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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

C Name of organization
 CENTRA HEALTH FOUNDATION

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
 54-1604094

E Telephone number
 (434) 200-4708

G Gross receipts \$ 2,772,056

F Name and address of principal officer
 LEWIS C 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/ABOUT/CH_FOUNDATION ASPX

K Type of organization Corporation Trust Association Other

L Year of formation 1991 **M** State of legal domicile VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT TO THE CENTRA HEALTHCARE SYSTEM		
	2 Check this box <input type="checkbox"/> 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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,552,089	1,322,943
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,055,629	-4,947,022
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,175,175	-57,328
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,782,893	-3,681,407
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,155,403	4,172,120
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	424,033	428,464
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>109,223</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	180,696	202,565
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,760,132	4,803,149
19 Revenue less expenses Subtract line 18 from line 12	5,022,761	-8,484,556	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	62,917,822	47,289,484
	21 Total liabilities (Part X, line 26)	379,568	567,205
22 Net assets or fund balances Subtract line 21 from line 20	62,538,254	46,722,279	

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

Signature of officer: _____ Date: 2011-01-10

LEWIS C ADDISON TREASURER/DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Amy Bibby Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: DIXON HUGHES PLLC, 500 Ridgefield Court, Asheville, NC 28806

Preparer's identifying number (see instructions): _____ 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
OUR MISSION IS TO DEVELOP RESOURCES TO ENHANCE AND ENRICH THE SERVICES, PROGRAMS, AND FACILITIES OF CENTRA LYNCHBURG GENERAL AND CENTRA VIRGINIA BAPTIST HOSPITALS IN ORDER TO ASSIST THE CENTRA SYSTEM IN MEETING AND SOLVING COMMUNITY HEALTH PROBLEMS

