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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ 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 $ 546,616,286

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 Form 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 net 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	16
5	Total number of employees (Part V, line 2a)	5	5,929
6	Total number of volunteers (estimate if necessary)	6	1,024
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	8,272,641
b	Net unrelated business taxable income from Form 990-T, line 34	7b	538,246

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	4,790,281	5,121,113
9	Program service revenue (Part VIII, line 2g)	490,149,177	527,115,603
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,845,042	-1,323,136
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,773,656	4,045,895
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	500,558,156	534,959,475
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	398,850	676,584
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)	257,041,242	274,569,629
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)	238,916,157	242,880,878
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	496,356,249	518,127,091
19	Revenue less expenses Subtract line 18 from line 12	4,201,907	16,832,384

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	584,178,946	625,784,713
21	Total liabilities (Part X, line 26)	350,908,315	276,802,396
22	Net assets or fund balances Subtract line 21 from line 20	233,270,631	348,982,317

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

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 $ 468,182,443 including grants of $ 676,584) (Revenue $ 518,746,172)

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 PLEASE SEE THE CONTINUATION OF OUR PROGRAM SERVICE ACCOMPLISHMENTS ON SCHEDULE O

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

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

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

4e **Total program service expenses** ▶ $ 468,182,443

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	Yes	
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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	289		
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		
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	5,929		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, 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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	27		
b	Enter the number of voting members that are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, 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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former 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			
See add'l data										

1b Total . . . . . ▶	11,816,922	334,812	1,533,845

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 214

			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**		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? *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	8,676,669
HERITAGE HEALTHCARE INC 536 OLD HOWELL ROAD GREENVILLE, SC 29615	THERAPISTS	4,049,346
GASTRO ASSOCIATES OF CENTRAL VA 121 NATIONWIDE DRIVE STE A LYNCHBURG, VA 24503	PHYSICIANS	2,876,635
COLEMAN ADAMS CONSTRUCTION 1031 PERFORMANCE ROAD FOREST, VA 24551	CONSTRUCTION	1,967,657
LYNCHBURG ANESTHESIA 424 GRAVES MILL ROAD LYNCHBURG, VA 24502	MEDICAL	1,475,231

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 41

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	5,121,113			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,121,113			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REVENU	621,400	507,129,748	507,129,748		
	b	TUITION & EDUCATION	611,600	11,630,920	11,630,920		
	c	LAB SERVICES	621,500	8,256,931		8,256,931	
	d	ANCILLARY SERVICES	900,099	4,889,019	4,873,309	15,710	
	e	CONTROLLED ENTITIES	900,099	-4,791,015	-4,791,015		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		527,115,603			
	3	Investment income (including dividends, interest and other similar amounts)		10,301,792			10,301,792
	4	Income from investment of tax-exempt bond proceeds		61			61
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	899,788				
	b	Less rental expenses					
	c	Rental income or (loss)	899,788				
	d	Net rental income or (loss)		899,788			899,788
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		31,822			
	b	Less cost or other basis and sales expenses	11,656,811				
	c	Gain or (loss)	-11,656,811	31,822			
	d	Net gain or (loss)		-11,624,989			-11,624,989
Other Revenue	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/VEND/DIETARY	722,210	2,526,530			2,526,530
	b	MANAGEMENT/CONSULTING	541,610	619,577			619,577
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		3,146,107			
	12	**Total revenue.** See Instructions		534,959,475	518,842,962	8,272,641	2,722,759

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	676,584	676,584		
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	7,014,916	3,349,058	3,665,858	
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	212,237,070	203,359,638	8,877,432	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,564,456	8,922,793	641,663	
9	Other employee benefits	24,589,940	22,656,806	1,933,134	
10	Payroll taxes	21,163,247	19,720,062	1,443,185	
11	Fees for services (non-employees)				
a	Management	879,103	566,875	312,228	
b	Legal	2,522,830	1,964,773	558,057	
c	Accounting	148,236	38,736	109,500	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	49,874,216	39,933,775	9,940,441	
12	Advertising and promotion	1,873,930	1,755,781	118,149	
13	Office expenses	72,095,187	70,998,989	1,096,198	
14	Information technology	10,914,810		10,914,810	
15	Royalties				
16	Occupancy	8,725,862	8,286,046	439,816	
17	Travel	1,129,707	1,088,194	41,513	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,246,070	999,576	246,494	
20	Interest	6,164,084	6,164,084		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,171,557	22,580,944	9,590,613	
23	Insurance	4,089,238	4,073,681	15,557	
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	29,067,300	29,067,300		
b	DRUGS	19,974,214	19,974,214		
c	BOND COST AMORTIZATION	1,994,535	1,994,535		
d	MISCELLANEOUS EXPENSES	9,999	9,999		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	518,127,091	468,182,443	49,944,648	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		9,571,503	1	21,670,571
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		59,294,885	4	47,986,728
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		360,283	7	144,188
	8	Inventories for sale or use		10,110,153	8	12,037,088
	9	Prepaid expenses and deferred charges		1,784,391	9	3,095,471
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 586,879,484			
	b	Less accumulated depreciation	10b 339,664,547	257,875,959	10c	247,214,937
	11	Investments—publicly traded securities		131,560,962	11	181,056,300
	12	Investments—other securities See Part IV, line 11		19,293,692	12	19,430,795
	13	Investments—program-related See Part IV, line 11		78,702,178	13	81,777,315
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15,624,940	15	11,371,320
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		584,178,946	16	625,784,713
Liabilities	17	Accounts payable and accrued expenses		43,689,252	17	42,808,054
	18	Grants payable			18	
	19	Deferred revenue		612,330	19	493,132
	20	Tax-exempt bond liabilities		204,484,423	20	199,932,192
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		102,122,310	25	33,569,018
	26	**Total liabilities.** Add lines 17 through 25		350,908,315	26	276,802,396
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		192,544,939	27	304,479,925
	28	Temporarily restricted net assets		10,927,314	28	14,704,014
	29	Permanently restricted net assets		29,798,378	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		233,270,631	33	348,982,317
	34	Total liabilities and net assets/fund balances		584,178,946	34	625,784,713

