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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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 $ 620,932,706

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) ☐ 501(c) ( ) ◀ (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

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 individuals employed in calendar year 2011 (Part V, line 2a)	**5**	5,534
6	Total number of volunteers (estimate if necessary)	**6**	1,149
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,497,329
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	253,722

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	6,622,986	2,204,465
9	Program service revenue (Part VIII, line 2g)	548,556,853	603,065,082
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,683,319	11,866,039
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,601,005	3,797,120
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	591,464,163	620,932,706
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	786,760	554,372
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	288,315,559	309,611,313
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	255,864,270	265,771,502
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	544,966,589	575,937,187
19	Revenue less expenses Subtract line 18 from line 12	46,497,574	44,995,519

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	696,503,851	739,401,611
21	Total liabilities (Part X, line 26)	333,399,102	391,024,184
22	Net assets or fund balances Subtract line 21 from line 20	363,104,749	348,377,427

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

****** 2012-08-10
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-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00445891

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DIXON HUGHES GOODMAN LLP
500 RIDGEFIELD COURT
ASHEVILLE, NC 28806

EIN ▶ 56-0747981

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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 517,058,303 including grants of $ 554,372) (Revenue $ 594,567,753)

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 25 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** ▶ $ 517,058,303

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	686		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	5,534			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								11,692,621	230,141	876,999

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 139

			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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL ASSOCIATES OF CENTRAL VIRGINIA PO BOX 11889 LYNCHBURG, VA 24506	PHYSICIANS	7,870,043
HERITAGE HEALTHCARE INC 536 OLD HOWELL ROAD GREENVILLE, SC 29615	THERAPISTS	3,770,891
VIRGINIA HOSPITAL LAUNDRY 1601 OLIVER HILL WAY RICHMOND, VA 23219	LINEN SERVICES	2,340,767
AMCOL SYSTEMS PO BOX 21625 COLUMBIA, SC 29221	COLLECTIONS SERVICE	2,291,144
LYNCHBURG HEMATOLOGY 1701 THOMSON DRIVE LYNCHBURG, VA 24501	PHYSICIANS	1,498,617

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 46

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 1,803,859				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 400,606				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,204,465			
Program Service Revenue		Business Code				
	2a	NET PATIENT SVC REVENU	621400	570,721,765	570,721,765	
	b	ANCILLARY SERVICES	900099	13,712,850	13,712,850	
	c	TUITION & EDUCATION	611600	13,639,825	13,639,825	
	d	LAB SERVICES	621500	8,497,329		8,497,329
	e	CONTROLLED ENTITIES	900099	-3,506,687	-3,506,687	
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		603,065,082		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,417,465		2,417,465
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 956,491				
	b	Less rental expenses 0				
	c	Rental income or (loss) 956,491				
	d	Net rental income or (loss) . . . . . ▶		956,491		956,491
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 9,437,537 / 11,037				
	b	Less cost or other basis and sales expenses 0 / 0				
	c	Gain or (loss) 9,437,537 / 11,037				
	d	Net gain or (loss) . . . . . ▶		9,448,574		9,448,574
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 722210	2,488,112			2,488,112
	b	MANAGEMENT/CONSULTING 541610	352,517			352,517
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	2,840,629			
	12	**Total revenue.** See Instructions . . . ▶	620,932,706	594,567,753	8,497,329	15,663,159

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	554,372	554,372		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,845,066	1,607,946	4,237,120	
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	239,408,623	230,436,593	8,972,030	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,673,793	2,489,251	184,542	
9	Other employee benefits	37,175,589	34,481,258	2,694,331	
10	Payroll taxes	24,508,242	22,816,710	1,691,532	
11	Fees for services (non-employees)				
a	Management	1,171,830	1,076,950	94,880	
b	Legal	3,411,109	2,706,346	704,763	
c	Accounting	172,854	49,416	123,438	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	58,197,281	44,972,157	13,225,124	
12	Advertising and promotion	2,175,886	1,995,570	180,316	
13	Office expenses	82,485,113	81,215,175	1,269,938	
14	Information technology	13,308,874		13,308,874	
15	Royalties . .				
16	Occupancy	8,592,091	8,199,199	392,892	
17	Travel	1,358,470	1,307,541	50,929	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,782,593	1,568,569	214,024	
20	Interest	5,398,827	5,398,827		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,710,951	22,218,725	11,492,226	
23	Insurance	3,674,519	3,632,594	41,925	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	29,916,435	29,916,435		
b	DRUGS	18,634,315	18,634,315		
c	BOND COST AMORTIZATION	1,780,354	1,780,354		
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	575,937,187	517,058,303	58,878,884	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		25,272,752	1	39,049,580
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		45,832,242	4	55,972,775
	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		144,189	7	144,188
	8	Inventories for sale or use		12,122,178	8	12,845,821
	9	Prepaid expenses and deferred charges		3,511,937	9	2,282,407
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 646,666,145			
	b	Less accumulated depreciation	10b 403,586,098	248,321,694	10c	243,080,047
	11	Investments—publicly traded securities		248,285,280	11	274,845,806
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		101,060,964	13	99,082,682
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,952,615	15	12,098,305
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		696,503,851	16	739,401,611
Liabilities	17	Accounts payable and accrued expenses		54,712,474	17	59,515,625
	18	Grants payable			18	
	19	Deferred revenue		432,218	19	802,131
	20	Tax-exempt bond liabilities		224,932,412	20	219,322,395
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		53,321,998	25	111,384,033
	26	**Total liabilities.** Add lines 17 through 25		333,399,102	26	391,024,184
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		314,516,103	27	300,220,897
	28	Temporarily restricted net assets		18,790,268	28	18,358,152
	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		363,104,749	33	348,377,427
	34	Total liabilities and net assets/fund balances		696,503,851	34	739,401,611

