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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CENTRA HEALTH INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1920 ATHERHOLT ROAD

City or town, state or country, and ZIP + 4
LYNCHBURG, VA 24501

D Employer identification number
54-0715569

E Telephone number
(434) 200-4708

G Gross receipts $ 500,558,156

F Name and address of principal officer
LEWIS ADDISON
1920 ATHERHOLT ROAD
LYNCHBURG,VA 24501

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CENTRAHEALTH COM

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

L Year of formation 1962

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVISION OF HEALTHCARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	5,833
6	Total number of volunteers (estimate if necessary)	6	1,144
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	9,314,177
b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,467,233

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	5,275,776	4,790,281
9	Program service revenue (Part VIII, line 2g)	414,737,904	490,149,177
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,587,658	1,845,042
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,324,693	3,773,656
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	427,926,031	500,558,156
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	371,582	398,850
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	188,941,881	257,041,242
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	202,026,219	238,916,157
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	391,339,682	496,356,249
19	Revenue less expenses Subtract line 18 from line 12	36,586,349	4,201,907

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	642,813,284	584,178,946
21	Total liabilities (Part X, line 26)	280,701,573	350,908,315
22	Net assets or fund balances Subtract line 21 from line 20	362,111,711	233,270,631

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

****** | 2011-01-10
Signature of officer | Date

LEWIS ADDISON CFO SENIOR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Amy Bibby	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: DIXON HUGHES PLLC, 500 Ridgefield Court, Asheville, NC 28806			EIN ▶
			Phone no ▶ (828) 254-2254

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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

EXCELLENT CARE, EVERY TIME

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 452,549,131 including grants of $ 398,608) (Revenue $ 489,157,793)