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 supported organization(s)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(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			
KENNETH S WHITE CHAIRMAN	2 00	X		X				0	0	0
THOMAS W NYGAARD MD VICE CHAIR	50 00	X		X				683,873	0	62,227
GEORGE W DAWSON PRESIDENT / CEO	50 00	X		X				1,093,509	0	194,977
ALBERT M BAKER MD BOARD MEMBER	2 00	X						153,471	0	0
DAVID S BLACK BOARD MEMBER	2 00	X						0	0	0
WILLIAM A BLACKMAN MD BOARD MEMBER	50 00	X						155,305	0	32,621
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
WILLIAM COLEMAN BOARD MEMBER	2 00	X						0	0	0
ROBERT D COOK MD BOARD MEMBER	50 00	X						320,286	0	32,615
JULIE P DOYLE BOARD MEMBER	2 00	X						0	0	0
RODGER W FAUBER BOARD MEMBER	2 00	X						0	0	0
STUART C FAUBER BOARD MEMBER	2 00	X						0	0	0
KIRSTEN L HUBER MD BOARD MEMBER	2 00	X						0	334,812	18,872
TERRY H JAMERSON BOARD MEMBER	2 00	X						0	0	0
STEPHEN C KEITH EDD BOARD MEMBER	2 00	X						0	0	0
CHRISTINE A MARRACCINI BOARD MEMBER	2 00	X						16,880	0	0
AUGUSTUS PETTICOLAS JR BOARD MEMBER	2 00	X						0	0	0
CHARLES W PRYOR JR BOARD MEMBER	2 00	X						0	0	0
SARAH E PUCKETT 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
KIRKHAM W SYDNOR III BOARD MEMBER	2 00	X						404,171	0	0
WALKER P SYDNOR BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
J SCOTT WADE BOARD MEMBER	2 00	X						27,488	0	0
CONSUELLA K WOODS BOARD MEMBER	2 00	X						0	0	0
THOMAS C JIVIDEN SECRETARY / EXEC VP	50 00			X				348,052	0	144,517
LEWIS C ADDISON TREASURER / CFO / SR VP	50 00			X				336,603	0	160,109
DAVID D ADAMS SENIOR VP	50 00			X				199,228	0	57,492
PATTI S MCCUE SCED SENIOR VP	50 00			X				317,183	0	58,028
CHALMERS M NUNN JR SENIOR VP	50 00			X				399,938	0	99,413
EW TIBBS SENIOR VP	50 00			X				340,381	0	82,781
DANIEL CAREY MD MD CARDIOVASCULAR	50 00				X			649,267	0	54,053
DAVID W FRANTZ MD MD CARDIOVASCULAR	50 00				X			559,311	0	53,439
CHRISTOPHER W LEWIS MD MD CARDIOVASCULAR	50 00				X			583,708	0	35,399
HARRY E MEADOR VP CARDIO SERVICES	50 00				X			185,731	0	71,082
PETER K O'BRIEN MD MD CARDIOVASCULAR	50 00				X			637,877	0	41,210
MATTHEW C SACKETT MD MD CARDIOVASCULAR	50 00				X			697,233	0	37,560
CARL M VALENTINE MD MD CARDIOVASCULAR	50 00				X			699,761	0	58,254
JASON M HACKENBRACHT M MD CARDIOVASCULAR	50 00					X		572,373	0	32,924
CHAD A HOYT MD MD CARDIOVASCULAR	50 00					X		679,145	0	53,431
THOMAS M MEYER MD MD CARDIOVASCULAR	50 00					X		591,838	0	47,935
CARL A MOORE MD MD CARDIOVASCULAR	50 00					X		567,511	0	43,285
DAVID B TRUITTE MD MD CARDIOVASCULAR	50 00					X		596,799	0	61,621

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 SVC REVENU	621,400	507,129,748	507,129,748		
TUITION & EDUCATION	611,600	11,630,920	11,630,920		
LAB SERVICES	621,500	8,256,931		8,256,931	
ANCILLARY SERVICES	900,099	4,889,019	4,873,309	15,710	
CONTROLLED ENTITIES	900,099	-4,791,015	-4,791,015		

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
CENTRA HEALTH INC	54-0715569

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		2,650
j	Total lines 1c through 1i			2,650
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	ATTENDANCE AT THE VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION 2009 LEGISLATIVE ISSUES CONFERENCE REGISTRATION EXPENSES, HOTEL, TRAVEL, & MEALS $ 2,650

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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) Accumulated depreciation	(d) Book value
1a Land		6,598,421		6,598,421
b Buildings		315,079,135	158,829,803	156,249,332
c Leasehold improvements		14,725,659	5,303,906	9,421,753
d Equipment		246,784,530	175,530,838	71,253,692
e Other		3,691,739		3,691,739
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				247,214,937

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		
Closely-held equity interests	17,172,369	F
Other ASSETS LIMITED BY EXTERNAL BOND INDENTURE	2,258,426	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	19,430,795	

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
INVESTED CAPITAL IN CONTROLLED ENTITIES	81,777,315	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	81,777,315	

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

(a) Description	(b) Book value
UNAMORTIZED FINANCING COSTS	4,107,634
OTHER RECEIVABLES	4,779,059
ESTIMATED 3RD PARTY SETTLEMENTS	193,978
physician recruitment intangible	974,649
OTHER ASSETS	1,316,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	11,371,320

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED INTEREST PAYABLE	359,515
ESTIMATED 3RD PARTY LIABILITIES	1,814,800
OTHER LIABILITIES	5,590,602
PENSION LIABILITY	14,623,960
INTEREST RATE SWAP AGREEMENT	8,016,375
PHYSICIAN RECRUITMENT LIABILITY	698,169
DUE TO RELATED PARTIES	2,465,597
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	33,569,018

2. Fin 48 Footnote 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	534,959,475
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	518,127,091
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,832,384
4	Net unrealized gains (losses) on investments	4	35,393,842
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	63,485,459
9	Total adjustments (net) Add lines 4 - 8	9	98,879,301
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	115,711,685

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	633,838,776
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	35,393,842		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	63,485,459		
e	Add lines **2a** through **2d**			2e	98,879,301
3	Subtract line **2e** from line **1**			3	534,959,475
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			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	534,959,475

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

1	Total expenses and losses per audited financial statements			1	518,127,091
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	518,127,091
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	518,127,091

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN UNRESTRICTED NET ASSETS DUE TO IMPLEMENTATION OF SFAS 158 49379859 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 16263554 NET ASSETS RELEASED FROM RESTRICTION TO AFFILIATED ENTITIES -25488 WITHDRAWAL OF VBH ASSOCIATES -2067281 MINORITY INTEREST -65185
Part XII, Line 2d - Other Adjustments		CHANGE IN UNRESTRICTED NET ASSETS DUE TO IMPLEMENTATION OF SFAS 158 49379859 CHANGE IN VALUE OF INTEREST RATE SWAP 16263554 WITHDRAWAL OF VBH ASSOCIATES -2067281 NET ASSETS RELEASED FROM RESTRICTION TO AFFILIATED ENTITIES -25488 MINORITY INTEREST -65185

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
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	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)			17,423,321		17,423,321	3 560 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			11,675,303		11,675,303	2 390 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			337,343		337,343	0 070 %
d **Total** Charity Care and Means-Tested Government Programs			29,435,967		29,435,967	6 020 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			75,756		75,756	0 020 %
f Health professions education (from Worksheet 5)			17,766		17,766	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			342,427		342,427	0 070 %
j **Total** Other Benefits			435,949		435,949	0 090 %
k **Total.** Add lines 7d and 7j			29,871,916		29,871,916	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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, & Collection Practices