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	620,932,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	575,937,187
3	Revenue less expenses Subtract line 2 from line 1	3	44,995,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	363,104,749
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-59,722,841
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	348,377,427

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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		26,727
j	Total lines 1c through 1i			26,727
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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	ATTENDANCE AT VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION 2011 LEGISLATIVE ISSUES CONFERENCES (REGISTRATION EXPENSES, HOTEL, TRAVEL, & MEALS) $ 13,178 A PORTION OF THE ORGANIZATION'S HOSPITAL ASSOCIATION DUES FOR THE 2011 WERE ATTRIBUTABLE TO LOBBYING EXPENSES THIS AMOUNT WAS $ 13,549

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	29,734,229	29,734,229	29,734,229	43,467,313	
b	Contributions				420,000	
c	Investment earnings or losses	374,984	336,616	324,058	-13,772,985	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	374,984	336,616	324,058	380,099	
f	Administrative expenses					
g	End of year balance	29,734,229	29,734,229	29,734,229	29,734,229	

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

- a Board designated or quasi-endowment ▶ 3 000 %
- b Permanent endowment ▶ 97 000 %
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,861,479		7,861,479
b Buildings		328,346,795	210,719,023	117,627,772
c Leasehold improvements		15,761,749	10,115,221	5,646,528
d Equipment		284,767,764	182,751,854	102,015,910
e Other		9,928,358		9,928,358
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				243,080,047

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
(1) INVESTED CAPITAL IN CONTROLLED ENTITIES	77,724,998	F
(2) EQUITY IN AFFILIATES	15,172,613	F
(3) DUE FROM RELATED PARTIES	6,185,071	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	99,082,682	

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED INTEREST PAYABLE	268,741
ESTIMATED 3RD PARTY LIABILITIES	8,286,455
OTHER LIABILITIES	8,233,344
PENSION LIABILITY	65,864,741
INTEREST RATE SWAP AGREEMENT	27,209,852
PHYSICIAN RECRUITMENT LIABILITY	678,278
DUE TO RELATED PARTIES	842,622
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	111,384,033

2. Fin 48 (ASC 740) 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 (ASC740)

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	620,932,706
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	575,937,187
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	44,995,519
4	Net unrealized gains (losses) on investments	4	-4,150,611
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-55,572,230
9	Total adjustments (net) Add lines 4 - 8	9	-59,722,841
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-14,727,322

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	561,209,865
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-4,150,611		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	32,054		
e	Add lines **2a** through **2d**			2e	-4,118,557
3	Subtract line **2e** from line **1**			3	565,328,422
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	55,604,284		
c	Add lines **4a** and **4b**			4c	55,604,284
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	620,932,706

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

1	Total expenses and losses per audited financial statements			1	575,937,187
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	575,937,187
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	575,937,187