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 [x] 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 [x] 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 \$ 4,172,120 including grants of \$ 4,172,120) (Revenue \$)
PROJECTS FUNDED BY CENTRA HEALTH FOUNDATION THE CENTRA HEALTH FOUNDATION PROVIDED MORE THAN \$1.8 MILLION TO A BROAD RANGE OF HEALTH AND WELLNESS SERVICES AND PROGRAMS IN 2008. FUNDING AND SERVICES WERE GIVEN TO SUPPORT COMMUNITY HEALTH IMPROVEMENT AND EDUCATION, THE CHILD HEALTH CARE NETWORK, SUBSIDIZED HEALTH SERVICES INDIGENT CARE AND CONTINUING MEDICAL EDUCATION AND SCHOLARSHIPS. THE MISSION OF THE FOUNDATION IS TO DEVELOP RESOURCES TO ENHANCE AND ENRICH THE SERVICES, PROGRAMS AND FACILITIES OF LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AND TO ASSIST THE CENTRA HEALTH SYSTEM IN MEETING AND SOLVING COMMUNITY HEALTH PROBLEMS. THE MAJOR OBJECTIVES OF THE FOUNDATION ARE TO - SPONSOR COMMUNITY PROJECTS, PROGRAMS AND ACTIVITIES THAT ADDRESS HEALTH PROBLEMS AND ISSUES - DEVELOP RESOURCES TO FUND INDIGENT PATIENT CARE AT CENTRA HEALTH FACILITIES - ASSIST CENTRA HEALTH IN PROVIDING THE EQUIPMENT AND FACILITIES NECESSARY TO ENSURE EXCELLENT HEALTH CARE TO ITS PATIENTS - PROVIDE STIPENDS AND SCHOLARSHIPS FOR NEEDY AND DESERVING STUDENTS WHO WISH TO PURSUE HEALTH CAREERS IN CENTRAL VIRGINIA IN 2008, THE FOUNDATION SUPPORTED COMMUNITY HEALTH IMPROVEMENT AND EDUCATION WITH MORE THAN \$256,000, THE CHILD HEALTH CARE NETWORK WITH MORE THAN \$4,500, CONTINUING MEDICAL EDUCATION AND SCHOLARSHIPS WITH MORE THAN \$42,000, SUBSIDIZED HEALTH SERVICES WITH MORE THAN \$325,000, INDIGENT CARE SUBSIDIZED HEALTH SERVICES WITH MORE THAN \$849,000, AND OTHER COMMUNITY PROGRAMS WITH MORE THAN \$396,000. CENTRA HEALTH FOUNDATION COMMUNITY HEALTH INITIATIVE FUND - 2008 CENTRA HEALTH FOUNDATION PROVIDED \$397,000 IN FUNDING IN 2008 FOR 23 PROGRAMS THROUGH THE COMMUNITY HEALTH INITIATIVE FUND, WHICH IS SUPPORTED IN PARTNERSHIP WITH CENTRA HEALTH. CENTRA HEALTH FOUNDATION DONATED \$128,000 TO THE BLUE RIDGE EMERGENCY MEDICAL SERVICES COUNCIL. THE FUNDS WERE USED TO PURCHASE 12 HEART MONITORING DEVICES FOR AREA EMERGENCY VEHICLES, ENABLING PATIENT HEART MONITORING IN ROUTE TO THE HOSPITAL. THE FOUNDATION SUPPORTED JOHNSON HEALTH CENTER BY DONATING \$100,000 IN 2008. THE FUNDS WERE GIVEN TO PURCHASE PEDIATRIC AND OBSTETRICS MEDICAL EQUIPMENT. JOHNSON HEALTH CENTER IS A FEDERAL QUALIFIED HEALTH CENTER (FQHC) THAT PROVIDES COMPREHENSIVE OUTPATIENT SERVICES TO THE INSURED AND UNINSURED. DONATIONS OF \$25,000 WERE GIVEN TO THE BEDFORD HOSPICE HOUSE. THE FUNDS WERE USED FOR THE CONSTRUCTION OF A NEW FACILITY. THE HOSPICE FACILITY WILL HAVE FOUR LICENSED BEDS WITH THE ABILITY TO EXPAND. THE PROGRAM PROVIDES A PLACE WHERE THE TERMINALLY ILL CAN RECEIVE END-OF-LIFE CARE IN A HOME-LIKE ENVIRONMENT. CONTRIBUTIONS OF \$10,000 WERE MADE TO BOTH THE RX PARTNERSHIP AND THE REBUILDING TOGETHER-FIX-IT-TO-STAY PROGRAM. THE RX PARTNERSHIP IS A NON-PROFIT ORGANIZATION WHICH SERVES AS A BROKER TO ACCESS AND DISTRIBUTE FREE BULK PRESCRIPTION MEDICATIONS TO THE NEEDY. THE REBUILDING TOGETHER-FIX-IT-TO-STAY PROGRAM PROVIDES SAFETY EQUIPMENT IN THE HOMES OF PHYSICALLY DISABLED PERSONS. THE FOUNDATION AWARDED FUNDS TO PROVIDE A WIDE RANGE OF EDUCATIONAL MATERIALS AND EDUCATIONAL TRAINING IN 2008. DONATIONS OF \$15,000 WERE GIVEN TO THE CENTRAL VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION TO PROVIDE ADVANCED CARDIAC LIFE SUPPORT AND PEDIATRIC ADVANCED LIFE SUPPORT TRAINING FOR LOCAL EMERGENCY MEDICAL VOLUNTEERS. A GRANT OF \$23,000 WAS GIVEN TO AMAZEMENT SQUARE FOR HEALTH EDUCATIONAL BOOKLETS AND OTHER EDUCATIONAL INITIATIVES. CONTRIBUTIONS FOR TRAINING SUPPLIES WERE PROVIDED TO SEVERAL ORGANIZATIONS. CASA (COURT APPOINTED SPECIAL ADVOCATES) RECEIVED \$5,000, THE BOYS AND GIRLS CLUB OF GREATER LYNCHBURG RECEIVED \$3,500, KID'S HAVEN RECEIVED \$1,500, ELIZABETH'S EARLY LEARNING CENTER RECEIVED \$1,500, AND THE RUSTBURG RESCUE SQUAD RECEIVED \$1,000. IN ADDITION, THE FOUNDATION DONATED \$23,000 TO THE REGIONAL HEALTHCARE CAREER REFLECTIONS ON HEALING, \$13,000 TO THE AWARENESS GARDEN, \$10,000 TO THE NEW LAND SAMARITAN INN-GATEWAY PROGRAM, \$7,000 TO THE YWCA OF CENTRAL VA, \$5,000 TO SOUTHSIDE COMMUNITY HOSPITAL'S MISSION POSSIBLE PROGRAM, \$5,000 TO THE BLUE RIDGE AREA FOOD BANK NETWORK, \$5,000 TO THE SOUTH CENTRAL PERINATAL COUNCIL, \$3,000 TO THE ROTARY CLUB OF LYNCHBURG'S MARROW DONOR PROJECT, \$1,000 TO THE CHILD HEALTH AND SAFETY PROGRAM, \$1,000 TO CAMP KUM-BA-YAH, AND \$800 TO THE LEGAL AID SOCIETY.