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			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	14,411,550		
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	0		
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, and 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	215,473,036		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	239,682,481		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-24,209,445		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
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	Yes		

Part IV Management Companies and Joint Ventures

(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 PIEDMONT COMMUNITY HEALTH PLAN INC	HEALTH INSURANCE	50 000 %		50 000 %
2 CENTRAL VIRGINIA IMAGING LLC	IMAGING SERVICES	50 000 %		50 000 %
3 THE SURGERY CENTER OF LYNCHBURG LLC	OUTPATIENT SURGERY	50 000 %	1 000 %	49 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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)

See Additional Data Table

Part VI Supplemental Information

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

Part III, Line 4 THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE IN ADDITION, THE ORGANIZATION BELIEVES THAT ITS PROCEDURES CONCERNING THE APPLICATION OF ITS FINANCIAL ASSISTANCE POLICY ARE SUFFICIENTLY THOROUGH TO EXCLUDE ALL PATIENTS WHO ARE ELIGIBLE FOR CHARITY CARE FROM BAD DEBT

Part III, Line 8 SURPLUS OF FUNDS ARE CARRIED FORWARD TO FUTURE YEARS FOR THE CONTINUATION AND SUPPORT OF CENTRA HEALTH'S CHARITABLE MISSION

Part III, Line 9b CHARITY AND FINANCIAL ASSISTANCE IS AVAILABLE TO ALL CENTRA PATIENTS INCLUDING ACCOUNTS PLACED IN BAD DEBT IF AFTER APPLYING FOR THE PATIENT'S MULTIPLE OPPORTUNITIES TO SEEK FINANCIAL ASSISTANCE, CENTRA USES PRESUMPTIVE SOFTWARE INTELLIGENCE TO IDENTIFY PATIENTS WHO ARE LIKELY FINANCIALLY INDIGENT PRIOR TO BAD DEBT CHARITY DISCOUNTS ARE EXTENDED TO THESE PATIENTS DESPITE THE ABSENCE OF A FINANCIAL ASSISTANCE APPLICATION CENTRA'S CHARITY POLICY UNDER SECTION F, PRESUMPTIVE CHARITY, REFERENCES THIS PROCESS ACCOUNTS WITH BALANCES GREATER THAN $2,000 ARE MANUALLY REVIEWED FOR CHARITY QUALIFICATIONS PRIOR TO BAD DEBT PLACEMENT WHICH CAN BE FOUND IN CENTRA'S BAD DEBT POLICY UNDER PROCEDURE STEP 3

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

Part VI, Line 2 AS A NONPROFIT HEALTH CARE SYSTEM, CENTRA IS LED BY A BOARD OF DIRECTORS OF REGIONAL COMMUNITY LEADERS KNOWLEDGEABLE ABOUT THE HEALTH CARE NEEDS OF THE POPULATION CENTRA ENCOURAGES ITS EXECUTIVE TEAM AND EMPLOYEES TO BE AN INTEGRAL PART OF COMMUNITY ORGANIZATIONS, NOT ONLY TO OFFER ADVICE AND SERVICE, BUT ALSO TO BETTER UNDERSTAND AND RECOGNIZE THE NEEDS OF THE REGIONAL COMMUNITY THESE ORGANIZATIONS RANGE FROM SPECIAL NONPROFIT CENTRAL VIRGINIA PROGRAMS ANSWERING SPECIFIC NEEDS TO THE REGIONAL CHAMBER OF COMMERCE AND UNITED WAY HEALTH CARE NEEDS AND REQUESTS ALSO ARE ASSESSED THROUGH FOCUS GROUPS, AND SURVEYS OF COMMUNITY RESIDENTS AND CIVIC LEADERS AS WELL AS HOSPITAL AND HEALTH CARE SYSTEM PATIENTS CENTRA ALSO TEAMS UP WITH AGENCIES AND ORGANIZATIONS TO STUDY COMMUNITY NEEDS AND PROPOSE THE BEST SOLUTIONS THE COMMUNITY EDUCATION COMMITTEE CONSISTS OF OVER 30 COMMUNITY EDUCATORS WHO ARE MAKING CONTINUOUS CONTACTS IN OUR REGION AND REPORTING BACK TO THE MONTHLY COMMITTEE MEETING THE PHYSICIAN ADVISORY BOARD CONSISTS OF OVER 10 COMMUNITY PHYSICIANS WHO MEET QUARTERLY TO DISCUSS COMMUNITY NEEDS AND PLAN TO FULFILL THE NEED COMMUNITY ADVISORY BOARD CONSISTS OF 15 COMMUNITY MEMBERS FROM DIVERSE DEMOGRAPHIC BACKGROUNDS THIS COMMITTEE WAS BEGUN FOR THE PURPOSE OF HAVING REGULAR OPEN DIALOGUE CONCERNING COMMUNITY HEALTH NEEDS WITH THE COMMUNITY IN OUR PRIMARY AND SECONDARY MARKET THIS GROUP MEETS QUARTERLY COMMUNITY NEEDS ASSESSMENTS HAVE BEEN CONDUCTED PERIODICALLY IN ORDER TO GAGE THE HEALTH CARE NEEDS OF OUR COMMUNITY A CALL CENTER RECEIVES CALLS AND REPORTS TO THE MARKETING DEPARTMENT ADDITIONAL REQUESTS FROM THE COMMUNITY CENTRAHEALTH COM PROVIDES CONSTANT FEEDBACK FROM THE COMMUNITY, AND IS ADDRESS IMMEDIATELY SURVEYS ARE CONDUCTED AT EVERY COMMUNITY EVENT, ON WHICH THE COMMUNITY IS ABLE TO OFFER FEEDBACK

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

Part VI, Line 3 CENTRA TAKES A MULTIDISCIPLINARY APPROACH TO INFORMING OUR PATIENTS AND COMMUNITY ABOUT FINANCIAL ASSISTANCE INFORMATION ABOUT FINANCIAL ASSISTANCE AND CHARITY CAN BE FOUND ON CENTRA'S INTERNET PAGE PROVIDING FULL DISCLOSURE ABOUT QUALIFICATIONS AND THE APPLICATION PROCESS INDIVIDUALS MAY OBTAIN INFORMATION AND AN APPLICATION FROM ANY REGISTRATION POINT OR CUSTOMER SERVICE UNIT IN PERSON OR BY PHONE SIGNS ARE POSTED IN CONSPICUOUS LOCATIONS ALERTING INDIVIDUALS THAT FINANCIAL ASSISTANCE IS AVAILABLE AND WHERE TO OBTAIN ADDITIONAL INFORMATION BROCHURES ABOUT FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN REGISTRATION AND CUSTOMER SERVICE WHILE PATIENTS ARE HOSPITALIZED, A FINANCIAL COUNSELOR PROVIDES FINANCIAL ASSISTANCE INFORMATION, SCREENS PATIENTS FOR FEDERAL AND STATE PROGRAMS AND GIVES AN OPPORTUNITY TO ASK QUESTIONS ADDITIONALLY, AN INSERT ABOUT FINANCIAL ASSISTANCE IS MAILED IN EVERY UNINSURED BILL AND EVERY PATIENT BILL, WHETHER UNINSURED OR INSURED, REFERENCING AVAILABILITY OF FINANCIAL ASSISTANCE WITH CONTACT INFORMATION ON WHERE TO OBTAIN MORE INFORMATION

