTED $307,2 32,000 INTO OUR COMMUNITIES SENTARA EARMARKED $14,159,000 FOR HEALTH CARE TEACHING PROGRA MS TO ENSURE A QUALIFIED POOL OF PHYSICIANS AND NURSES WE ALSO SPENT $7,539,000 TO SUPPOR T LOCAL COMMUNITY PROGRAMS THAT PROVIDED HEALTH EVENTS AND HEALTH SCREENINGS TO INDIVIDUAL S WE FUNDED $285,534,000 IN UNCOMPENSATED PATIENT CARE FOR PEOPLE WHO WERE UNINSURED OR U NDERINSURED 2 MEDICALLY UNDERSERVED SENTARA MEDICAL GROUP'S PHYSICIANS AND MEDICAL STAFF VOLUNTEER THOUSANDS OF HOURS TO EASTERN VIRGINIA MEDICAL SCHOOL (EVMS), FREE CLINICS, COM MUNITY EDUCATION, AND CIVIC AND CHARITABLE PROGRAMS WE SUPPORT AND OPERATE UNCOMPENSATED CARE CLINICS THROUGHOUT THE REGION, INCLUDING THE SENTARA AMBULATORY CARE CENTER (ACC) TH E ACC IS A COLLABORATIVE EFFORT WITH EVMS AND IS LOCATED NEAR SENTARA NORFOLK GENERAL HOSP ITAL 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 IN NOVEMBER 20 12, SENTARA PARTNERED WITH THE FREE FOUNDATION TO OPEN A VIRGINIA BEACH FACILITY THE NON- PROFIT COLLECTS, REFURBISHES, STERILIZES, AND DISTRIBUTES USED DURABLE MEDICAL EQUIPMENT T O 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 A ND PREVENTION AS PART OF SENTARA'S COMMITMENT TO PREVENTIVE HEALTH MEASURES, WE SPONSOR AN D HOST SPECIAL COMMUNITY INITIATIVES THAT ARE DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEAL TH AND DEVELOP INDIVIDUALS OUR CAMPAIGNS HAVE INCLUDED - PARTNERING WITH MINOR LEAGUE BA SEBALL TO PROMOTE STRIKE OUT STROKE - RECRUITING AND SUPERVISING DEVELOPMENTALLY CHALLENGE D YOUNG ADULT INTERNS THROUGH PROJECT SEARCH - NATIONAL DRUG TAKE BACK DAY - DRIVE-THRU FL U SHOTS - WOMEN'S DAY HEALTH FAIR - WEBINARS FOR WEIGHT LOSS SURGERY - PAINT FACEBOOK PINK TO RAISE AWARENESS FOR BREAST HEALTH - TEXT OUTREACH TO PREGNANT WOMEN - EATING FOR LIFE, AN AWARD-WINNING NUTRITION AND HEALTHY EATING PROGRAM - KNOW YOUR NUMBERS, A CARDIOVASCUL AR 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 SMOKE LESS FOR LIFE, A SMOKING CESSATION PROGRAM - HEALTHY HEART PROGRAM, A CARDIOVASCULAR DISEA SE REDUCTION PROGRAM - SENTARA LIVING, A COMPREHENSIVE WELLNESS PROGRAM FOR SENIORS - SENT ARA'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 LO VED ONE - DON'T SIT ON COLON CANCER HEALTHY EATING AND SCREENING CAMPAIGN AND 5K - PROSTAT E CANCER EDUCATION AND FREE SCREENINGS - MOBILE ER TENTS AT VIRGINIA BEACH ROCK 'N' ROLL H ALF MARATHON - A NEW BLOG FOR WOMEN OF CHILDBEARING AGE WITH INFORMATION AND SUPPORT FOR M OTHERS AND MOTHERS-TO-BE - COURAGE F U N, A PROJECT TO COMBAT CHILDHOOD OBESITY THROUGH SO CCER TRAINING AND WEIGHT MANAGEMENT EDUCATION - LUNG CANCER SCREENING EDUCATION FOR SMOKER S 55 AND OLDER WHO HAVE SMOKED A PACK A DAY FOR OVER 30 YEARS