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

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






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

4e Total program service expenses \$ 4,172,120 (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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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.? <i>If "Yes," complete Schedule F, Part I.</i>		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? <i>If "Yes," complete Schedule F, Part II.</i>		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? <i>If "Yes," complete Schedule F, Part III.</i>		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	Yes	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		No
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? <i>If "Yes," complete Schedule L, Part III.</i>		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)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		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? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 0		
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		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
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?		No
	6a		
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?		No
	7a		
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?		No
	7c		
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?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
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

Table with 11 rows of questions regarding governing body management, including voting members, officer relationships, and document changes. Includes sub-rows 1a, 1b, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions regarding organizational policies, including conflict of interest, whistleblower, document retention, and compensation review. Includes sub-rows 12a, 12b, 12c, 15a, 15b, 16a, 16b.

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
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
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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
		<input checked="" type="checkbox"/> Individual	Institutional Trustee	Officer	Key employee	Highest compensated employee			
YUILLE HOLT III BOARD MEMBER	2.00	X		X			0	0	0
SAMUEL CARDWELL VICE CHAIRMAN	2.00	X		X			0	0	0
LEWIS C ADDISON TREASURER	2.00	X		X			0	386,573	152,164
GEORGE W DAWSON PRESIDENT	2.00	X		X			0	883,153	154,143
ROBERT R CHAPMAN III BOARD MEMBER	2.00	X					0	0	0
MELANIE CHRISTIAN BOARD MEMBER	2.00	X					0	0	0
BEVERLY E DALTON BOARD MEMBER	2.00	X					0	0	0
JAMES L DAVIDSON JR BOARD MEMBER	2.00	X					0	0	0
MARY JANE DOLAN BOARD MEMBER	2.00	X					0	0	0
JOHN P ECKERT BOARD MEMBER	2.00	X					0	0	0
ROGER W FAUBER BOARD MEMBER	2.00	X					0	0	0
PAUL F FITZGERALD MD BOARD MEMBER	2.00	X					0	0	0
SAMUEL P FULLER MD BOARD MEMBER	2.00	X					0	25,500	0
WILLIAM C GOINGS BOARD MEMBER	2.00	X					0	0	0
JOHN J HALPIN MD BOARD MEMBER	2.00	X					0	0	0
GEORGE A HURT MD CHAIRMAN	2.00	X					0	207,392	0
WILLIAM M MAYS 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)					(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
		<input checked="" type="checkbox"/> Individual	Institutional Trustee	Officer	Key employee	Highest compensated employee			
AUGUSTUS A PETTICOLAS BOARD MEMBER	2.00	X					0	0	0
MARY JANE PRYOR BOARD MEMBER	2.00	X					0	0	0
JOHN F RICHARDS BOARD MEMBER	2.00	X					0	0	0
ELLIOT S SCHEWEL BOARD MEMBER	2.00	X					0	0	0
KATHRYN M PUMPHREY ED EXECUTIVE VICE PRESIDENT	50.00	X		X			193,996	0	43,506
1b Total							193,996	1,502,618	349,813

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

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	443,997				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	878,946				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	1,322,943				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	1,449,113			1,449,113	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses	6,396,135			
			c Gain or (loss)	-6,396,135			
	d	Net gain or (loss)	-6,396,135			-6,396,135	
	8a	Gross income from fundraising events (not including \$ _____ 443,997 of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b	57,328				
c	Net income or (loss) from fundraising events	-57,328			-57,328		
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	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	-3,681,407	0	0	-5,004,350		