AS THE REGIONAL HEALTH CARE LEADER, CENTRA HEALTH, INC 'S COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES CENTRA HEALTH, INC (CENTRA) HAS BEEN BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR OVER 20 YEARS, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOLADES FOR ITS QUALITY OF CARE HOWEVER, JUST AS IMPORTANT IS CENTRA'S COMMITMENT AND DEDICATION TO SERVING AS A PARTNER IN THE REGIONAL COMMUNITIES IT SERVES DISEASE PREVENTION AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES THROUGHOUT THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND EDUCATIONAL PROGRAMS, CENTRA IS COMMITTED TO PROVIDING THE BEST HEALTH CARE FOR ITS PATIENTS AND IMPROVING THE HEALTH AND WELLNESS OF ALL THE RESIDENTS OF CENTRAL VIRGINIA CENTRA'S COMMUNITY EVENTS, OFFERED IN COLLABORATION WITH THE CENTRA HEALTH FOUNDATION AND THE CENTRA MEDICAL STAFF, IS JUST ONE EXAMPLE OF CENTRA'S MANY SERVICES TO THE COMMUNITY IN ADDITION, CENTRA EMPLOYEES DEDICATE THEMSELVES TO IMPROVING THE HEALTH AND WELL BEING OF THE COMMUNITY BY TAKING AN ACTIVE ROLE IN THE REGION, FROM VOLUNTEERING FOR LOCAL BOARDS AND CIVIC AND COMMUNITY ORGANIZATIONS TO PARTICIPATING IN COMMUNITY EVENTS AND STAFFING HEALTH AND WELLNESS FAIRS CENTRA IS A MAJOR PARTNER IN THE HEALTH OF THE REGION AND TAKES GREAT PRIDE IN PROVIDING FACILITIES, RESOURCES AND EXPERTISE TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE THROUGHOUT CENTRAL VIRGINIA DURING 2008, CENTRA RECEIVED THE FOLLOWING NATIONAL AWARDS AND ACCOLADES RANKINGS AS ONE OF THE TOP HEART HOSPITALS IN THE COUNTRY CENTRA HAS BEEN NAMED ONE OF THE TOP CARDIOVASCULAR HOSPITALS IN THE COUNTRY AND HOLDS THE SOCIETY OF THORACIC SURGEONS' HIGHEST RATING FOR QUALITY IN CARDIAC SURGERY NATIONAL RECOGNITION FOR ITS USE OF INFORMATION TECHNOLOGY IN ITS DELIVERY OF EXCELLENT PATIENT CARE IN JULY, CENTRA WAS NAMED ONE OF THE MOST WIRED HOSPITALS AND HEALTH SYSTEMS IN THE COUNTRY BY H&HN (HOSPITALS & HEALTH NETWORKS) MAGAZINE JUST DAYS LATER, CENTRA RECEIVED A NATIONAL 2008 VIP AWARD FROM MCKESSON TECHNOLOGY SOLUTIONS FOR ITS USE OF INFORMATION TECHNOLOGY TO ACHIEVE OUTSTANDING RESULTS IN THE DELIVERY OF HEALTH CARE AWARDS FOR CRITICAL CARE EXCELLENCE AND CLINICAL EXCELLENCE IN ITS INTENSIVE CARE UNITS, HAVING EARNED THE BEACON AWARD FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE AS WELL AS TOP AWARDS FROM VHA 2008 COMMUNITY BENEFIT HIGHLIGHTSCENTRA CONTRIBUTED MORE THAN $55 MILLION TOWARD COMMUNITY BENEFITS, INCLUDING TRADITIONAL CHARITY CARE, WHICH INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY DURING 2008, $36,247,450 OF CHARGES AT AN ESTIMATED COST OF $19,153,582 WAS PROVIDED TO PATIENTS OF CENTRA THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY ASSISTANCE FOCUSES ON INCOME LEVELS SET BY THE STATE OF VIRGINIA THESE POLICIES CALL FOR PROVIDING CARE FREE OF CHARGE TO PATIENTS WHO DEMONSTRATE A FAMILY INCOME BELOW OR EQUAL TO 150 PERCENT OF THE STATE APPROVED POVERTY GUIDELINE PATIENTS WHO HAVE A FAMILY INCOME OF GREATER THAN 150 PERCENT TO 300 PERCENT OF THE POVERTY LEVEL ARE ELIGIBLE FOR PARTIAL ASSISTANCE BASED ON A DISCOUNT SCHEDULE THAT CONSIDERS BOTH FAMILY GROSS INCOME AND ACCOUNT BALANCE ASSISTANCE IS PROVIDED BY CENTRA AND FROM INDIGENT FUNDS MADE AVAILABLE BY CENTRA HEALTH FOUNDATION UNPAID COSTS OF MEDICARE, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICARE FOR CARE RENDERED TO MEDICARE PATIENTS, TOTALED $22,951,781 UNPAID COSTS OF MEDICAID, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICAID FOR CARE RENDERED TO MEDICAID PATIENTS, TOTALED $12,152,378 COMMUNITY HEALTH INITIATIVE GRANTS, WHICH INCLUDE CONTRIBUTIONS MADE BY CENTRA TO THE CENTRA HEALTH FOUNDATION TO SUPPORT COMMUNITY INITIATIVE PROGRAMS, TOTALED $250,000 CASH/IN-KIND DONATIONS, WHICH INCLUDE CONTRIBUTIONS MADE ON BEHALF OF CENTRA TO THE COMMUNITY AND IN-KIND DONATIONS, TOTALED $472,190 MEDICAL EDUCATION, WHICH INCLUDES CONTINUING MEDICAL EDUCATION AND SCHOLARSHIPS FOR NURSES AND OTHER HEALTH CARE PROFESSIONALS, TOTALED $134,286 COMMUNITY EDUCATION, WHICH INCLUDES COMMUNITY/PATIENT HEALTH EDUCATION PROGRAMS, HEALTH SCREENINGS, COUNSELING AND SUPPORT GROUPS, TOTALED $76,586 RESEARCH, WHICH INCLUDES FUNDS TO SUPPORT CLINICAL RESEARCH ACTIVITIES, TOTALED $69,113 COMMUNITY EDUCATION & HEALTH SCREENINGSCENTRAL VIRGINIANS BENEFIT FROM QUALITY HEALTH EDUCATION OPPORTUNITIES AND SCREENINGS, THANKS TO THE PARTNERSHIP BETWEEN CENTRA AND THE CENTRA HEALTH FOUNDATION INCLUDED BELOW IS A LIST OF SELECTED ACCOMPLISHMENTS AND COMMUNITY SUPPORT CENTRA PROVIDED IN 2008 AS A COMMUNITY PARTNER CENTRA EMPLOYEES CONTINUALLY OFFER PROFESSIONAL HEALTH EDUCATION PROGRAMS, CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS THROUGHOUT THE REGION IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND MANY OTHER PROFESSIONALS AT CENTRA PROVIDE "ONE-ON-ONE" PERSONALIZED EDUCATION IN 2008, HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS REACHED MORE THAN 13,800 PEOPLE BREAST HEALTH EDUCATION AN EDUCATIONAL PROGRAM OFFERED TO THE COMMUNITY TO ADDRESS BREAST HEALTH, SELF BREAST EXAMS, CLINICAL BREAST EXAMS AND MAMMOGRAMS THIS PROGRAM'S OBJECTIVE IS TO INCREASE HEALTH SEEKING BEHAVIORS RELATED TO BREAST HEALTH AND DECREASE MORBIDITY AND MORTALITY RELATED TO BREAST CANCER IN 2008, 1,376 PEOPLE WERE SERVED BY THIS PROGRAM CARDIAC EDUCATION AND SCREENINGS PROGRAMS OFFER RESIDENTS HEART HEALTHY EDUCATION, FREE CARDIOPULMONARY RESUSCITATION TRAINING, CHOLESTEROL SCREENINGS, CARDIAC RISK ASSESSMENTS AND BLOOD PRESSURE SCREENINGS MANY PROGRAMS ARE OFFERED THROUGHOUT THE YEAR DIABETIC EDUCATION CENTRA EMPLOYS CERTIFIED DIABETIC EDUCATORS AND REGISTERED NURSES WITH SPECIAL EDUCATION THESE NURSES OFFER DIABETIC EDUCATION PROGRAMS, GLUCOSE SCREENINGS AND DIABETIC EDUCATION CLASSES IN BOTH INPATIENT AND OUTPATIENT SETTINGS IN ADDITION, EDUCATION AND SUPPORT IS PROVIDED TO FAMILY MEMBERS AND CAREGIVERS OF DIABETIC PATIENTS NURSES OFTEN MEET WITH PEOPLE TO PROVIDE PERSONALIZED TEACHING IN ACCORDANCE WITH THEIR PHYSICIAN'S ORDERS IN 2008, NURSES ALSO VISITED SCHOOLS IN THE COMMUNITY AND GAVE VALUABLE DIABETIC AWARENESS AND TREATMENT INFORMATION TO SCHOOL STAFF HEALTH SCREENINGS AND COMMUNITY HEALTH EDUCATION CENTRA PROVIDES SPONSORSHIP AND SUPPORT OF COMMUNITY HEALTH EDUCATION AND HEALTH SCREENING PROGRAMS HEALTH AND WELLNESS TOPICS SPAN THE HEALTH AND WELLNESS CONTINUUM, ADDRESSING BOTH WELLNESS AND DISEASE-RELATED ISSUES HEALTH SCREENINGS PROVIDED THROUGHOUT THE REGION INCLUDE BLOOD SUGAR, CHOLESTEROL, BODY FAT PERCENTAGE, PULMONARY FUNCTION, PSA FOR PROSTATE CANCER, SKIN AND COLORECTAL CANCER, BLOOD PRESSURE SCREENINGS AND OSTEOPOROSIS SCREENINGS MAMMOGRAPHY SCREENINGS ARE ALSO PROVIDED AT NO CHARGE TO WOMEN WHO ARE UNDERINSURED OR UNINSURED LEARNING CONNECTION THE LEARNING CONNECTION IS AN EDUCATIONAL AND SUPPORT PROGRAM FOR DIABETICS AND THEIR FAMILIES IN 2008, 125 PEOPLE WERE SERVED BY THIS PROGRAM ORTHOPEDIC COMMUNITY EDUCATION PROGRAMS ARE OFFERED TO THE COMMUNITY TO EDUCATE ABOUT ARTHRITIS AND JOINT-RELATED DISEASES AND CONDITIONS IN 2008, 161 PEOPLE WERE SERVED BY THESE PROGRAMS SLEEP DISORDERS CENTER OUTREACH THE SLEEP DISORDERS CENTER AT VIRGINIA BAPTIST HOSPITAL PARTICIPATED IN NUMEROUS HEALTH FAIRS AT LOCAL BUSINESSES AND CHURCHES IN THE COMMUNITY STAFF MEMBERS GAVE LECTURES AND PRESENTATIONS ON SLEEP DISORDERS PRESENTATIONS INCLUDED INFORMATION RELATED TO HEALTHY SLEEP HABITS, THE IMPORTANCE OF SLEEP, HEALTH RISKS DUE TO SLEEP DISORDERS AND TREATMENT OPTIONS THE WITNESS PROJECT THE WITNESS PROJECT IS A BREAST HEALTH EDUCATION PROGRAM SERVING ALL WOMEN, AND TARGETING THE UNDERSERVED IN 2008, MORE THAN 1,160 WOMEN WERE REACHED THROUGH CENTRA'S WITNESS PROJECT AS PART OF THE PROGRAM, LAY HEALTH EDUCATORS AND BREAST CANCER SURVIVORS TRAIN WITH REGISTERED NURSES WHO ARE BREAST HEALTH EDUCATORS TO BRING CULTURALLY COMPETENT PROGRAMS TO WOMEN IN COMMUNITY SETTINGS THE PROJECT, PART OF A NATIONAL PROGRAM AND THE FIRST IN VIRGINIA, RECEIVES SUPPORT FROM CENTRA, CENTRA HEALTH FOUNDATION AND THE SUSAN G KOMEN FOUNDATION VOUCHERS FOR SCREENING MAMMOGRAMS ARE ALSO AVAILABLE TO UNINSURED WOMEN WITH FINANCIAL NEEDS CONTINUED ON NEXT STATEMENT