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

Part VI, Line 4 CENTRA IS A COMPREHENSIVE HEALTH CARE SYSTEM COVERING A SERVICE AREA OF 385,643 PEOPLE CENTRA'S PRIMARY SERVICE AREA (PSA) INCLUDES THE CITIES OF LYNCHBURG AND BEDFORD, AND THE COUNTIES OF AMHERST, APPOMATTOX, BEDFORD, CAMPBELL, AND PITTSYLVANIA OUR SECONDARY SERVICE AREA (SSA) INCLUDES THE COUNTIES OF BUCKINGHAM, CHARLOTTE, HALIFAX, NELSON, AND PRINCE EDWARD THE POPULATION FOR OUR TOTAL SERVICE AREA IS 385,643, WITH AN ETHNIC MIX OF 22 7% BLACK AND 74 5% WHITE THE PERCENT OF THE TOTAL PSA/SSA POPULATION THAT IS 65 YEARS OF AGE AND OLDER IS 16 1% IT IS PROJECTED THAT BY 2013, THIS SAME AGE RANGE OF 65 PLUS WILL ACCOUNT FOR 17 7% OF THE TOTAL PSA/SSA POPULATION THE AVERAGE HOUSEHOLD INCOME IN THE PSA/SSA IS $40,250 THE CURRENT UNEMPLOYMENT RATE IS APPROXIMATELY 6 7% FOR THIS SERVICE AREA CENTRA PROMOTES THE NECESSITY OF HAVING A CULTURALLY SENSITIVE WORKFORCE AND PROVIDES AN OVERVIEW OF THE POPULATION MIX FOR ORIENTATION OF NEW EMPLOYEES CENTRA HOSTS WORKSHOPS ON CULTURAL COMPETENCE, PROVIDES REFERENCE BOOKS FOR EACH PATIENT CARE AREA AND PROVIDES A LESSON ON CULTURAL DIVERSITY AS PART OF YEARLY MANDATORY EDUCATION THERE ARE ALSO CHAPLAINS AVAILABLE WITH EXPERIENCE AND TRAINING TO SUPPORT CLINICAL STAFF WHO MIGHT HAVE NEEDS WITH CULTURALLY SENSITIVE ISSUES

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)

Part VI, Line 6 IN ADDITION TO HEALTH EDUCATION PROGRAMS AND RESOURCES, CENTRA USES ITS HOSPITAL-BASED DEPARTMENTS TO IMPLEMENT NEW WAYS TO IMPROVE HEALTH CARE FOR THE REGION HERE ARE THREE EXAMPLES (1) CENTRA STARTED THE FIRST NATIONALLY CERTIFIED PROGRAM TO HELP PEOPLE RECEIVING TREATMENT AND CANCER SURVIVORS AS THEY HEAL AND RECOVER WITH THIS PROGRAM, CALLED STAR, CANCER PATIENTS AND SURVIVORS CAN LESSEN PAIN, WEAKNESS, FATIGUE, DEPRESSION AND MEMORY LOSS THAT CAN OCCUR WITH CANCER (2) CENTRA ESTABLISHED ITS PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) TO OFFER ADULTS 55 YEARS OF AGE AND OLDER MEDICAL CARE AND EDUCATION THAT ALLOWS THEM TO STAY IN THEIR OWN HOMES WITH LONG-TERM CARE EXPERTISE GAINED THROUGH HOSPITAL-BASED CENTERS, CENTRA PROFESSIONALS FOCUS ON DISEASE PREVENTION, INTERVENTION AND WELLNESS THE PROGRAM IS BASED ON THE KNOWLEDGE OF PROFESSIONALS WHO ADVOCATE THAT IT IS BETTER FOR SENIORS WITH CHRONIC CARE NEEDS AND THEIR FAMILIES TO BE SERVED IN THE COMMUNITY FOR AS LONG AS IT IS MEDICALLY SAFE COMPREHENSIVE SERVICES ARE DELIVERED BY AN INTERDISCIPLINARY TEAM OF PROFESSIONALS, INCLUDING A PRIMARY CARE PHYSICIAN, REGISTERED NURSES, REHABILITATION THERAPISTS, DIETITIANS AND RECREATION/ACTIVITY STAFF (3) CENTRA HAS LEVERAGED ITS HIGH-BANDWIDTH CONNECTIVITY ACROSS FACILITIES AND PHYSICIAN PRACTICES TO IMPROVE THE HEALTH OF THE POPULATION THROUGH THE SHARING OF MEDICAL RECORDS WITH THIS CONNECTIVITY, CENTRA ALSO IS ABLE TO ESTABLISH A CLINICAL REPOSITORY THAT CAN BE MINED TO PERFORM TRUE POPULATION-BASED ANALYTICS