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	4,160,787	4,160,787		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	11,333	11,333		
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	182,600		129,773	52,827
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	155,287		155,287	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	90,577		67,933	22,644
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	31,000		23,250	7,750
b	Legal	3,450		3,450	
c	Accounting	17,740		17,740	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	120,890		102,019	18,871
12	Advertising and promotion	10,361		7,771	2,590
13	Office expenses	9,818		7,603	2,215
14	Information technology				
15	Royalties				
16	Occupancy	3,771		2,828	943
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,085		3,814	1,271
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	450		338	112
23	Insurance				
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					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,803,149	4,172,120	521,806	109,223
26	Joint Costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,246,212	1	2,046,953
	2 Savings and temporary cash investments	2,826,473	2	2,077,225
	3 Pledges and grants receivable, net	5,755,615	3	5,572,589
	4 Accounts receivable, net	35,790	4	67,317
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis 10a 7,178			
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i> 10b 4,480	3,148	10c	2,698
	11 Investments—publicly traded securities	26,384,149	11	19,959,799
	12 Investments—other securities See Part IV, line 11	24,666,435	12	17,562,903
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	62,917,822	16	47,289,484	
Liabilities	17 Accounts payable and accrued expenses	202,421	17	82,619
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	177,147	25	484,586
	26 Total liabilities. Add lines 17 through 25	379,568	26	567,205
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,247,775	27	6,060,736
	28 Temporarily restricted net assets	12,823,166	28	10,927,314
	29 Permanently restricted net assets	43,467,313	29	29,734,229
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	62,538,254	33	46,722,279	
34 Total liabilities and net assets/fund balances	62,917,822	34	47,289,484	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization
CENTRA HEALTH FOUNDATION

Employer identification number
54-1604094

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (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?
 - (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?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

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

(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	
CENTRA HEALTH INC	540715569	07	Yes		Yes		Yes		3804366
Total									3,804,366

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						<input type="checkbox"/>

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

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 (Subtract 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 <input type="checkbox"/>						

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

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	43,467,313				
b Contributions	420,000				
c Investment earnings or losses	-13,772,985				
d Grants or scholarships					
e Other expenditures for facilities and programs	380,099				
f Administrative expenses					
g End of year balance	29,734,229				

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

- a** Board designated or quasi-endowment ▶ 32.00%
- b** Permanent endowment ▶ 96.800%
- 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)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part 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				
b Buildings				
c Leasehold improvements				
d Equipment		7,178	4,480	2,698
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,698

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	-3,681,407
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,803,149
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,484,556
4	Net unrealized gains (losses) on investments	4	-7,331,419
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-7,331,419
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-15,815,975

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	-10,955,498
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-7,331,419
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	-7,331,419
3	Subtract line 2e from line 1	3	-3,624,079
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	-57,328
c	Add lines 4a and 4b	4c	-57,328
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	-3,681,407

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

1	Total expenses and losses per audited financial statements	1	4,860,477
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	57,328
e	Add lines 2a through 2d	2e	57,328
3	Subtract line 2e from line 1	3	4,803,149
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	4,803,149

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 XII, Line 4b - Other Adjustments		SPECIAL EVENT EXPENSES -57328
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES 57328

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization
CENTRA HEALTH FOUNDATION

Employer identification number
54-1604094

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a** Mail solicitations
- b** Email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total		▶				

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL FUND CAMPAIGN (event type)	ANNUAL HEART FUNDRAISING EVENT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	364,404	61,410	18,183	443,997
	2 Less Charitable contributions	364,404	61,410	18,183	443,997
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	19,840	29,938	7,550	57,328
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				57,328
9 Net income summary Combine lines 3 and 8 in column (d) ▶				-57,328	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
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
SCHOLARSHIP AND TUITION ASSISTANCE	27	11,333			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	<p>Schedule I, Part I, Line 2 Centra Community Health Initiative Fund Grant Application Guidelines I Centra Community Health Initiative Fund The Centra Community Health Initiative Fund is a specific purpose fund established and funded by Centra Health and administered by the Centra Health Foundation This fund supports community health-related projects and programs on a pro-active basis II Definition of Health Related Health is the state or condition of the human body and mind Health related programs, projects, and activities are those that seek to encourage or promote good health through access, education, prevention, and treatment III Grant Procedures All requests to grant funds for a specific project or program from the Centra Community Health Initiative Fund should be sent to the Executive Vice President of the Centra Health Foundation, 1920 Atherholt Road, Lynchburg, Virginia, 24501 IV Review of Grant Proposals All grant proposals submitted for funding from the Centra Health Community Initiative Fund will be received by the Centra Health Foundation to be reviewed by its grants committee twice a year In order to receive consideration, proposals should be submitted by the following deadlines March 1 September 1 V Community Health Assessment As part of a process to evaluate the health care needs in our community, the Centra Health Board and the Centra Health Foundation sponsor a community health assessment every several years Priority will be given to how the project's established goals and objectives relate to community health problems and issues outlined by Centra Health's community health assessment Information on the most recent health assessment can be obtained by contacting the Executive Vice President of the Centra Health Foundation at (804)947-4790 VI Restrictions The following are grant type requests which do not meet the fund's established criteria As a rule, the Centra Health Community Initiative Fund will not provide funds 1 To individuals 2 To institutions or organizations which do not qualify as tax exempt by the Internal Revenue Service 3 To endowment campaigns 4 To attend conferences or symposiums 5 For travel 6 To athletic organizations VII Application Guidelines Proposals should be submitted in letter form in quadruplicate and should include the following 1 A brief description of the organization, its history, and purpose 2 Title of grant 3 A concise description of the project or activity proposed, including the specific purpose for which the grant is requested, the health related benefits to be provided, and the needs to be met Please describe how your project specifically relates to community health problems and issues outlined by Centra Health's community health assessment 4 Names and addresses of the organization's trustees, directors, advisors, and principal staff 5 Name and address of key individual responsible for the grant request 6 A copy of the determination letter from the IRS that the organization is exempt from federal income tax under Section 501 (c)(3) and is not classified as a private foundation or private operating foundation as defined in Section 509 (a) of the Internal Revenue Code 7 Current audited financial statement showing the major source of organizational support and endowment, if any 8 A budget for the project that includes the total cost of the project and the specific amount required Specifically state all expected itemized expenses If applicable, please list other sources of funding available to you for the project and your plans for financially sustaining the project after grant funds expire 9 Plans for evaluation of project's results Please include any specific measures that will be used to evaluate how this project improved community health 10 A cover letter from an official of the organization stating that the board of directors of that organization has formally approved the proposed program 11 If additional information about the proposal is needed, the applicant will be contacted by the Executive Vice President of the Centra Health Foundation</p>