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	FORM 990, PART III, LINE 4A	2 TOBACCO-FREE ENVIRONMENTS HOSPITALS SEE THE EFFECTS OF TOBACCO EVERY DAY IN HEART DISEA SE, RESPIRATORY AILMENTS, AND CANCERS IN RESPONSE, SENTARA HAS IMPLEMENTED OUR TOBACCO-FR EE ENVIRONMENT CAMPAIGN NO ONE IS ALLOWED TO SMOKE, CHEW OR DIP ANYWHERE ON CAMPUS, NOT E VEN IN CARS THE GOAL IS NOT JUST TO AVOID THE AESTHETIC AND HEALTH ISSUES OF SECOND-HAND SMOKE, BUT ALSO TO PUT SENTARA'S MISSION INTO PRACTICE BY HELPING STAFF, PATIENTS, AND VIS ITORS QUIT THIS HABIT AS OF 2011, ALL OF OUR FACILITIES ADOPTED THE TOBACCO FREE ENVIRONM ENT INITIATIVES WE HAVE EARNED THE AMERICAN CANCER SOCIETY "EXCELLENCE IN THE WORKPLACE T OBACCO CONTROL" AWARD FOR OUR EFFORTS VII OPTIMA HEALTH PLAN A IMPROVING HEALTH OPERATI NG WITH THE SAME MISSION IN MIND -- TO IMPROVE HEALTH EVERY DAY --IS OUR HEALTH PLAN, OPTI MA HEALTH WITH MORE THAN 25 YEARS OF HEALTH INSURANCE EXPERIENCE, OPTIMA HEALTH PROVIDES HEALTH PLAN COVERAGE TO MORE THAN 450,000 MEMBERS THROUGHOUT THE STATE OUR QUALITY PROVID ER NETWORK FEATURES MORE THAN 15,000 PROVIDERS INCLUDING SPECIALISTS, PRIMARY CARE PHYSICI ANS, AND HOSPITALS B SUPPORTING THE COMMUNITY OPTIMA HEALTH PROVIDES MORE THAN INSURANCE FOR OUR COMMUNITIES, WE REACH OUT THROUGH HEALTH SCREENINGS, EVENTS, EDUCATION MATERIALS, AND IMMUNIZATIONS OUR HIGHLIGHTS IN 2014 INCLUDED - WE INTRODUCED A NEW TOOL TO HELP ME MBERS TAKE CONTROL OF HEALTHCARE EXPENSES IT'S CALLED THE TREATMENT COST CALCULATOR LINK ED TO A MEMBER'S "MYOPTIMA" ACCOUNT, THE ONLINE TOOL LETS MEMBERS COMPARE PRICES BETWEEN P ROVIDERS FOR MORE THAN 300 PROCEDURES AND SERVICES AND ESTIMATE OUT-OF-POCKET COSTS - HEA LTH IMPROVEMENT EVENT REQUESTS DECREASED BY ONE PERCENT AND THE NUMBER OF PARTICIPANTS INC REASED BY ELEVEN PERCENT (IN 2013 THERE WERE 1,516 EVENTS WITH 43,351 PARTICIPANTS, COMPA RED TO 1,505 EVENTS WITH 47,987 PARTICIPANTS IN 2014) THESE EVENTS WERE OFFERED TO CHURCH ES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE EMPLOYEES, COMMUNITY HEALTH CENTERS AND O THER COMMUNITY LOCATIONS - FLU PATROL ADMINISTERED A TOTAL OF 10,496 IMMUNIZATIONS THEY GAVE 9,042 TO OPTIMA HEALTH INSURED GROUPS IN VIRGINIA THE REMAINDER WAS DELIVERED TO CHU RCHES AND OTHER COMMUNITY GROUPS - PREVENTIVE BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEAL TH SCREENINGS DELIVERED MESSAGES TO 192,967 ADULT HEALTH PLAN MEMBERS PREVENTIVE BIRTHDAY CARD REMINDERS FOR CHILDREN DELIVERED