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

COMMUNITY CLASSESIN ADDITION TO FREE SCREENINGS, SUPPORT GROUPS AND COMMUNITY OUTREACH, CENTRA ALSO PROVIDED EDUCATIONAL CLASSES TO THE COMMUNITY ON A BROAD RANGE OF HEALTH AND WELLNESS TOPICS CLASSES INCLUDED FAMILY EMERGENCY CARE (CPR), BABY CARE, INFANT MASSAGE, BREAST-FEEDING, LAMAZE, PUBERTY, SAFE SITTER AND NEW SIBLING CLASSES SUPPORT GROUPSSUPPORT GROUPS - OFFERED TO THE COMMUNITY WITHOUT CHARGE PROVIDE A FORUM FOR EDUCATION AND THE EXCHANGE OF IDEAS THESE GROUPS ADDRESS AN ARRAY OF ISSUES INCLUDING BEREAVEMENT, BREAST CANCER, PROSTATE CANCER, OB/GYN CANCER, SLEEP DISORDERS AND CARDIAC REHABILITATION MORE THAN 440 PEOPLE PARTICIPATED IN SUPPORT GROUPS AT CENTRA IN 2008 BEREAVEMENT SUPPORT GROUP RESOLVE THROUGH SHARING BEREAVEMENT SUPPORT GROUP IS FOR PARENTS WHO HAVE EXPERIENCED THE LOSS OF A BABY IN PREGNANCY OR INFANCY, INCLUDING ECTOPIC PREGNANCY, MISCARRIAGE, STILLBIRTH, MEDICAL INTERRUPTION, NEONATAL DEATH OR SIDS PARENTS SHARE THEIR EXPERIENCES AND COPING STRATEGIES AND A LENDING LIBRARY IS AVAILABLE AT EACH MEETING IN 2008, 89 INDIVIDUALS WERE SERVED BREAST CANCER SUPPORT GROUP A BREAST CANCER SUPPORT GROUP IS OFFERED TO WOMEN DIAGNOSED WITH BREAST CANCER AT ANY STAGE OF THE DISEASE THE SUPPORT GROUP ADDRESSES BREAST HEALTH AND RELATED ISSUES OF IMPORTANCE TO WOMEN WITH BREAST CANCER THIS GROUP MEETS ONCE A MONTH AND REACHED 129 WOMEN IN 2008 CENTRAL VIRGINIA AWAKE (ALERT, WELL AND KEEPING ENERGETIC) SUPPORT GROUP THIS GROUP OFFERS SUPPORT AND SHARES INFORMATION ABOUT SLEEP DISORDERS, TREATMENTS, EQUIPMENT AND SUPPLIES TO IMPROVE THE QUALITY OF SLEEP IN 2008, 72 PEOPLE WERE SERVED MAN TO MAN MAN TO MAN IS AN AMERICAN CANCER SOCIETY EDUCATIONAL SUPPORT GROUP DESIGNED TO MEET THE NEEDS OF MEN DIAGNOSED WITH PROSTATE CANCER AND SPOUSES OR CAREGIVERS MENDED HEARTS/CARDIAC REHAB SUPPORT GROUPS THESE CARDIAC-RELATED SUPPORT GROUPS OFFER EDUCATION AND EMOTIONAL SUPPORT TO CARDIAC PATIENTS AND THEIR FAMILIES OB/GYN CANCER SUPPORT GROUP THE OB/GYN CANCER SUPPORT GROUP IS OFFERED TO WOMEN DIAGNOSED WITH OB/GYN CANCER AT ANY STAGE OF THE DISEASE THIS SUPPORT GROUP ADDRESSES OB/GYN HEALTH AND RELATED ISSUES OF IMPORTANCE TO WOMEN WITH OB/GYN CANCER SMOKING CESSATION SUPPORT GROUP THIS CLINIC PROVIDES INFORMATION AND SUPPORT TO ASSIST PERSONS DESIRING TO BECOME AND REMAIN SMOKE-FREE IN 2008, 151 PEOPLE RECEIVED VALUABLE SUPPORT AND EDUCATION IN-KIND & DONATIONSDURING 2008, CENTRA DONATED OVER $65,800 IN MEDICAL SUPPLIES TO GLEANING FOR THE WORLD AND OTHER VARIOUS ORGANIZATIONS AND AGENCIES IN THE REGION EACH YEAR, CENTRA ALLOWS COMMUNITY AGENCIES AND ORGANIZATIONS THE USE OF MANY OF THE MEETING ROOMS THROUGHOUT ITS FACILITIES ORGANIZATIONS BENEFITED FROM OVER 160 HOURS OF USAGE IN 2008 CENTRA LAB PROCESSED 2,443 LABORATORY TESTS FOR CENTRAL VIRGINIA FREE CLINIC CLIENTS AT NO CHARGE THIS DONATED SERVICE RESULTED IN A COMMUNITY BENEFIT EXCEEDING $142,000 CENTRA PROVIDED HOUSING FOR APPROXIMATELY 122 VIRGINIA COMMONWEALTH UNIVERSITY DENTAL EXTERNS WHO WORKED AT THE VIRGINIA FREE CLINIC AT NO CHARGE A TOTAL OF 11,009 MEALS WERE PROVIDED TO THE LYNCHBURG MEALS ON WHEELS PROGRAM AT A COST OF $30,824 SPECIAL NEEDS PROJECTS & MENTORINGCENTRA PROVIDES AND PROMOTES MANY SPECIAL NEED PROJECTS AND MENTORING OPPORTUNITIES EDUCATIONAL OPPORTUNITIES ARE OFFERED TO STUDENTS IN A BROAD RANGE OF PROFESSIONAL AND TECHNICAL PROGRAMS AT CENTRA, STUDENTS GAIN EXPERIENCE IN NURSING, TECHNICAL AND CLINICAL PROFESSIONS SEVERAL HIGH SCHOOLS AND UNIVERSITIES IN VIRGINIA ROTATE STUDENTS THROUGH CENTRA'S FACILITIES WITH CENTRA STAFF MEMBERS, GIVING THESE STUDENTS THE OPPORTUNITY TO TRAIN AND GAIN EXPERIENCE IN THEIR CHOSEN CAREER FIELDS HERE IS A LIST OF SPECIAL PROJECTS CENTRA SUPPORTS BEDS & BRITCHES, ETC (B A B E) B A B E IS A PRENATAL CARE INCENTIVE PROGRAM DESIGNED IN RESPONSE TO FETAL & INFANT DEATH REVIEW (FIMR) FINDINGS THAT SHOWED LACK OF PRENATAL CARE WAS A COMMON RISK FACTOR AMONG INFANT DEATH CASES TO INCREASE THE NUMBER OF WOMEN WHO RECEIVE PRENATAL CARE DURING THE FIRST TRIMESTER OF PREGNANCY, WOMEN WHO PARTICIPATE IN THE PROGRAM RECEIVE INCENTIVES FOR COMPLIANCE WITH PRENATAL CARE WOMEN WITH HOUSEHOLD INCOMES OF $30,000 OR LESS ANNUALLY, MEDICAID RECIPIENTS AND PREGNANT TEENS ARE ELIGIBLE THE B A B E IS A CENTRA PROGRAM, FUNDED AND MANAGED BY THE SOUTH CENTRAL PERINATAL COUNCIL, AND RECEIVES SUPPORT FROM THE CHILDREN'S MIRACLE NETWORK, THE VIRGINIA MATERNAL CHILD HEALTH DEPARTMENT AND COMMUNITY FUND-RAISING EVENTS A TOTAL OF 100 NEW CLIENTS PARTICIPATED IN THE B A B E PROGRAM IN 2008, WITH A TOTAL OF 140 VISITS FOR NEW AND RETURNING PARTICIPANTS COMMUNITY VOICE - DECREASING AFRICAN AMERICAN INFANT MORTALITY CREATED IN RESPONSE TO FETAL INFANT MORTALITY REVIEW (FIMR) RECOMMENDATIONS FOR A NEED TO ADDRESS RACIAL DISPARITY IN INFANT MORTALITY RATES, COMMUNITY VOICE IS A COMMUNITY-BASED, COMMUNITY-PARTNERED OUTREACH INTERVENTION PROGRAM DESIGNED TO REDUCE DISPARITIES THROUGH IMPLEMENTATION OF THE TAKING IT TO THE PEOPLE CURRICULUM WRITTEN BY THE SOUTH CENTRAL PERINATAL COUNCIL THE PROGRAM, WHICH IS FUNDED BY THE MARCH OF DIMES, CONSISTS OF FIVE TWO-HOUR SESSIONS AND COVERS BASIC PERINATAL HEALTH TOPICS AND PSYCHOSOCIAL ISSUES SUCH AS DOMESTIC VIOLENCE, RACISM AND SUBSTANCE ABUSE CLASS GRADUATES BECOME LAY HEALTH ADVISERS AND SHARE THE INFORMATION IN THE EACH-ONE-TEACH-ONE PROGRAM IN 2008, PERINATAL HEALTH INFORMATION WAS DISTRIBUTED TO 1,418 PEOPLE THROUGH 56 LAY HEALTH ADVISERS, 12 CLASSES, AND 10 COMMUNITY EVENTS SINCE ITS INCEPTION IN 2000, 24,870 PEOPLE HAVE RECEIVED PERINATAL HEALTH INFORMATION FORENSIC NURSE PROGRAM THE FORENSIC NURSE PROGRAM BEGAN IN 1997 REGISTERED NURSES TRAINED IN FORENSICS WORK WITH LAW ENFORCEMENT, THE COURT SYSTEM AND VICTIMS OF RAPE, ABUSE OR NEGLECT EDUCATIONAL/TRAINING LECTURES ARE PRESENTED TO RESCUE AGENCIES, POLICE INVESTIGATORS AND CRIMINAL JUSTICE TRAINING ACADEMY CADETS THE PROGRAM SERVES CLIENTS FROM CENTRAL VIRGINIA AND THE SURROUNDING AREA IN 2008, THE PROGRAM HANDLED 605 CASES HOSPITALITY SUITES CENTRA PROVIDES HOSPITALITY SUITES, WHICH INCLUDE OVERNIGHT ACCOMMODATIONS FOR PATIENT FAMILIES WHO NEED TO STAY CLOSE TO THEIR HOSPITALIZED FAMILY MEMBER THERE IS NO CHARGE FOR THE SUITES SUITES ARE LOCATED AT VIRGINIA BAPTIST HOSPITAL AND LYNCHBURG GENERAL HOSPITAL THE INFECTIOUS DISEASES CENTER OF CENTRAL VIRGINIA THE INFECTIOUS DISEASES CENTER OF CENTRAL VIRGINIA IS A PARTNERSHIP BETWEEN INDEPENDENT SERVICE PROVIDERS, MEDICAL ASSOCIATES OF CENTRAL VIRGINIA AND CENTRA TO PROVIDE MEDICAL CARE, PHARMACEUTICAL ACCESS AND SUPPORT SERVICES TO PEOPLE WITH HIV/AIDS THE CENTERS IN LYNCHBURG AND DANVILLE SERVED 323 CLIENTS IN 2008 THE PROGRAM ALSO RECEIVES GRANT SUPPORT FROM RYAN WHITE FUNDS, VIRGINIA STATE AIDS PROGRAM AND CENTRA HEALTH FOUNDATION RIVERMONT SCHOOLS CENTRA'S RIVERMONT SCHOOLS PROVIDE SPECIALIZED EDUCATION FOR STUDENTS WITH BEHAVIORAL OR EMOTIONAL CONCERNS SEVEN SCHOOLS THROUGHOUT VIRGINIA ADDRESS THE NEEDS OF MORE THAN 350 STUDENTS AND OPERATE ON A 180-DAY SCHOOL YEAR CALENDAR RIVERMONT SCHOOLS ARE LOCATED IN LYNCHBURG, DAN RIVER, ROANOKE, CHASE CITY, HAMPTON, TIDEWATER, ALLEGHANY AND ROCKBRIDGE THE RIVERMONT SCHOOLS PROVIDE A UNIQUE, SUPPORTIVE ENVIRONMENT SERVING CHILDREN AND ADOLESCENTS WITH EMOTIONAL PROBLEMS, BEHAVIOR DISORDERS AND LEARNING DISABILITIES ACADEMIC SUBJECTS ARE TAUGHT IN AN ENVIRONMENT THAT PROMOTES BEHAVIORAL MANAGEMENT, INTERPERSONAL SKILLS, FAMILY INVOLVEMENT AND SOCIAL AWARENESS SENIOR NAVIGATOR SENIOR NAVIGATOR PROVIDES FREE INFORMATION ABOUT THE HEALTH AND AGING RESOURCES AVAILABLE TO VIRGINIANS THE INFORMATION FOCUSES ON SENIOR-RELATED ISSUES, INCLUDING HEALTH AND AGING, FINANCIAL CONCERNS, LEGAL QUESTIONS, HEALTH FACILITIES, ASSISTED LIVING AND HOUSING, EXERCISE PROGRAMS AND SUPPORT GROUPS SENIOR NAVIGATOR OFFERS THE WEBSITE WWW SENIORNAVIGATOR COM IN ADDITION TO THE WEBSITE, SENIOR NAVIGATOR WORKS WITH A VOLUNTEER NETWORK TO PROVIDE THE INFORMATION ON THE WEBSITE TO PEOPLE WITHOUT COMPUTERS OR INTERNET ACCESS THESE VOLUNTEERS, CALLED SENIOR NAVIGATORS, HELP STAFF SENIOR NAVIGATOR CENTERS SENIOR NAVIGATOR CENTERS ARE ORGANIZATIONS THROUGHOUT VIRGINIA THAT VOLUNTARILY PROVIDE FREE ACCESS AND ASSISTANCE WITH THE WEBSITE CONTINUED ON NEXT STATEMENTS