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

Part VI, Line 7 WHETHER BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES, ENHANCING HEALTH OR PROVIDING NEEDED REGIONAL PROGRAMS AND SUPPORT, CENTRA SERVES AS A KEY PARTNER IN MANAGING AND PROMOTING HEALTH CARE THROUGHOUT ITS SYSTEM TO ENSURE CARE TO THE REGIONAL COMMUNITIES IT SERVES DISEASE PREVENTION, TREATMENT AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES TO THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND PROGRAMS, CENTRA EXPANDS ITS HOSPITAL WALLS TO OFFER NATIONAL AWARD WINNING HEALTH CARE FOR ITS PATIENTS WHILE SEEKING TO ENHANCE THE HEALTH AND WELLNESS OF RESIDENTS IN ITS SERVICE AREA AS THE REGIONAL HEALTH CARE LEADER, CENTRA BRINGS A CONTINUOUS FLOW OF HEALTH CARE SERVICES DESIGNED TO ENSURE THAT PATIENTS RECEIVE CARE THAT MEETS THEIR IDENTIFIED NEED PATIENT CARE ENCOMPASSES WELLNESS AND PREVENTION, RECOGNITION OF DISEASE AND HEALTH PROBLEMS, PATIENT TEACHING, PATIENT ADVOCACY, SPIRITUALITY AND RESEARCH THROUGHOUT THE CONTINUUM THIS CARE IS DELIVERED THROUGH ORGANIZED AND SYSTEMATIC PROCESSES DESIGNED TO ENSURE SAFE, EFFECTIVE AND TIMELY CARE AND TREATMENT DUE TO THE WAY THE HEALTH CARE SYSTEM MANAGES CARE, CENTRA CONTINUES TO MOVE TO A HIGHER LEVEL BY EVALUATING SPECIFIC PATIENT OUTCOMES AND PARTICIPATING IN VOLUNTARY NATIONAL CERTIFICATION PROGRAMS THAT EXAMINE PROCESSES AND PROFICIENCY CENTRA IS A MAJOR PARTNER IN THE HEALTH OF ITS REGIONAL POPULATION AND TAKES GREAT PRIDE IN PROVIDING THE FACILITIES, RESOURCES, EXPERTISE AND PEOPLE TO IMPROVE THE HEALTH AND WELLNESS OF THE PEOPLE OF CENTRAL VIRGINIA FOR EXAMPLE, CENTRA HAS BEEN INSTRUMENTAL IN ESTABLISHING AND SUPPORTING MEDICAL CLINICS FOR THE UNDERSERVED POPULATION THESE INCLUDE SERVICES FOR PREGNANT WOMEN AND CHILDREN WHO OTHERWISE MAY NOT RECEIVE CRITICAL PREVENTIVE CARE CENTRA ALSO DONATES LABORATORY TESTING, RADIOLOGY SERVICES AND EQUIPMENT MULTIDISCIPLINARY TEAMS, INCLUDING PHYSICIANS FROM CENTRA PRACTICES AND EXPERTS IN LONG-TERM CARE AND REHABILITATION, OFFER PROFESSIONAL HEALTH EDUCATION CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS THE HEALTH CARE SYSTEM ALSO PARTNERS WITH COMMUNITY ORGANIZATIONS TO CO-SPONSOR DOZENS OF REGIONAL EVENTS IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND OTHER CENTRA PROFESSIONALS PROVIDE ONE-ON-ONE HEALTH COUNSELING AND EDUCATION FOR HOSPITAL AND SYSTEM PATIENTS THE HEALTH CARE SYSTEM OFFERS A HEALTH CARE CAREERS CAMP FOR TEENAGERS STUDENTS GAIN HANDS-ON EXPERIENCE WITH TOOLS IN THE OPERATING ROOM, ENJOY A TOUR OF THE HOSPITALS HELICOPTER AND HANGAR AND ARE EXPOSED TO MANY CAREER OPPORTUNITIES CENTRA DISTRIBUTES A WEALTH OF PRINTED AND ONLINE HEALTH INFORMATION THROUGH ITS PUBLICATIONS, MEDIA STORIES AND INTERACTIVE WEBSITE THIS INFORMATION IS PRODUCED SPECIFICALLY FOR THE REGIONAL POPULATION AND TO MEET IDENTIFIED NEEDS AS THE SOLE HEALTH CARE SYSTEM IN ITS SERVICE AREA, CENTRA USES ITS HOSPITAL-BASED RESOURCES AS A VALUABLE VEHICLE FOR MANAGING AND PROMOTING HEALTH CARE AS PART OF ITS NONPROFIT MISSION

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

VA

Additional Data

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

Form 990 Schedule H, Part V - Facility Informaiton

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 MEDICINE 1901 THOMPSON DRIVE LYNCHBURG,VA 24501									FAMILY PRACTICE
PIEDMONT PSYCHIATRIC CENTER 3300 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		
CENTRA LAB PHLEBOTOMY CENTER 1900 TATE SPRINGS ROAD SUITE 9 LYNCHBURG,VA 24501									LAB SERVICES
CENTRA HOSPICE - LYNCHBURG 2097 LANGHORNE ROAD LYNCHBURG,VA 24501									HOSPICE CARE
CENTRA HOSPICE - FARMVILLE 713 OAK STREET FARMVILLE,VA 23901									HOSPICE CARE
CENTRA PACE 407 FEDERAL STREET LYNCHBURG,VA 24504									CARE FOR ELDERLY
JAMERSON YMCA REHAB CENTER 801 WYNDHURST DRIVE LYNCHBURG,VA 24502									REHAB CARE
THE CARDIOVASCULAR GROUP - BEDFORD 1613 OAKWOOD AVENUE BEDFORD,VA 24523									CARDIOLOGY CENTER
THE CARDIOVASCULAR GROUP - FARMVILLE 900 WEST THIRD STREET FARMVILLE,VA 23901									CARDIOLOGY CENTER
THE CARDIOVASCULAR GROUP - MONETA 1039 MAYBERRY CROSSING DR C MONETA,VA 24121									CARDIOLOGY CENTER
CENTRAL VIRGINIA IMAGING LLC 113 NATIONWIDE DRIVE LYNCHBURG,VA 24502									JV - RADIOLOGY CONSULTANTS
SURGERY CENTER OF LYNCHBURG LLC 2401 ATHERHOLT ROAD LYNCHBURG,VA 24501		X							JV - INDIV PHYSICIAN PRACTICE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL VIRGINIA COMMUNITY COLLEGE 3506 WARDS ROAD LYNCHBURG,VA 24502	541268278	GOV'T	5,000				CHARITABLE CONTRIBUTION
AMERICAN CANCER SOCIETY2316 ATHERHOLT ROAD 108 LYNCHBURG,VA 24501	580659875	501(C)(3)	16,000				CHARITABLE CONTRIBUTION
AMAZEMENT SQUARE27 9TH STREET LYNCHBURG,VA 24504	541713204	501(C)(3)	10,000				CHARITABLE CONTRIBUTION
ACADEMY OF FINE ARTS 600 MAIN STREET LYNCHBURG,VA 24504	237061145	501(C)(3)	10,000				CHARITABLE CONTRIBUTION
VIRGINIA'S REGION 2000 828 MAIN STREET FLOOR 12 LYNCHBURG,VA 24504	541859984	501(C)(3)	30,000				CHARITABLE CONTRIBUTION
CENTRA HEALTH FOUNDATION INC1920 ATHERHOLT ROAD LYNCHBURG,VA 24501	541604094	501(C)(3)	336,108				CHARITABLE CONTRIBUTION
MDCANNALD CONSTRUCTION602 SEYMOUR DRIVE SOUTH BOSTON,VA 24592			11,524				CONSTRUCTION OF HELIPAD AT NORTH HALIFAX VOLUNTEER FIRE DEPARTMENT
JOHNSON HEALTH CENTER320 FEDERAL STREET LYNCHBURG,VA 24504		501(C)(3)	160,000				RENTAL CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 6