ANNUAL PHYSICAL EXAM MESSAGES TO 150,271 HEALTH PLA N MEMBERS SELF-CARE MANUALS WERE DISTRIBUTED TO HEALTH PLAN MEMBERS AND COMMUNITY ORGANIZ ATIONS WE SENT OUT 388 IN 2014 - THE TOBACCO CESSATION PROGRAM HAD OVER 12,000 INTERVENT IONS IN 2014 WE SENT OUT 46,261 CAMPUS-WIDE ELECTRONIC INTERVENTIONS TO PROMOTE THE GREAT AMERICAN SMOKEOUT (GASO) AND DISTRIBUTED 5,000 GASO QUIT KITS OUR CERTIFIED TOBACCO TREA TMENT SPECIALISTS FACILITATED 14 TOBACCO CESSATION AWARENESS GROUP PROGRAMS FOR 79 PARTICI PANTS AND PROVIDED 12 TOBACCO AWARENESS PRESENTATIONS FOR 60 COMMUNITY AND EMPLOYER GROUPS OVER 400 INPATIENTS FROM SENTARA VIRGINIA BEACH GENERAL HOSPITAL AND SENTARA HEART HOSPI TAL WERE CONTACTED FOUR WEEKS AFTER THEIR HOSPITAL DISCHARGE FOR TOBACCO CESSATION FOLLOW- UP - HEALTHY EDGE/MISSION HEALTH DURING THE MONTH OF NOVEMBER, 17,817 EMPLOYEES COMPLET ED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM OF THOSE, 10, 022 EMPLOYEES ATTENDED 130 ON-SITE HEALTH SCREENINGS WITHIN SIX MONTHS IN 2014, 5,105 EMP LOYEES WERE IDENTIFIED WITH TWO OR MORE HEALTH RISKS 2,338 EMPLOYEES AGREED TO ONLINE COA CHING AND 2,767 EMPLOYEES AGREED TO TELEPHONIC COACHING 2,998 EMPLOYEES AGREED TO CONTINU E ENGAGING WITH THEIR HEALTH COACH 3,086 EMPLOYEES FROM 2014 WILL NO LONGER NEED TO ENGAG E WITH A HEALTH COACH - WEBMD BECAME OUR NEW HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER IN OCTOBER 2014 THIS IS A REPLACEMENT FOR HEALTHYROADS - WELLNESSFORLIFE 12,374 CITY OF VIRGINIA BEACH AND VIRGINIA BEACH PUBLIC SCHOOL EMPLOYEES COMPLETED REGISTRATION FOR ENROLLMENT INTO THE WELLNESS PROGRAM OF THOSE, 6,470 EMPLOYEES ATTENDED 56 ON-SITE HE ALTH SCREENINGS WITHIN NINE MONTHS 3,486 EMPLOYEES WERE IDENTIFIED WITH TWO OR MORE HEALT H RISKS OVERALL EIGHTY PERCENT OF ELIGIBLE EMPLOYEES PARTICIPATED - HAMPTON ROADS SANITA TION 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 IN SURED WITH ANOTHER CARRIER FOR OUR OUTSTANDING WELLNESS SERVICES PROGRAMMING POSITIVELY A FFECTED NINE HUNDRED AND THIRTY EMPLOYEES AND THEIR SPOUSES IN 2014 - POCKET EKG SCREENED 189 PARTICIPANTS IN 2014 ONE HUNDRED AND SEVENTY NINE (95 PERCENT) OF THOSE PARTICIPANTS WERE IDENTIFIED WITH CARDIOVASCULAR HEALTH RISKS C ACCREDITATION AND AWARDS THE NATIONA L COMMITTEE FOR QUALITY ASSURANCE (NCQA) HAS RECOGNIZED OUR QUEST FOR EXCELLENCE BY AWARDI NG OUR COMMERCIAL HMO AND MEDICAID HMO PRODUCTS WITH AN "EXCELLENT" ACCREDITATION STATUS WE HAVE MAINTAINED THIS RATING SINCE 1998, A CLAIM