Software ID:
Software Version:
EIN: 54-1604094
Name: CENTRA HEALTH FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRA HEALTH INC1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-0715569	501(C)(3)	3,804,366				OPERATIONAL SUPPORT
BLUE RIDGE EMERGENCY MEDICAL SERVICES1900 TATE SPRINGS ROAD 14 LYNCHBURG, VA 24505	54-1025478	501(C)(3)	134,000				PURCHASE OF EIGHT 12-LEAD EKG DEVICES
AWARENESS GARDEN FOUNDATIONPO BOX 3231 LYNCHBURG, VA 24503	54-1713204	501(C)(3)	13,171				FUNDING FOR CANCER AWARENESS PROGRAM
CENTRAL VIRGINIA COMMUNITY COLLEGE 3506 WARDS ROAD LYNCHBURG, VA 24501	54-1268278	N/A	15,000				ADVANCED CARDIAC LIFE SUPPORT TRAINING PROGRAM
BEDFORD HOSPICE HOUSE PO BOX 985 BEDFORD, VA 24523	20-3611474	501(C)(3)	25,000				CONSTRUCTION OF NEW BEDFORD HOSPICE HOUSE
BLUE RIDGE AREA FOOD BANKPO BOX 2272 LYNCHBURG, VA 24504	52-1202644	501(C)(3)	5,000				PROVISION OF FOOD SUPPLIES TO AREA FOOD BANKS
CASA OF CENTRAL VIRGINIAPO BOX 11373 LYNCHBURG, VA 24506	54-1695593	501(C)(3)	5,000				TRAINING SUPPLIES FOR COURT APPOINTED SPECIAL ADVOCATE (CASA) VOLUNTEERS
JOHNSON HEALTH CENTER 320 FEDERAL STREET LYNCHBURG, VA 24504	54-1287905	501(C)(3)	100,000				PURCHASE PEDIATRIC AND OB MEDICAL EQUIPMENT
AMAZEMENT SQUARE27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501(C)(3)	22,250				AMAZING HEALTH TOUR PROGRAM
NEW LAND SAMARITAN INNS21649 TIMBERLAND ROAD LYNCHBURG, VA 24501	54-0843086	501(C)(3)	10,000				SUPPORT PROGRAM OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER PO BOX 1298 LYNCHBURG, VA 24501	54-1976958	501(C)(3)	10,000				PURCHASE SAFETY AND DME FOR THE PHYSICALLY DISABLED
RX PARTNERSHIP FREE CLINIC OF CENTRAL VIRGINIA PO BOX 38 LYNCHBURG, VA 24505	54-1420756	501(C)(3)	10,000				PROVISION OF MEDICATION TO PATIENTS OF THE FREE CLINIC
YMCA OF CENTRAL VIRGINIA 626 CHURCH ST LYNCHBURG, VA 24504	54-0506490	501(C)(3)	7,000				SUPPORT WOMEN FOR WOMEN PROGRAM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If 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.