3 Enter total number of other organizations . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THROUGHOUT THE YEAR, GRANT REQUESTS ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

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 4a	GEORGE W DAWSON, PRESIDENT/CEO OF THE ORGANIZATION, ACCRUED FOR 2009 $501,568 IN A NONQUALIFIED RETIREMENT PLAN, INCLUDED IN HIS W-2 WAGES
Supplemental Information	Part III	COMPENSATION FROM UNRELATED ORGANIZATIONS ALBERT BAKER'S COMPENSATION WAS PAID BY LYNCHBURG PULMONARY ASSOCIATES FOR SERVICES RENDERED TO THE ORGANIZATION KIRKHAM W SYDNOR III'S AND SCOTT J WADE'S COMPENSATION WAS PAID BY MEDICAL ASSOCIATES OF CENTRAL VIRGINIA HOSPITALS FOR SERVICES RENDERED TO THE ORGANIZATION CHRISTINE MARRACCINI'S COMPENSATION WAS PAID BY WOMEN'S HEALTH SERVICES 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)	365,530	299,718	18,625	28,557	33,670	746,100	0
	(II)	0	0	0	0	0	0	0
GEORGE W DAWSON	(I)	542,017	10,287	541,205	181,351	13,626	1,288,486	0
	(II)	0	0	0	0	0	0	0
ALBERT M BAKER MD	(I)	153,471	0	0	0	0	153,471	0
	(II)	0	0	0	0	0	0	0
WILLIAM A BLACKMAN MD	(I)	119,471	33,815	2,019	14,572	18,049	187,926	0
	(II)	0	0	0	0	0	0	0
ROBERT D COOK MD	(I)	221,620	82,789	15,877	18,336	14,279	352,901	0
	(II)	0	0	0	0	0	0	0
KIRSTEN L HUBER MD	(I)	0	0	0	0	0	0	0
	(II)	333,927	0	885	14,151	4,721	353,684	0
CHRISTINE A MARRACCINI MD	(I)	16,880	0	0	0	0	16,880	0
	(II)	0	0	0	0	0	0	0
KIRKHAM W SYDNOR III MD	(I)	404,171	0	0	0	0	404,171	0
	(II)	0	0	0	0	0	0	0
J SCOTT WADE	(I)	27,488	0	0	0	0	27,488	0
	(II)	0	0	0	0	0	0	0
THOMAS C JIVIDEN	(I)	317,401	25,954	4,697	125,066	19,451	492,569	25,954
	(II)	0	0	0	0	0	0	0
LEWIS C ADDISON	(I)	317,510	16,039	3,054	141,120	18,989	496,712	16,039
	(II)	0	0	0	0	0	0	0
DAVID D ADAMS	(I)	189,071	9,754	403	38,948	18,544	256,720	9,754
	(II)	0	0	0	0	0	0	0
PATTI S MCCUE SCED	(I)	267,529	31,726	17,928	53,917	4,111	375,211	17,906
	(II)	0	0	0	0	0	0	0
CHALMERS M NUNN JR	(I)	327,502	52,201	20,235	82,499	16,914	499,351	0
	(II)	0	0	0	0	0	0	0
EW TIBBS	(I)	259,440	63,885	17,056	44,498	38,283	423,162	12,585
	(II)	0	0	0	0	0	0	0
DANIEL CAREY MD	(I)	365,308	265,144	18,815	19,445	34,608	703,320	0
	(II)	0	0	0	0	0	0	0
DAVID W FRANTZ MD	(I)	378,819	161,824	18,668	33,641	19,798	612,750	0
	(II)	0	0	0	0	0	0	0
CHRISTOPHER W LEWIS MD	(I)	368,222	197,681	17,805	13,100	22,299	619,107	0
	(II)	0	0	0	0	0	0	0
HARRY E MEADOR	(I)	174,259	9,893	1,579	50,239	20,843	256,813	9,893
	(II)	0	0	0	0	0	0	0
PETER K O'BRIEN MD	(I)	367,338	252,393	18,146	15,179	26,031	679,087	0
	(II)	0	0	0	0	0	0	0
MATTHEW C SACKETT MD	(I)	368,203	310,405	18,625	15,179	22,381	734,793	0
	(II)	0	0	0	0	0	0	0
CARL M VALENTINE MD	(I)	364,686	315,420	19,655	21,016	37,238	758,015	0
	(II)	0	0	0	0	0	0	0
JASON M HACKENBRACHT MD	(I)	369,894	185,478	17,001	13,465	19,459	605,297	0
	(II)	0	0	0	0	0	0	0
CHAD A HOYT MD	(I)	364,564	296,398	18,183	15,679	37,752	732,576	0
	(II)	0	0	0	0	0	0	0
THOMAS M MEYER MD	(I)	365,433	208,406	17,999	13,855	34,080	639,773	0
	(II)	0	0	0	0	0	0	0
CARL A MOORE MD	(I)	364,994	180,678	21,839	7,350	35,935	610,796	0
	(II)	0	0	0	0	0	0	0
DAVID B TRUITTE MD	(I)	364,094	213,060	19,645	21,881	39,740	658,420	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG VA	54-1225193	551245GN7	12-08-2004	126,425,000	NEW CONSTRUCTION, CURRENT REFUNDING		X		X
B	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF CAMPBELL VA	52-1309406	NONEASSIG	04-27-2007	7,500,000	NEW CONSTRUCTION		X		X
C	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE TOWN OF AMHERST VA	52-1309406	NONEASSIG	06-29-2007	8,000,000	NEW CONSTRUCTION		X		X
D	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF APPOMATTOX VA	54-1864523	NONEASSIG	11-29-2007	7,500,000	NEW CONSTRUCTION		X		X
E	ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG VA	54-1225193	551245ha4	09-29-2009	78,950,000	CURRENT REFUNDING		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	129,698,243	7,500,000	8,000,000	7,500,000	78,950,000
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	905,203	50,000	60,000	60,000	
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	111,821,787	7,450,000	7,940,000	7,440,000	
8	Year of substantial completion	2007	2008	2008	2007	2009

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

Part III Private Business Use

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

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?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
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?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X		X		X		X	
b	Name of provider	UBS									
c	Term of hedge	30 000000000000									
4a	Were gross proceeds invested in a GIC?	X		X		X		X		X	
b	Name of provider	CITIGROUP FINANCIAL PRODUCTS INC									
c	Term of GIC	2 500000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X	X	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

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).

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

1	(a) Name of disqualified person	(b) 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.