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	FORM 990, PART III, LINE 4A	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 WITHS TAND SEVERE ECONOMIC ADVERSITY AND SHOWING EXCEPTIONAL FINANCIAL STRENGTH THESTREET COM I S THE NATION'S LEADING INDEPENDENT PROVIDER OF RATINGS AND ANALYSES OF FINANCIAL SERVICE C OMPANIES, 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 THESTREET COM RATING'S CRITERIA FOR EXCEPTIO NAL 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 ADVA NCED MEDICAL EQUIPMENT POSSIBLE, CARING FOR A NEW PATIENT WHO MIGHT NOT OTHERWISE BE HELPE D, OR RESEARCHING NEW WAYS TO PREVENT OR CURE CHALLENGING HEALTH CONDITIONS WHILE OUR OFF ICIAL PATIENT COUNT COULD BE FIGURED HOSPITAL BY HOSPITAL AND PHYSICIAN'S OFFICE BY PHYSIC IAN'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 HE ALTH SERVICES AND PROGRAMS OFFERED EACH YEAR

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS DAVID BERND AND HOWARD KERN HAVE A BUSINESS RELATIONSHIP 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 B, LINE 11	FORM 990 REVIEW PROCESS THE ORGANIZATION USED ITS OWN IN-HOUSE TAX DEPARTMENT, HEADED BY A LICENSED CERTIFIED PUBLIC ACCOUNTANT, TO BOTH PREPARE AND REVIEW ITS FORM 990 DURING THE PREPARATION AND REVIEW PROCESS, THE TAX DEPARTMENT WORKED CLOSELY WITH OTHER DEPARTMENTS, SUCH AS LEGAL, COMPENSATION AND BENEFITS, COMPLIANCE, FINANCE, AND MARKETING, TO ENSURE THAT A COMPLETE AND ACCURATE RETURN WAS FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES SUBMIT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED THE ORGANIZATION'S GOVERNING BOARD OR APPROPRIATE COMMITTEE MONITORS TRANSACTIONS INVOLVING DISCLOSED POTENTIAL CONFLICTS OF INTEREST, TO ENSURE THAT THEY ARE REASONABLE AND AT ARM'S LENGTH

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS THE COMPENSATION PHILOSOPHY OF THE ORGANIZATION IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION IN LINE WITH THIS PHILOSOPHY, THE ORGANIZATION PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES THE COMPENSATION COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES THE STUDY COMPARED THE COMPENSATION OF THE ORGANIZATION'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEAR THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 30 HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, BOND RATING, AND QUALITATIVE PERFORMANCE MEASURES BASED ON RANKINGS FROM SDI'S NATIONAL TOP INTEGRATED HEALTH NETWORKS OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE THE COMPENSATION STUDY WAS PRESENTED TO THE ORGANIZATION'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A)ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CEO, PRESIDENT AND COO, SENIOR VICE PRESIDENT AND CFO, SENIOR VICE PRESIDENTS AND CORPORATE VICE PRESIDENTS THE PROCESS WAS LAST UNDERTAKEN DURING 2014 FOR ALL POSITIONS LISTED

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	JOINT VENTURE POLICY THE ORGANIZATION HAD A WRITTEN POLICY REQUIRING EVALUATION OF ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS UNDER APPLICABLE FEDERAL TAX LAW THIS POLICY WAS APPROVED BY MANAGEMENT THE ORGANIZATION ALSO TOOK STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL CONTRIBUTION TO SUBSIDIARY -12,000,000 CAPITAL DISTRIBUTION FROM SUBSIDIARY 48,000,000 DEEMED DISTRIBUTION FROM CFC NOT ON BOOKS -9,560,881 CHANGE IN FUNDED STATUS OF PENSION LIABILITY -209,854,135 PARTNERSHIP INCOME TAX > BOOK -312,182 BOOK RECLASS OF INTERCOMPANY ACCTS TO EQUITY 177,785,379 SUBPART F INCOME NOT ON BOOKS -2,278,047 NET ASSET TRANSFERS FROM SUBSIDIARIES -134,627,185

Return Reference	Explanation
FORM 990-EXPLANATION OF AMENDED RETURN	THE ORGANIZATION IS AMENDING FORM 990, PART VII, SECTION A, COLUMN (F), AND SCHEDULE J, PART II, COLUMNS (B) AND (C) TO CORRECTLY REPORT ITEMS OF DEFERRED COMPENSATION WHICH WERE EITHER NOT REPORTED IN THE ORIGINAL FILING OR WERE ORIGINALLY REPORTED IN THE WRONG COLUMN OF SCHEDULE J IN ADDITION, THE ORGANIZATION IS AMENDING FORM 990, PART I, PART III, 4A, AND PART VIII TO SEPARATELY STATE PROGRAM SERVICE REVENUE FROM ITS CLINICALLY INTEGRATED NETWORK, SQCN, INCLUDING THE NON-PATIENT UNRELATED PORTION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SENTARA HEALTHCARE

Employer identification number
52-1271901

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SENTARA QUALITY CARE NETWORK LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-1265616	HEALTH CARE	VA	1,182,327	0	SENTARA HEALTHCARE