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

VOLUNTEER SERVICESCENTRA HAS MANY DEDICATED VOLUNTEERS FROM THROUGHOUT CENTRAL VIRGINIA WHO CHOOSE TO GIVE BACK TO THEIR COMMUNITY BY DONATING THEIR TIME AND TALENTS GUGGENHEIMER VOLUNTEER SERVICES OVER 60 VOLUNTEERS DONATED TIME AT GUGGENHEIMER HEALTH AND REHABILITATION CENTER TO PROVIDE RESIDENTS WITH ENRICHMENT AND INTERACTION THROUGH THE ENHANCING LIVES EVERY DAY PROGRAM THEY SUPPORT MANY AREAS OF THE PROGRAM BY PROVIDING MUSICAL ENTERTAINMENT, EXERCISE CLASSES AND CRAFT CLASSES AS WELL AS ASSISTANCE IN TRANSPORTING RESIDENTS AND ANSWERING THE PHONE GUGGENHEIMER HEALTH AND REHABILITATION'S TEEN VOLUNTEER PROGRAM OFFERS YOUTHS AGES 13 AND UP AN OPPORTUNITY ALSO TO SERVE HOSPICE VOLUNTEERS APPROXIMATELY 100 VOLUNTEERS DONATED 5,116 HOURS OF SERVICE TO THE HOSPICE PROGRAM A LARGE PORTION OF THEIR TIME AND TALENT WAS COMMITTED TO THE HOSPICE HOUSE VOLUNTEERS SUPPORT THE HOSPICE HOUSE BY GROCERY SHOPPING, MEAL PREPARATION, CLEANING AND DECORATING, INTERACTING WITH PATIENTS AND FAMILIES AND OFFERING SUPPORT TO FAMILIES WHO HAVE LOST A LOVED ONE

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 452,549,131 *(Must equal Part IX, Line 25, column (B).)*

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?	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? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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, 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 hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 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 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	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**		No
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	631		
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	5,833		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of more than $75?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	1a	27		
b	Enter the number of voting members that are independent	1b	19		
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 organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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	
9a	Does the organization have local chapters, branches, or affiliates?		9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes	
11	Is there any officer, director or 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		11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	
	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