Complete if the organization 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	396		No		No	Yes	
LEWIS ADDISON COMPUTER LOAN		X	2,580	2,133		No		No	Yes	
Total . . . . . ▶ $			2,529							

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
MARK ADDISON	FAMILY MEMBER OF LEWIS ADDISON, OFFICER OF CENTRA HEALTH, INC	30,063	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
HARRY ELAM	FAMILY MEMBER OF SARAH PUCKETT, BOARD MEMBER OF CENTRA HEALTH, INC	112,582	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
TONY MCKINNEY	FAMILY MEMBER OF E W TIBBS, OFFICER OF CENTRA HEALTH, INC	95,069	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
SCOTT INSURANCE COMPANY	PRESIDENT OF COMPANY, WALKER SYDNOR, IS A BOARD MEMBER OF CENTRA HEALTH	639,257	PAYMENT FOR INSURANCE PREMIUMS PROVIDED TO CENTRA HEALTH, INC		No
KATIE NUNN	FAMILY MEMBER OF CHALMERS NUNN, OFFICER OF CENTRA HEALTH, INC	12,981	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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 OFFICERS LEWIS ADDISON AND GEORGE DAWSON ARE EACH BOARD MEMBERS OF CENTRAL VIRGINIA IMAGING BOARD MEMBERS KENNETH WHITE AND AUGUSTUS PETTICOLAS ARE OFFICERS OF BOARD OF DIRECTORS OF THE BANK OF THE JAMES, LYNCHBURG, VA OFFICER LEWIS ADDISON IS A BOARD MEMBER OF THE BANK OF THE JAMES, LYNCHBURG, VA OFFICERS DAVID ADAMS, LEWIS ADDISON, GEORGE DAWSON, THOMAS JIVIDEN, AND BOARD MEMBER CONSUELLA WOODS ARE EACH BOARD MEMBERS OF THE BEDFORD MEMORIAL HOSPIAL, A 50% JOINT VENTURE OF CENTRA HEALTH, INC OFFICERS DAVID ADAMS AND E W TIBBS 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 OFFICERS LEWIS ADDISON AND GEORGE DAWSON ARE OFFICERS OF THE BOARD OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC OFFICERS 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 CHAD HOYT AND OFFICER E W TIBBS ARE OWNERS OF AN UNRELATED LLC
Form 990, Part VI, Section B, line 11		THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT COPIES OF THE FORM 990 HAVE BEEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS, AND ANY QUESTIONS RAISED BY THE BOARD OF DIRECTORS HAVE BEEN ADDRESSED MANAGEMENT WILL ALSO REVIEW THE FORM 990 WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, WHO WILL THEN PRESENT IT TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL
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
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 FIVE MEMBERS OF CENTRA'S BOARD OF DIRECTORS FIVE OF THESE SIX MEMBERS MEET THE IRS FORM 990 INDEPENDENCE DEFINITION 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 THE CEO'S COMPENSATION THE COMMITTEE IS ALSO RESPONSIBLE FOR THE REVIEW AND APPROVAL OF SALARY RANGES AND ADJUSTMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES OF CENTRA, BASED ON THE RECOMMENDATIONS MADE BY THE CEO METHODS USED TO DETERMINE SALARY RANGES AND ADJUSTMENTS INCLUDE, BUT ARE NOT LIMITED TO, INDEPENDENT COMPENSATION CONSULTANT(S) AS WELL AS THIRD PARTY COMPENSATION SURVEYS AND/OR STUDIES
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, FILINGS OF THE FORM 990 CAN BE FOUND ONLINE AT WWW GUIDESTAR ORG
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
FORM 990, PART VII, LINE 1	AVERAGE HOURS WORKED	KIRSTEN HUBER WORKED AN AVERAGE OF 50 HOURS PER WEEK FOR SOUTHSIDE COMMUNITY HOSPITAL, A RELATED ORGANIZATION
FORM 990, PART III, LINE 4A	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	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 2009, CENTRA RECEIVED THE FOLLOWING NATIONAL AWARDS AND ACCOLADES - RECOGNIZED AS ONE OF THE 100 TOP CARDIOVASCULAR HOSPITALS IN THE COUNTRY BY THOMSON REUTERS CENTRA HAS RECEIVED THIS HONOR FIVE TIMES SINCE 2000 - AWARDED THE SOCIETY OF THORACIC SURGEONS' HIGHEST RATING OF THREE STARS FOR QUALITY IN CARDIAC SURGERY THIS HAS BEEN EARNED EACH YEAR SINCE THE AWARD'S INCEPTION - A RANKING BY FORBES MAGAZINES AS ONE OF THE SAFEST HOSPITALS IN THE COUNTRY, PLACING CENTRA IN THE TOP 5% OF HOSPITALS NATIONWIDE FOR LOW COMPLICATION AND MORTALITY RATES - NATIONAL RECOGNITION AS ONE OF THE MOST WIRED AND MOST WIRELESS HOSPITALS IN THE COUNTRY FOR DELIVERING EXCELLENT PATIENT CARE BY HOSPITALS & HEALTH NETWORKS MAGAZINE - MAGNET DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER WHICH RECOGNIZES EXCELLENCE IN NURSING 2009 COMMUNITY BENEFIT HIGHLIGHTS - CENTRA CONTRIBUTED MORE THAN $53 MILLION TOWARD COMMUNITY BENEFITS, INCLUDING - TRADITIONAL CHARITY CARE, WHICH INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY DURING 2009, $34,283,292 OF CHARGES AT AN ESTIMATED COST OF $17,423,321 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, AND TOTALED $24,209,445 - UNPAID COSTS OF MEDICAID, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICAID FOR CARE RENDERED TO MEDICAID PATIENTS, AND TOTALED $11,675,303 - COMMUNITY HEALTH INITIATIVE GRANTS, WHICH INCLUDE CONTRIBUTIONS MADE BY CENTRA TO THE CENTRA HEALTH FOUNDATION TO SUPPORT COMMUNITY INITIATIVE PROGRAMS, AND TOTALED $254,707 - CASH/IN-KIND DONATIONS, WHICH INCLUDE CONTRIBUTIONS MADE ON BEHALF OF CENTRA TO THE COMMUNITY AND IN-KIND DONATIONS, AND TOTALED $87,720 - MEDICAL EDUCATION, WHICH INCLUDES CONTINUING MEDICAL EDUCATION AND SCHOLARSHIPS FOR NURSES AND OTHER HEALTH CARE PROFESSIONALS, AND TOTALED $17,766 - COMMUNITY EDUCATION, WHICH INCLUDES COMMUNITY/PATIENT HEALTH EDUCATION PROGRAMS, HEALTH SCREENINGS, COUNSELING AND SUPPORT GROUPS, AND TOTALED $75,756