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

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

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) CLARKSVILLE SENIOR CARE LLC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1957066	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
(1) HALIFAX REGIONAL DEV FOUNDATION INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801459	HLTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
(2) HALIFAX REGIONAL HOSPITAL INCORPORATED 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-0648699	HEALTHCARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(3) HALIFAX REGIONAL LONG TERM CARE INC 103 ROSE HILL DRIVE SOUTH BOSTON, VA 24592 54-6074529	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
(4) SENTARA 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) TIDEWATER HEALTH CARE INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1277419	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	Yes	
(6) SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(7) SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
(8) SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
(9) SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
(10) MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
(11) OPTIMA HEALTH PLAN 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	11A - I	SENTARA HEALTHCARE	Yes	
(12) POTOMAC HOSPITAL CORP OF PRINCE WILLIAM 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(13) SENTARA RMH MEDICAL CENTER 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-0506331	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
(14) VALLEY WELLNESS CENTER 501 STONE SPRING ROAD HARRISONBURG, VA 22801 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA RMH MEDICAL CENTER	Yes	
(15) MJH FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
(16) MARTHA JEFFERSON HOSPITAL FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 30-0041113	FUNDRAISING	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
(17) MARTHA JEFFERSON HOSPITAL 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-0261840	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SVI	UNRELATED	28,157	291,806		No			No	40 000 %
MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	SH	UNRELATED	14,078	145,908		No			No	20 000 %
OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	SH	RELATED	143,668	3,433,113		No			No	61 540 %
PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	SH	RELATED	1,633,757	2,701,697		No			No	51 560 %
VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	SH	RELATED	840,546	3,359,784		No			No	50 000 %
AMER HEALTH EVAL CTR-WMSBG LLC 739 THIMBLE SHOALS STE 105 NEWPORT NEWS, VA 23606 26-3761741	HEALTH CARE	VA	SVI	UNRELATED		-232,199		No			No	35 000 %
CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	SH	RELATED	688,295	5,906,064		No			No	50 000 %
HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	SVI	UNRELATED	539,350	62,876		No			No	33 330 %
HEALTHCARE PERFORMANCE IMPROVEMENT LLC 5041 CORPORATE WOODS DR STE 180 VIRGINIA BEACH, VA 23462 20-4024074	CONSULTING	VA	SVI	UNRELATED	801,959	1,531,864		No			No	39 350 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SE	RELATED	155,077	1,177,986		No			No	25 000 %
RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE L CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	SH	RELATED	155,077	1,177,986		No			No	25 000 %
SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	SH	RELATED	808,917	1,589,100		No			No	53 040 %
ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	SE	RELATED	-64,427	4,244,958		No			No	70 000 %
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTHCARE	VA	PHC	RELATED	-65,778	2,059,805		No			No	50 000 %
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-4185117	MGT SVCS	VA	SH	RELATED	135,793	15,671		No			No	40 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	SH	RELATED	2,077,872	2,954,002		No			No	50 000 %
PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	MJME	UNRELATED	159,821	174,070		No			No	50 000 %
MNS SUPPLY CHAIN NETWORK LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 45-4235238	GPO	DE	SHC	UNRELATED	104,471	24,289		No		Yes		33 330 %
LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBRIDGE, VA 22192 45-5347932	HEALTH CARE	VA	PHC	RELATED	607,153	1,752,921		No			No	42 000 %
ALETA HEALTH LLC 2300 OPITZ BLVD WOODBRIDGE, VA 22191 46-5661314	MSO	DE	PVC	UNRELATED	-45,628	973,629		No			No	51 000 %