LEWIS C ADDISON
1920 ATHERHOLT ROAD
LYNCHBURG,VA 24501
(434) 200-4708

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
RODGER W FAUBER CHAIRMAN	2 00	X		X				0	0	0
THOMAS W NYGAARD MD VICE CHAIRMAN	2 00	X		X				692,482	0	58,211
ALBERT M BAKER MD BOARD MEMBER	2 00	X						152,420	0	0
WILLIAM A BLACKMAN MD BOARD MEMBER	2 00	X						63,414	0	9,278
MICHAEL V BRADFORD BOARD MEMBER	2 00	X						0	0	0
JAMES K CANDLER BOARD MEMBER	2 00	X						0	0	0
WILLIAM R CHAMBERS BOARD MEMBER	2 00	X						0	0	0
ROBERT D COOK MD BOARD MEMBER	2 00	X						287,263	0	16,502
JULIE P DOYLE BOARD MEMBER	2 00	X						0	0	0
HC ESCHENROEDER JR M BOARD MEMBER	2 00	X						34,000	0	0
STUART C FAUBER BOARD MEMBER	2 00	X						0	0	0
JOHN A FEES BOARD MEMBER	2 00	X						0	0	0
STANLEY I GOLDSMITH BOARD MEMBER	2 00	X						0	0	0
KIRSTEN L HUBER MD BOARD MEMBER	2 00	X						0	275,737	15,870
GEORGE A HURT MD BOARD MEMBER	2 00	X						207,392	0	0
TERRY H JAMERSON BOARD MEMBER	2 00	X						0	0	0
STEPHEN C KEITH EDD BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
AUGUSTUS A PETTICOLAS J BOARD MEMBER	2 00	X						0	0	0
SARAH PUCKETT MD BOARD MEMBER	2 00	X						0	0	0
AMY G RAY CPA BOARD MEMBER	2 00	X						0	0	0
MARC A SCHEWEL BOARD MEMBER	2 00	X						0	0	0
IRMA W SEIFERTH BOARD MEMBER	2 00	X						0	0	0
W KIRKHAM SYDNOR III M BOARD MEMBER	2 00	X						355,098	0	0
WALKER P SYDNOR BOARD MEMBER	2 00	X						0	0	0
KENNETH S WHITE ESQ BOARD MEMBER	2 00	X						0	0	0
CONSUELLA K WOODS BOARD MEMBER	2 00	X						0	0	0
GEORGE W DAWSON PRESIDENT/CEO	50 00	X		X				883,153	0	154,143
THOMAS C JIVIDEN SECRETARY/EXECUTIVE VP	50 00			X				376,601	0	148,388
LEWIS C ADDISON TREASURER/CFO, SENIOR VP	50 00			X				386,573	0	152,164
DAVID D ADAMS SENIOR VP OF SENIOR SVC	50 00			X				220,822	0	49,662
MICHAEL J DIMINICK MD VP OF MEDICAL STAFF	50 00			X				35,967	0	0
GWEN EDDLEMAN EDD SENIOR VP (& CEO OF SOUT	50 00			X				0	325,907	65,790
PATTI S MCCUE SENIOR VP OF PATIENT CAR	50 00			X				317,365	0	54,506
CHALMERS M NUNN JR MD CHIEF MEDICAL OFFICER	50 00			X				338,169	0	97,207
EW TIBBS SENIOR VP OF OPERATIONS	50 00			X				298,348	0	88,345
DAVID W FRANTZ MD MD CARDIOVASCULAR	50 00				X			417,067	0	50,628
CHAD A HOYT MD MD CARDIOVASCULAR	50 00				X			644,571	0	36,776
CHRISTOPHER LEWIS MD MD CARDIOVASCULAR	50 00				X			414,912	0	33,931
HARRY E MEADOR VP OF CARDIO	50 00				X			205,996	0	68,140
MATTHEW C SACKETT MD MD CARDIOVASCULAR	50 00				X			691,813	0	37,519
DAVID B TRUITTE MD MD CARDIOVASCULAR	50 00				X			618,268	0	61,328
CARL M VALENTINE MD MD CARDIOVASCULAR	50 00				X			636,136	0	58,793
DANIEL CAREY MD MD CARDIOVASCULAR	50 00					X		610,850	0	54,568
JASON M HACKENBRACHT M MD CARDIOVASCULAR	50 00					X		605,351	0	32,927
THOMAS M MEYER MD MD CARDIOVASCULAR	50 00					X		585,183	0	44,511
PETER K O'BRIEN MD MD CARDIOVASCULAR	50 00					X		613,253	0	46,105
WILLIAM M VANDYKE MD MD CARDIOVASCULAR	50 00					X		577,242	0	13,636
GOLDEN H BETHUNE FORMER OFFICER	50 00						X	181,628	0	0
GLENN E MCGRATH FORMER HIGHEST-COMP EMP	50 00						X	245,350	0	4,265
1b Total ▶								11,696,687	601,644	1,453,193

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 26

		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 for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL ASSOCIATES OF CENTRAL VIRGINIA PO BOX 11889 LYNCHBURG, VA 24506	PHYSICIANS	6,495,521
BARTON MALOW COMP 100 TENTH ST NE CHARLOTTESVILLE, VA 22902	CONSTRUCTION	5,839,487
CL LEWIS & COMPANY INC PO BOX 10728 LYNCHBURG, VA 24503	CONSTRUCTION	5,206,076
HERITAGE HEALTHCARE INC 536 OLD HOWELL ROAD GREENVILLE, SC 29615	THERAPISTS	3,995,342
GASTRO ASSOCIATES OF CENTRAL VA 121 NATIONWIDE DRIVE STE A LYNCHBURG, VA 24503	PHYSICIANS	3,601,350

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 44

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,716,487			
	e	Government grants (contributions)	1e	272,925			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	800,869			
	g	Noncash contributions included in lines 1a-1f $ _____					
	h	**Total.** Add lines 1a-1f		4,790,281			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE RE	621,400	474,338,192	474,338,192		
	b	TUITION AND EDUCATION	611,600	11,676,298	11,676,298		
	c	LAB SERVICES	621,500	9,314,177		9,314,177	
	d	ANCILLARY SERVICES	900,099	2,480,209	2,480,209		
	e	INCOME FROM CONTROLLED	900,099	-7,805,230	-7,805,230		
	f	All other program service revenue		145,531	145,531		
	g	**Total.** Add lines 2a–2f		490,149,177			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,829,265			1,829,265
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	505,839				
	b	Less rental expenses					
	c	Rental income or (loss)	505,839				
	d	Net rental income or (loss)		505,839			505,839
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	15,777				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	15,777				
	d	Net gain or (loss)		15,777			15,777
	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	CAFETERIA / VENDING /	722,210	2,432,063			2,432,063
	b	MANAGEMENT / CONSULTIN	541,610	696,231			696,231
	c						
	d	All other revenue		139,523			139,523
	e	**Total.** Add lines 11a–11d		3,267,817			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		500,558,156	480,835,000	9,314,177	5,618,698

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	398,850	398,850		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	12,795,807	8,956,227	3,839,580	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	196,534,666	189,259,057	7,275,609	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,319,326	6,824,858	494,468	
9	Other employee benefits	22,134,052	20,511,599	1,622,453	
10	Payroll taxes	18,257,391	17,023,986	1,233,405	
11	Fees for services (non-employees)				
a	Management	390,760	237,381	153,379	
b	Legal	2,516,611	2,061,962	454,649	
c	Accounting	116,892	9,996	106,896	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	49,826,489	41,095,945	8,730,544	
12	Advertising and promotion	2,069,812	2,021,638	48,174	
13	Office expenses	71,518,677	70,390,240	1,128,437	
14	Information technology	9,704,126		9,704,126	
15	Royalties				
16	Occupancy	7,654,973	7,415,974	238,999	
17	Travel	853,047	832,896	20,151	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,421,743	1,238,964	182,779	
20	Interest	10,134,897	10,134,897		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,894,303	22,322,411	8,571,892	
23	Insurance	3,824,614	3,824,614		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	28,179,866	28,179,866		
b	DRUGS	18,896,963	18,896,963	0	
c	BOND COST AMORTIZATION	872,950	872,950		
d					
e					
f	All other expenses	39,434	37,857	1,577	
25	**Total functional expenses.** Add lines 1 through 24f	496,356,249	452,549,131	43,807,118	0
26	**Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	23,992,561	1	9,571,503
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	57,852,758	4	59,294,885
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	360,283
	8	Inventories for sale or use	9,385,327	8	10,110,153
	9	Prepaid expenses and deferred charges	1,250,491	9	1,784,391
	10a	Land, buildings, and equipment cost basis — 10a: 566,161,395			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 308,285,436	247,657,599	10c	257,875,959
	11	Investments—publicly traded securities	157,116,472	11	131,560,962
	12	Investments—other securities See Part IV, line 11	107,385,826	12	80,712,567
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	38,172,250	15	32,908,243
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	642,813,284	16	584,178,946
Liabilities	17	Accounts payable and accrued expenses	41,326,659	17	43,689,252
	18	Grants payable		18	
	19	Deferred revenue	1,092,151	19	612,330
	20	Tax-exempt bond liabilities	207,071,953	20	204,484,423
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	31,210,810	25	102,122,310
	26	**Total liabilities.** Add lines 17 through 25	280,701,573	26	350,908,315
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	305,729,827	27	192,544,939
	28	Temporarily restricted net assets	12,850,422	28	10,927,314
	29	Permanently restricted net assets	43,531,462	29	29,798,378
		Organizations that do not follow SFAS 117, 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	362,111,711	33	233,270,631
	34	Total liabilities and net assets/fund balances	642,813,284	34	584,178,946