Identifier	Return Reference	Explanation
		COMMUNITY EDUCATION & HEALTH SCREENINGS CENTRAL 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 2009 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 2009, HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS REACHED MORE THAN 24,000 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 2009, 2,515 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 OVER 1,220 INDIVIDUALS WERE SERVED IN 2009 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 2009, 1,096 PEOPLE WERE SERVED BY PROGRAMS AND SCREENINGS OFFERED 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 ORTHOPEDIC COMMUNITY EDUCATION PROGRAMS ARE OFFERED TO THE COMMUNITY TO EDUCATE ABOUT ARTHRITIS AND JOINT-RELATED DISEASES AND CONDITIONS IN 2009, 100 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 IN 2009, 527 PEOPLE WERE SERVED THE WITNESS PROJECT THE WITNESS PROJECT IS A BREAST HEALTH EDUCATION PROGRAM SERVING ALL WOMEN, AND TARGETING THE UNDERSERVED IN 2009, MORE THAN 380 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 COMMUNITY CLASSES IN 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 GROUPS SUPPORT 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 380 PEOPLE PARTICIPATED IN SUPPORT GROUPS AT CENTRA IN 2009 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 2009, 79 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 126 WOMEN IN 2009 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 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-KIND & DONATIONS - DURING 2009, CENTRA DONATED OVER $64,600 IN MEDICAL SUPPLIES TO GLEANING FOR THE WORLD AND OTHER VARIOUS ORGANIZATIONS AND AGENCIES IN THE REGION - CENTRA DONATED SCHOOL SUPPLIES TO AREA SCHOOLS FOR UNDERPRIVILEGED CHILDREN, FOOD TO THE COMMUNITY FOOD DRIVE, AND A VARIETY OF FURNITURE TO THE GOODWILL DURING THE YEAR CENTRA ALSO ALLOWED COMMUNITY AGENCIES AND ORGANIZATIONS THE USE OF MANY OF THE MEETING ROOMS THROUGHOUT ITS FACILITIES - CENTRA LAB PROCESSED 2,972 LABORATORY TESTS FOR CENTRAL VIRGINIA FREE CLINIC CLIENTS AT NO CHARGE THIS DONATED SERVICE RESULTED IN A COMMUNITY BENEFIT EXCEEDING $187,000 - A TOTAL OF 12,719 MEALS WERE PROVIDED TO THE LYNCHBURG MEALS ON WHEELS PROGRAM AT A COST OF $35,613

Identifier	Return Reference	Explanation
		SPECIAL NEEDS PROJECTS & MENTORING CENTRA 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 141 NEW CLIENTS PARTICIPATED IN THE B A B E PROGRAM IN 2009, WITH A TOTAL OF 206 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 2009, COMMUNITY VOICE SCHEDULED 15 CLASSES AND 4 COMMUNITY EVENTS 107 COMMUNITY RESIDENTS ENROLLED IN THE PROGRAM, OF WHICH 99 INDIVIDUALS WERE TRAINED TO BE LAY HEALTH ADVISORS PERINATAL HEALTH INFORMATION WAS DISTRIBUTED TO OVER 1,550 PEOPLE THROUGH LAY HEALTH ADVISERS, CLASSES, AND COMMUNITY EVENTS 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 2009, THE PROGRAM HANDLED 526 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 358 CLIENTS IN 2009 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 375 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 VOLUNTEER SERVICES CENTRA 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 IN 2009, 110 VOLUNTEERS DONATED 5,118 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

FORM 990 AMENDED 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 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 IN ADDITION, THE ORGANIZATION HAS UPDATED A STATEMENT ON SCHEDULE J PART III REGARDING THE AMOUNT OF PREVIOUSLY DEFERRED COMPENSATION THAT WAS INCLUDED IN AN EMPLOYEES 2009 FORM W-2

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

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

(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	26,969,745	9,106,994	CENTRA HEALTH INC
CENTRA EMERGENCY PHYSICIAN SERVICES LLC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 20-5965653	EMERGENCY PHYSICIAN SERVICES	VA	15,088,881	1,538,008	CENTRA HEALTH INC
CENTRA HEALTH CARDIOVASCULAR SERVICES LLC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 20-5118331	CARDIOVASCULAR SERVICES	VA	17,336,181	4,733,738	CENTRA HEALTH INC
CENTRAL VIRGINIA HOSPITAL FOR RESTORATIVE AND REHABILITATIVE CARE LLC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 20-4712023	HEALTHCARE	VA	8,548,114	2,931,333	CENTRA HEALTH INC
CENTRA HEALTH INDEMNITY COMPANY LLC 1920 ATHERHOLD ROAD lYNCHBURG, VA 24501 27-0927253	CAPTIVE INSURANCE	VT	0	10,126,688	CENTRA HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 54-1604094	SUPPORTING ORGANIZATION	VA	501(c)(3)	Line 11a, I	CENTRA HEALTH INC
LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 54-1457983	HEALTHCARE	VA	501(c)(3)	Line 11a, I	CENTRA HEALTH INC
SOUTHSIDE COMMUNITY HOSPITAL INC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 54-0555201	HEALTHCARE	VA	501(c)(3)	Line 3	CENTRA HEALTH INC
CCRC INC 1920 ATHERHOLD ROAD LYNCHBURG, VA 24501 54-1929580	HEALTHCARE	VA	501(c)(3)	Line 11a, I	CENTRA HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
VBH ASSOCIATES 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1292948	OPERATION OF MEDICAL BUILDING	VA	GENERAL BUSINESS CONCERNS INC	INVESTMENT				No		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GENERAL BUSINESS CONCERNS INC 1920 ATHERHOLT ROAD LYNCHBURG, VA24501 54-1299682	REAL ESTATE - PHYSICIAN OFFICES	VA	CENTRA HEALTH INC	C			100 000 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
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**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
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**		**No**
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	(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0715569
Name: 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 FAMILIY PRACTICE RESIDENCY PROGRAM INC	B	2,940,000
(2)	LYNCHBURG FAMILIY PRACTICE RESIDENCY PROGRAM INC	I	350,000
(3)	LYNCHBURG FAMILIY PRACTICE RESIDENCY PROGRAM INC	P	259,448
(4)	CENTRA HEALTH FOUNDATION INC	B	336,108
(5)	CENTRA HEALTH FOUNDATION INC	C	5,121,113
(6)	CENTRA HEALTH FOUNDATION INC	I	4,056
(7)	CENTRA HEALTH FOUNDATION INC	O	681,632
(8)	CENTRA HEALTH FOUNDATION INC	P	32,556
(9)	SOUTHSIDE COMMUNITY HOSPITAL INC	B	1,955,000
(10)	SOUTHSIDE COMMUNITY HOSPITAL INC	D	11,284,000
(11)	SOUTHSIDE COMMUNITY HOSPITAL INC	P	513,323
(12)	CCRC INC	P	108,160
(13)	GENERAL BUSINESS CONCERNS INC	J	201,287
(14)	GENERAL BUSINESS CONCERNS INC	O	365,000
(15)	GENERAL BUSINESS CONCERNS INC	P	128,305