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**							
SENTARA SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	HALIFAX REGIONAL HOSPITAL INC	C	1,651,742	346,514	100 000 %	Yes
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	HALIFAX REGIONAL PROFESSIONAL SERVICES LLC	C	29,849,286	4,605,715	100 000 %	Yes
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	SENTARA HEALTHCARE	C		3,259,903	100 000 %	Yes
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	SENTARA HOLDINGS INC	C	1,626,149	41,983,673	100 000 %	Yes
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	SENTARA HEALTH PLANS INC	C	8,281	2,535,177	100 000 %	Yes
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	SENTARA HEALTH PLANS INC	C	111,114,864	31,436,173	100 000 %	Yes
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	SENTARA HEALTH PLANS INC	C	38,089,894	2,386,104	100 000 %	Yes
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	SENTARA HOLDINGS INC	C	19,569,924	13,853,567	100 000 %	Yes
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	SENTARA MEDICAL GROUP	C	5,646,330	1,503,383	100 000 %	Yes
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	SENTARA HOLDINGS INC	C		2,037,773	100 000 %	Yes
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	SEN OBICI PROF CTR	C		2,245	100 000 %	Yes
POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBRIDGE, VA 22191 54-1441420	PHARMACY	VA	POTOMAC HOSPITAL CORP	C	506,435	3,644,761	100 000 %	Yes
ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-1721387	CONTRACTING SVCS	VA	SENTARA RMH MEDICAL CENTER	C			100 000 %	Yes
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	MARTHA JEFFERSON HOSPITAL	C	3,083,137	429,499	100 000 %	Yes
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	SENTARA HEALTHCARE	C	14,764,880	80,835,279	100 000 %	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**								
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 1144 NORTH ROAD STREET ELIZABETH CITY, NC 27909 26-4592192	PHYS PRACTICE	NC	SENTARA ALBEMARLE REGIONAL MEDICAL CENTER LLC	C	1,958,683	1,638,277	100 000 %	Yes	
SENTARA HEALTH PLANS OF OHIO INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1509408	TPA	OH	SENTARA HOLDINGS INC	C		750	100 000 %	Yes	
SENTARA HEALTH INSURANCE CO OF NC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1888140	HEALTH INSURANCE	NC	SENTARA HOLDINGS INC	C		2,500,000	100 000 %	Yes	
SENTARA HEALTH PLANS OF NC INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 46-5510421	TPA	NC	SENTARA HOLDINGS INC	C		5,000	100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SENTARA HOSPITALS	C	23,480,450	CORP BOOKS/REC
SENTARA HOSPITALS	L	53,441,769	CORP BOOKS/REC
SENTARA HOSPITALS	M	362,016	CORP BOOKS/REC
SENTARA HOSPITALS	N	594,477	CORP BOOKS/REC
SENTARA HOSPITALS	Q	211,102	CORP BOOKS/REC
SENTARA HOSPITALS	S	232,791,620	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	C	872,797	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	L	2,006,140	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	O	93,108	CORP BOOKS/REC
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	S	6,335,490	CORP BOOKS/REC
TIDEWATER HEALTH CARE INC	A	7,402,988	CORP BOOKS/REC
TIDEWATER HEALTH CARE INC	D	146,659,181	CORP BOOKS/REC
TIDEWATER HEALTH CARE INC	L	6,262,457	CORP BOOKS/REC
TIDEWATER HEALTH CARE INC	Q	118,322,355	CORP BOOKS/REC
TIDEWATER HEALTH CARE INC	S	11,866,433	CORP BOOKS/REC
SMG INNOVATIONS INC	Q	149,718	CORP BOOKS/REC
SENTARA MEDICAL GROUP	B	37,650,500	CORP BOOKS/REC
SENTARA MEDICAL GROUP	C	1,086,522	CORP BOOKS/REC
SENTARA MEDICAL GROUP	L	2,628,548	CORP BOOKS/REC
SENTARA MEDICAL GROUP	Q	167,185	CORP BOOKS/REC
SENTARA ENTERPRISES	B	2,517,498	CORP BOOKS/REC
SENTARA ENTERPRISES	C	1,916,781	CORP BOOKS/REC
SENTARA ENTERPRISES	L	4,354,524	CORP BOOKS/REC
MPB INC	B	23,965,017	CORP BOOKS/REC
MPB INC	K	168,284	CORP BOOKS/REC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MPB INC	L	1,858,276	CORP BOOKS/REC
SENTARA LIFE CARE CORP	C	1,309,063	CORP BOOKS/REC
SENTARA LIFE CARE CORP	L	2,968,194	CORP BOOKS/REC
SENTARA LIFE CARE CORP	S	6,112,066	CORP BOOKS/REC
SENTARA VENTURES INC	O	244,251	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	L	7,370,673	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	M	6,643,405	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	O	932,036	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	Q	11,863,579	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	S	1,224,720	CORP BOOKS/REC
OPTIMA HEALTH PLAN	S	48,000,000	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	B	12,000,000	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	B	73,059,477	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	S	167,029,178	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	O	112,140	CORP BOOKS/REC
BAY PRIMEX INSURANCE COMPANY LTD	S	9,560,881	CORP BOOKS/REC
OBICI ASC	Q	175,778	CORP BOOKS/REC
PRINCESS ANNE ASC	L	113,289	CORP BOOKS/REC
PRINCESS ANNE ASC	Q	252,337	CORP BOOKS/REC
ST LUKES PROPERTIES LLC	Q	475,288	CORP BOOKS/REC
HALIFAX REGIONAL HOSPITAL	B	1,890,705	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	B	63,867,706	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	S	243,979,585	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	O	112,140	CORP BOOKS/REC