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)

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).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE RE	621,400	474,338,192	474,338,192		
TUITION AND EDUCATION	611,600	11,676,298	11,676,298		
LAB SERVICES	621,500	9,314,177		9,314,177	
ANCILLARY SERVICES	900,099	2,480,209	2,480,209		
INCOME FROM CONTROLLED	900,099	-7,805,230	-7,805,230		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			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	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Trust, 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 why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		6,140,001		6,140,001
b Buildings		304,099,918	145,527,902	158,572,016
c Leasehold improvements				
d Equipment		4,916,306	1,820,258	3,096,048
e Other		251,005,170	160,937,276	90,067,894
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				257,875,959

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other ASSETS LIMITED BY EXTERNAL BOND INDENTURE	2,010,389	F
INVESTED CAPITAL IN CONTROLLED ENTITIES	78,702,178	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	80,712,567	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
UNAMORTIZED FINANCING COSTS	4,955,481
EQUITY IN AFFILIATES	17,283,303
OTHER RECEIVABLES	6,101,665
ESTIMATED 3RD PARTY SETTLEMENTS	184,365
physician recruitment intangible	1,238,015
OTHER ASSETS	3,145,414
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	32,908,243

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED INTEREST PAYABLE	502,629
ESTIMATED 3RD PARTY LIABILITIES	1,949,340
OTHER LIABILITIES	11,481,067
PENSION LIABILITY	63,012,858
INTEREST RATE SWAP AGREEMENT	24,279,929
PHYSICIAN RECRUITMENT LIABILITY	896,487
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	102,122,310

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	500,558,156
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	496,356,249
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,201,907
4	Net unrealized gains (losses) on investments	4	-56,449,969
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-76,593,019
9	Total adjustments (net) Add lines 4 - 8	9	-133,042,988
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-128,841,081

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	367,515,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-56,449,969		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-56,449,969
3	Subtract line **2e** from line **1**			3	423,965,138
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	76,593,019		
c	Add lines **4a** and **4b**			4c	76,593,019
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	500,558,157

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	496,356,249
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	496,356,249
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	496,356,249

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN UNRESTRICTED NET ASSETS DUE TO IMPLEMENTATION OF SFAS 158 -54760327 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT - 21636705 NET ASSETS RELEASED FROM RESTRICTION TO AFFILIATED ENTITIES -195987
Part XII, Line 4b - Other Adjustments		CHANGE IN UNRESTRICTED NET ASSETS DUE TO IMPLEMENTATION OF SFAS 158 54760327 CHANGE IN VALUE OF INTEREST RATE SWAP 21636705 NET ASSETS RELEASED FROM RESTRICTION TO AFFILIATED ENTITIES 195987

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

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

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
LYNCHBURG GENERAL HOSPITAL 1901 TATE SPRINGS ROAD LYNCHBURG,VA 24501	X	X					X		
VIRGINIA BAPTIST HOSPITAL CAMPUS 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	X	X							
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502									MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TATE SPRINGS 1900 TATE SPRINGS ROAD SUITE 1 LYNCHBURG,VA 24501									MAMMOGRAPHY CENTER
CENTRA ALAN B PEARSON CANCER CENTER 1701 THOMPSON DRIVE LYNCHBURG,VA 24501									CANCER CENTER
GUGGENHEIMER HEALTH & REHAB CENTER 1902 GRACE STREET LYNCHBURG,VA 24504									NURSING HOME
FAIRMONT CROSSING HEALTH & REHABILITATIO 173 BROCKMAN PARK DRIVE AMHERST,VA 24521									NURSING HOME
SUMMIT HEALTH & REHABILITATION CENTER 1300 ENTERPRISE DRIVE LYNCHBURG,VA 24502									NURSING HOME
SUMMIT ASSISTED LIVING 1320 ENTERPRISE DRIVE LYNCHBURG,VA 24502									ASSISTED LIVING
BRIDGES TREATMENT CENTER 693 LEESVILLE ROAD LYNCHBURG,VA 24501									MENTAL HEALTH
BRIDGES AT BRIGHTWELL 1410 KENTMORE FARM ROAD MADISON HEIGHTS,VA 23472									MENTAL HEALTH
GRETNA MEDICAL CENTER 1220 WEST GRETNA ROAD GRETNA,VA 24557									FAMILY PRACTICE
ALTAVISTA MEDICAL CENTER 1280 A MAIN STREET ALTAVISTA,VA 24517									FAMILY PRACTICE
CARDIOTHORACIC SURGERY INC 2015 TATE SRPINGS ROAD LYNCHBURG,VA 24501									CARDIOTHORACIC SURGERY
CENTRA MEDICAL GROUP - DANVILLE 404 AIRPORT ROAD SUITE C DANVILLE,VA 23472									FAMILY PRACTICE
SEVEN HILLS UROLOGY 2542 LANGHORNE ROAD LYNCHBURG,VA 24501									UROLOGY
BROOKNEAL MEDICAL CENTER 104 CAROLINA AVENUE BROOKNEAL,VA 24528									FAMILY PRACTICE
LYNCHBURG INTERNAL MED 1901 THOMPSON DRIVE LYNCHBURG,VA 24501									FAMILY PRACTICE
PIEDMONT PSYCHIATRIC CENTER 1330 RIVERMONT AVENUE LYNCHBURG,VA 24503									MENTAL HEALTH
VILLAGE PRACTICE - MONETA 4830 RUCKER ROAD MONETA,VA 24121									FAMILY PRACTICE
CENTRA RESTORATIVE & REHAB CARE 3300 RIVERMONT AVENUE LYNCHBURG,VA 24501									LONG-TERM CARE CENTER
THE CARDIOVASCULAR GROUP 2410 ATHERHOLT ROAD LYNCHBURG,VA 24501									CARDIOLOGY CENTER
CENTRA HEALTH EMERGENCY PHYSICIANS 1901 TATE SPRINGS ROAD LYNCHBURG,VA 24501							X		

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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 U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . ▶ ☐

1(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
JOHNSON HEALTH CENTER 320 FEDERAL SREET LYNCHBURG,VA 24504	54-1287905	501(C)(3)	332,850		CASH		DONATION $160,000DEBT & LOAN FORGIVENESS $ 172,850
ACADEMY OF FINE ART600 MAIN STREET LYNCHBURG,VA 24504	23-7061145	501(C)(3)	10,000		CASH		DONATION $10,000
AMAZEMENT SQUARE27 NINETH STREET LYNCHBURG,VA 24501	54-1713204	501(C)(3)	10,000		CASH		DONATION $10,000
AMERICAN CANCER SOCIETY2316 ATHERHOLT ROAD LYNCHBURG,VA 24501	58-0659875	501(C)(3)	16,000		CASH		DONATION $16,000
VIRGINIA'S REGIONA 2000 ECONOMIC DEVELOPMENT PARTNERSHIP828 MAIN STREET LYNCHBURG,VA 24504	54-1859984	501(C)(3)	30,000		CASH		DONATION $30,000