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?

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.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

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

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

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				
LEWIS C ADDISON	(i)							
	(ii)	316,259	67,786	2,528	132,595	19,569	538,737	
GEORGE W DAWSON	(i)							
	(ii)	540,616	51,458	291,079	138,571	15,572	1,037,296	
GEORGE A HURT MD	(i)							
	(ii)	207,392					207,392	
KATHRYN M PUMPHREY EDD	(i)	171,958	20,727	1,311	30,797	12,709	237,502	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		BOARD MEMBERS ROBERT CHAPMAN AND AUGUSTUS PETTICOLAS BOTH SERVE AS OFFICERS OF THE BOARD OF THE BANK OF THE JAMES, LYNCHBURG, VA BOARD MEMBER LEWIS ADDISON SERVES AS A DIRECTOR OF THE BOARD OF THE BANK OF JAMES, LYNCHBURG, VA BOARD MEMBERS LEWIS ADDISON AND GEORGE DAWSON SERVE ON THE BOARD OF DIRECTORS FOR THE BEDFORD MEMORIAL HOSPITAL, A 50% JOINT VENTURE OF CENTRA HEALTH, INC BOARD MEMBERS LEWIS ADDISON, GEORGE DAWSON, AND RODGER FAUBER ALL SERVE AS DIRECTORS/OFFICERS OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CENTRA HEALTH, INC IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH FOUNDATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		CENTRA HEALTH, INC IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH FOUNDATION AND HAS THE POWER TO ELECT THE BOARD OF DIRECTORS OF CENTRA HEALTH FOUNDATION'S GOVERNING BODY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		CENTRA HEALTH, INC IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH FOUNDATION AND HAS THE POWER TO APPROVE DECISIONS MADE BY CENTRA HEALTH FOUNDATION'S GOVERNING BODY

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 SALARY RANGE AND BENEFITS FOR THE TOP EXECUTIVE OFFICIAL THE EXECUTIVE COMMITTEE REVIEWS AND HAS FINAL APPROVAL OF THE EXECUTIVE'S COMPENSATION THE FOUNDATION DOES NOT HAVE ADDITIONAL EMPLOYEES THAT FIT THE DEFINITION OF AN OFFICER, DIRECTOR, OR KEY EMPLOYEE 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 ORGANIZATION'S FORM 1023 AND OF RECENT FILINGS OF THE FORM 990 AND 990-T ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE THE MOST CURRENT FILING OF THE FORM 990 IS ALSO AVAILABLE ONLINE AT WWW GUIDESTAR ORG

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

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

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 INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-0715569	HEALTHCARE	VA	501(C)(3)	HOSPITAL	N/A
LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1457983	HEALTHCARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
SOUTHSIDE COMMUNITY HOSPITAL INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-0555201	HEALTHCARE	VA	501(C)(3)	HOSPITAL	CENTRA HEALTH INC
CCRC INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1929580	CONTINUING CARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
THE VIRGINIA BAPTIST HOSPITAL AUXILIARY INC 3300 RIVERMONT AVENUE LYNCHBURG, VA24503 54-6060503	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
AUXILIARY TO LYNCHBURG GENERAL HOSPITAL INC TATE SPRINGS 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) Disproportionate 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	N/A								

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	N/A	C			

Part V Transactions with Related Organizations

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
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

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

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

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

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

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
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)		
(2)		
(3)		
(4)		
(5)		
(6)		

Software ID:
Software Version:
EIN: 54-1604094
Name: CENTRA HEALTH FOUNDATION

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 INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-0715569	HEALTHCARE	VA	501(C)(3)	HOSPITAL	N/A
LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1457983	HEALTHCARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
SOUTHSIDE COMMUNITY HOSPITAL INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-0555201	HEALTHCARE	VA	501(C)(3)	HOSPITAL	CENTRA HEALTH INC
CCRC INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1929580	CONTINUING CARE	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
THE VIRGINIA BAPTIST HOSPITAL AUXILIARY INC 3300 RIVERMONT AVENUE LYNCHBURG, VA24503 54-6060503	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC
AUXILIARY TO LYNCHBURG GENERAL HOSPITAL INC TATE SPRINGS ROAD LYNCHBURG, VA24501 54-6047293	SUPPORTING ORGANIZATION	VA	501(C)(3)	509(A)(3)	CENTRA HEALTH INC