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 5

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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			
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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**		No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE ORGANIZATION USED CHARTER TRAVEL SERVICES DURING THE YEAR FOR OFFICERS/EMPLOYEES OF THE ORGANIZATION TO ATTEND AN ANNUAL CONFERENCE THE ORGANIZATION MADE THE BUSINESS DECISION TO USE A CHARTER PLANE TO MEET THE BUSINESS NEEDS OF THE ORGANIZATION THE TOTAL COST OF THE CHARTER FLIGHT WAS CONSISTENT WITH THE COST OF COMMERCIAL FLIGHTS FOR THE NUMBER OF INDIVIDUALS TRAVELING TO THE CONFERENCE
	Part I, Line 4a	GEORGE W DAWSON, PRESIDENT/CEO OF THE ORGANIZATION, ACCRUED FOR 2008 $251,903 IN A NONQUALIFIED RETIREMENT PLAN, INCLUDED IN HIS W-2 WAGES
Supplemental Information	Part III	ALBERT BAKER'S COMPENSATION WAS PAID BY LYNCHBURG PULMONARY ASSOCIATES FOR SERVICES RENDERED TO THE ORGANIZATION H C ESCHENROEDER JR 'S COMPENSATION WAS PAID BY ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA FOR SERVICES RENDERED TO THE ORGANIZATION GEORGE A HURT'S COMPENSATION WAS PAID BY CENTRAL VIRGINIA NEUROSURGERY FOR SERVICES RENDERED TO THE ORGANIZATION KIRKHAM W SYDNOR III'S COMPENSATION WAS PAID BY MEDICAL ASSOCIATES OF CENTRAL VIRGINIA HOSPITALS FOR SERVICES RENDERED TO THE ORGANIZATION MICHAEL J DIMINICK'S COMPENSATION WAS PAID BY ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA FOR SERVICES RENDERED TO THE ORGANIZATION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS W NYGAARD MD	(I) (II)	367,386	307,593	17,503	25,443	32,768	750,693	
ALBERT M BAKER MD	(I) (II)	152,420					152,420	
ROBERT D COOK MD	(I) (II)	216,901	54,574	15,788	3,115	13,387	303,765	
HC ESCHENROEDER JR MD	(I) (II)	34,000					34,000	
KIRSTEN L HUBER MD	(I) (II)	259,521		16,216	11,500	4,370	291,607	
GEORGE A HURT MD	(I) (II)	207,392					207,392	
W KIRKHAM SYDNOR III MD	(I) (II)	355,098					355,098	
GEORGE W DAWSON	(I) (II)	540,616	51,458	291,079	138,571	15,572	1,037,296	
THOMAS C JIVIDEN	(I) (II)	316,567	55,826	4,208	127,707	20,681	524,989	
LEWIS C ADDISON	(I) (II)	316,259	67,786	2,528	132,595	19,569	538,737	
DAVID D ADAMS	(I) (II)	188,546	31,924	352	30,142	19,520	270,484	
MICHAEL J DIMINICK MD	(I) (II)	35,967					35,967	
GWEN EDDLEMAN EDD	(I) (II)	266,743	55,600	3,564	62,275	3,515	391,697	
PATTI S MCCUE	(I) (II)	276,956	34,304	6,105	50,166	4,340	371,871	
CHALMERS M NUNN JR MD	(I) (II)	320,471		17,698	77,526	19,681	435,376	
EW TIBBS	(I) (II)	272,360	25,646	342	47,399	40,946	386,693	
DAVID W FRANTZ MD	(I) (II)	379,991	19,200	17,876	29,836	20,792	467,695	
CHAD A HOYT MD	(I) (II)	369,631	257,933	17,007	14,350	22,426	681,347	
CHRISTOPHER LEWIS MD	(I) (II)	348,836	49,135	16,941	12,089	21,842	448,843	
HARRY E MEADOR	(I) (II)	173,269	31,509	1,218	46,209	21,931	274,136	
MATTHEW C SACKETT MD	(I) (II)	369,375	304,935	17,503	13,912	23,607	729,332	
DAVID B TRUITTE MD	(I) (II)	365,469	234,957	17,842	19,727	41,601	679,596	
CARL M VALENTINE MD	(I) (II)	365,858	252,460	17,818	18,986	39,807	694,929	
DANIEL CAREY MD	(I) (II)	366,481	226,867	17,502	17,629	36,939	665,418	
JASON M HACKENBRACHT MD	(I) (II)	370,046	218,573	16,732	12,410	20,517	638,278	
THOMAS M MEYER MD	(I) (II)	367,444	200,916	16,823	12,753	31,758	629,694	
PETER K O'BRIEN MD	(I) (II)	367,511	228,919	16,823	13,912	32,193	659,358	
WILLIAM M VANDYKE MD	(I) (II)	373,038	183,010	21,194	6,900	6,736	590,878	
GOLDEN H BETHUNE	(I) (II)	181,628					181,628	
GLENN E MCGRATH	(I) (II)	242,681		2,669	1,280	2,985	249,615	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Bond Issues *(Required for 2008)*

	(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	
							Yes	No	Yes	No
A	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG VA	54-1225193	551245GN7	12-08-2004	126,425,000	HOSPITAL AUCTION RATE SECURITIES REVENUE AND REFUNDING BONDS		X		X
B	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF CAMPBELL VA	52-1309406		04-27-2007	7,500,000	HEALTHCARE FACILITIES REVENUE BONDS		X		X
C	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE TOWN OF AMHERST VA	52-1309406		06-29-2007	8,000,000	HEALTHCARE FACILITIES REVENUE BONDS		X		X
D	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF APPOMATTOX VA	54-1864523		11-29-2007	7,500,000	HEALTHCARE FACILITIES REVENUE BONDS		X		X
E	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG VA	54-1225193	551245GH0	12-08-2004	52,700,000			X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

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

To be completed by organizations that 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) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
THOMAS JIVIDEN COMPUTER LOAN		X	793	533		No		No	Yes	
Total . . . . . ▶ $				533						

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
MARK ADDISON	FAMILY MEMBER OF LEWIS ADDISON, BOARD MEMBER/OFFICER	36,126	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
HARRY ELAM	FAMILY MEMBER OF SARAH PUCKETT, BOARD MEMBER	130,444	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
TONY MCKINNEY	FAMILY MEMBER OF E W TIBBS, OFFICER OF CENTRA HEALTH, INC	81,385	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
SCOTT INSURANCE COMPANY	PRESIDENT OF COMPANY, WALKER SYDNOR, IS A BOARD MEMBER OF CENTRA HEALTH	566,901	PAYMENT FOR INSURANCE PREMIUMS PROVIDED TO CENTRA HEALTH, INC		No
SCHEWELS FURNITURE COMPANY	PRESIDENT OF COMPANY, MARK SCHEWEL, IS A BOARD MEMBER OF CENTRA HEALTH	24,316	PAYMENT FOR SERVICES/GOODS PROVIDED TO CENTRA HEALTH, INC		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		BOARD MEMBERS RODGER FAUBER AND STUART FAUBER HAVE A FAMILY RELATIONSHIP BOARD MEMBERS LEWIS ADDISON AND KENNETH WHITE ARE EACH BOARD MEMBERS OF THE BANK OF THE JAMES, LYNCHBURG, VA BOARD MEMBER AUGUSTUS PETTICOLAS IS AN OFFICER OF BOARD OF DIRECTORS OF THE BANK OF THE JAMES, LYNCHBURG, VA BOARD MEMBERS DAVID ADAMS, LEWIS ADDISON, GEORGE DAWSON, STANLEY GOLDSMITH, THOMAS JIVIDEN, AND CONSUELLA WOODS ARE EACH BOARD MEMBERS OF THE BEDFORD MEMORIAL HOSPIAL, A 50% JOINT VENTURE OF CENTRA HEALTH, INC BOARD MEMBERS DAVID ADAMS AND GEORGE DAWSON ARE DIRECTORS OF HEALTHWORKS, WHICH IS OWNED 50% BY SCOTT INSURANCE, OF WHICH BOARD MEMBER WALKER SYDNOR IS AN OFFICER OF THE BOARD BOARD MEMBERS MICHAEL BRADFORD, RODGER FAUBER, AND MARC SCHEWEL ARE EACH BOARD MEMBERS OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC BOARD MEMBERS LEWIS ADDISON AND GEORGE DAWSON ARE OFFICERS OF THE BOARD OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC BOARD MEMBERS MICHAEL DIMINICK, THOMAS JIVIDEN, AND E W TIBBS ARE ALL BOARD MEMBERS OF THE SURGERY CENTER OF LYNCHBURG, LLC, A 50% JOINT VENTURE OF CENTRA HEALTH, INC BOARD MEMBERS CHAD HOYT AND E W TIBBS ARE OWNERS OF AN UNRELATED LLC

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE MANAGEMENT OF CENTRA WILL REVIEW THE FORM 990 WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AFTER THE FINANCE COMMITTEE HAS REVIEWED THE FORM 990, EACH VOTING BOARD MEMBER WILL RECEIVE A COPY FOR THEIR PERSONAL REVIEW PRIOR TO ITS FILING WITH THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL CENTRA OFFICERS AND DIRECTORS MUST COMPLETE A "POSSIBLE CONFLICT OF INTEREST" QUESTIONNAIRE ON AN ANNUAL BASIS, CERTIFYING THAT NEITHER THEY NOR ANY OF THEIR IMMEDIATE FAMILY MEMBERS HAVE ENGAGED IN ANY ACTIVITIES THAT COULD LEAD TO A POTENTIAL CONFLICT OF INTEREST ADDITIONALLY, ALL OFFICERS AND DIRECTORS MUST AGREE TO PROMPTLY REPORT ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR TO THE PRESIDENT OR CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		CENTRA HAS ESTABLISHED AN EXECUTIVE COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS PLUS AN ADDITIONAL FOUR MEMBERS OF CENTRA'S BOARD OF DIRECTORS (OF WHICH ONE IS A PHYSICIAN) FOUR OF THESE FIVE MEMBERS MEET THE IRS'S DEFINITION OF INDEPENDENCE FOR PURPOSES OF THE FORM 990 MEMBERS OF THIS COMMITTEE REVIEW RELEVANT SALARY AND BENEFIT DATA FROM VARIOUS SOURCES AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF CENTRA'S BOARD OF DIRECTORS WITH RESPECT TO THE SALARY RANGE AND BENEFITS FOR THE CEO THE EXECUTIVE COMMITTEE REVIEWS AND HAS FINAL APPROVAL OF SALARY RANGES AND ADJUSTMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES OF CENTRA, BASED ON RECOMMENDATIONS BY THE CEO METHODS USED TO DETERMINE SALARY RANGES AND ADJUSTMENTS INCLUDE, BUT ARE NOT LIMITED TO, INDEPENDENT COMPENSATION CONSULTANTS AS WELL AS THIRD PARTY COMPENSATION SURVEYS AND STUDIES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		PHOTOCOPIES OF THE FORM 1023 AND RECENT FILINGS OF THE FORM 990 AND 990-T ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION ADDITIONALLY, THE MOST RECENT FILING OF THE FORM 990 CAN BE FOUND ONLINE AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		PHOTOCOPIES OF THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990 AMENDED RETURN		AMENDMENTS HAVE BEEN MADE TO SCHEDULE J PART II OF THE FORM 990 THE AMENDMENTS INCLUDE THE RECLASSIFICATION OF COMPENSATION FROM "BASE COMPENSATION" TO "OTHER COMPENSATION" AND VICE VERSA IN ORDER TO MORE PROPERLY ALIGN THE PRESENTATION OF COMPENSATION ON THE FORM 990 WITH THE GUIDANCE SET FORTH IN THE 2009 IRS FORM 990 INSTRUCTIONS THE TOTAL COMPENSATION AMOUNTS REPORTED ON THE FORM 990 AND RELATED SCHEDULE J HAVE NOT CHANGED FROM THE PREVIOUSLY FILED VERSION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
CENTRA HEALTH PROFESSIONAL SERVICES LLC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 20-3639329	PHYSICIAN SERVICES	VA	20,963,620	5,286,162	CENTRA HEALTH INC
CENTRA EMERGENCY PHYSICIAN SERVICES LLC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 20-5965653	EMERGENCY PHYSICIAN SERVICES	VA	13,564,047	1,552,675	CENTRA HEALTH INC
CENTRA HEALTH CARDIOVASCULAR SERVICES LLC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 20-5118331	CARDIOVASCULAR SERVICES	VA	16,008,584	4,157,739	CENTRA HEALTH INC
CENTRAL VIRGINIA HOSPITAL FOR RESTORATIVE AND REHABILITATIVE CARE LLC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 20-4712023	HEALTHCARE	VA	6,525,656	2,915,505	CENTRA HEALTH INC

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
CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-1604094	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-1457983	HEALTHCARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
SOUTHSIDE COMMUNITY HOSPITAL INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-0555201	HEALTHCARE	VA	501(C)(3)	HOSPITAL	CENTRA HEALTH INC
CCRC INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-1929580	HEALTHCARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
THE VIRGINIA BAPTIST HOSPITAL AUXILIARY INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-6060503	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
AUXILIARY TO LYNCHBURG GENERAL HOSPITAL INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-6047293	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
VBH ASSOCIATES 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1292948	OPERATION OF MEDICAL BUILDING	VA	GENERAL BUSINESS CONCERNS INC	INVESTMENT	65,972	350,573		No		Yes	

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
GENERAL BUSINESS CONCERNS INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1299682	REAL ESTATE - PHYSICIAN OFFICES	VA	CENTRA HEALTH INC	C	2,389,473	1,787,628	100 000 %

Part V Transactions with Related Organizations

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-1604094	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-1457983	HEALTHCARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
SOUTHSIDE COMMUNITY HOSPITAL INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-0555201	HEALTHCARE	VA	501(C)(3)	HOSPITAL	CENTRA HEALTH INC
CCRC INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-1929580	HEALTHCARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
THE VIRGINIA BAPTIST HOSPITAL AUXILIARY INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-6060503	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
AUXILIARY TO LYNCHBURG GENERAL HOSPITAL INC 1920 ATHERHOLD ROAD LYNCHBURG, VA24501 54-6047293	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC	I	75,000
(2)	SOUTHSIDE COMMUNITY HOSPITAL INC	B	1,987,703
(3)	LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC	B	2,640,000
(4)	CENTRA HEALTH FOUNDATION INC	B	250,000
(5)	CENTRA HEALTH FOUNDATION INC	C	3,716,487
(6)	CCRC INC	D	4,000,000
(7)	SOUTHSIDE COMMUNITY HOSPITAL INC	D	2,355,836
(8)	CENTRA HEALTH FOUNDATION INC	O	540,764
(9)	CCRC INC	P	155,000
(10)	LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC	P	208,836

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
CENTRA HEALTH INC	Form 990 Page 10	54-0715569

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	