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ("GAAP"), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE FOUNDATION HAS A POLICY OF REQUESTING FOR DISTRIBUTION EACH YEAR EITHER NET INCOME OF THE ASSET OR A PERCENTAGE OF THE ASSETS AVERAGE FAIR VALUE WHICH RESULTS IN AN AVERAGE NET CASH DISTRIBUTION OF 2 4% OF TOTAL ASSETS ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 4 3% ANNUALLY THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CENTRA HEALTH, INC , CENTRA HEALTH FOUNDATION, CCRC, INC , SOUTHSIDE COMMUNITY HOSPITAL, INC , AND LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM, INC ARE EXEMPT FROM INCOME TAX UNDER SECTION 501 (A) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO INCOME TAXES HAVE BEEN PROVIDED FOR THESE ENTITIES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS EXCEPT FOR TAXES RELATED TO CERTAIN UNRELATED BUSINESS INCOME ENGAGED IN BY CENTRA CENTRA MEDICAL GROUP LLC, CENTRA HEALTH CARDIOVASCULAR SERVICES LLC, CENTRA HEALTH EMERGENCY SERVICES LLC AND CENTRAL VIRGINIA HOSPITAL FOR RESTORATIVE AND REHABILITATIVE CARE, LLC ARE DISREGARDED FOR FEDERAL INCOME TAX PURPOSES AND THEREFORE ARE INCLUDED UNDER EITHER CENTRA'S OR LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM'S TAX RETURN AS A TAXEXEMPT 501(C) ORGANIZATION CENTRA HAS ADOPTED RELEVANT ACCOUNTING STANDARDS RELATED TO TAXES FOR ITS SUBSIDIARY, GENERAL BUSINESS CONCERNS, INC UNDER THE ASSET AND LIABILITY METHOD FOR THESE STANDARDS, DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE TAX BASIS OF THE SUBSIDIARYS ASSETS AND LIABILITIES AT INCOME TAX RATES EXPECTED TO BE IN EFFECT WHEN SUCH AMOUNTS ARE REALIZED OR SETTLED THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN EARNINGS IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE CENTRA HEALTH INDEMNITY COMPANY LLC IS WHOLLY OWNED BY CENTRA HEALTH, INC ANY LIABILITY FOR TAXES ARE PASSED THROUGH TO CENTRA HEALTH, INC A PROVISION WILL BE MADE WHEN OPERATIONS OF THIS SUBSIDIARY INDICATES A LIABILITY FOR TAXES EFFECTIVE JANUARY 1, 2009, CENTRA ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ("FASB") AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE GUIDANCE CLARIFIES THE ACCOUNTING FOR THE RECOGNITION AND MEASUREMENT OF THE BENEFITS OF INDIVIDUAL TAX POSITIONS IN THE FINANCIAL STATEMENTS TAX POSITIONS MUST MEET A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT IN ORDER FOR THE BENEFIT OF THOSE TAX POSITIONS TO BE RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS CENTRA HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2011 THE ADOPTION OF THE GUIDANCE DID NOT HAVE A MATERIAL EFFECT ON CENTRA'S FINANCIAL POSITION OR RESULTS OF OPERATIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN PENSION REPORTING -41,352,922 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT - 14,245,248 NET ASSETS RELEASED FROM RESTRICTION TO AFFILIATED ENTITIES 32,054 MINORITY INTEREST - 6,114 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 55,572,230
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET ASSETS RELEASED FROM RESTRICTION TO AFFILIATED ENTITIES 32,054
PART XII, LINE 4B - OTHER ADJUSTMENTS		CHANGE IN PENSION REPORTING 41,352,922 CHANGE IN VALUE OF INTEREST RATE SWAP 14,245,248 MINORITY INTEREST 6,114

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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

2011

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	Did 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 had 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 during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? 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 did 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	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	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	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did 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 Worksheet 1)			18,069,708		18,069,708	3 310 %
b Medicaid (from Worksheet 3, column a)			79,980,434	66,917,822	13,062,612	2 390 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,078,945	685,941	393,004	0 070 %
d **Total** Charity Care and Means-Tested Government Programs			99,129,087	67,603,763	31,525,324	5 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			280,620		280,620	0 050 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			511,729		511,729	0 090 %
j **Total** Other Benefits			792,349		792,349	0 140 %
k **Total.** Add lines 7d and 7j			99,921,436	67,603,763	32,317,673	5 910 %

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	2	120	2,073		2,073	0 %
4 Environmental improvements						
5 Leadership development and training for community members	66	1,472	2,717		2,717	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	35	438		438	0 %
9 Other						
10 **Total**	69	1,627	5,228		5,228	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did 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 2 14,745,218			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	247,721,362
6	Enter Medicare allowable costs of care relating to payments on line 5	6	265,555,561
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-17,834,199
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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

(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 1 PIEDMONT COMMUNITY HEALTH PLAN INC	HEALTH INSURANCE	50 000 %		50 000 %
2 2 CENTRAL VIRGINIA IMAGING LLC	IMAGING SERVICES	50 000 %		50 000 %
3 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				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 3

	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)
1	LYNCHBURG GENERAL HOSPITAL 1901 TATE SPRINGS ROAD LYNCHBURG, VA 24501	X	X					X		
2	VIRGINIA BAPTIST HOSPITAL CAMPUS 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503	X	X							
3	CENTRA SPECIALTY HOSPITAL 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503	X								LONG TERM ACUTE CARE

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

LYNCHBURG GENERAL HOSPITAL

Name of Hospital Facility: LYNCHBURG GENERAL HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

VIRGINIA BAPTIST HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

CENTRA SPECIALTY HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **45**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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 communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 29916435

Identifier	ReturnReference	Explanation
		PART II CENTRA HEALTH, INC KNOWS THE IMPORTANCE OF MAINTAINING A STRONG RELATIONSHIP WITH THE COMMUNITY IT SERVES CENTRA CONTINUOUSLY WORKS TO SEEK OUT WAYS IN WHICH WE CAN SUPPORT THE COMMUNITY HERE ARE A COUPLE OF EXAMPLES THE PATHWAYS TREATMENT CENTER'S CHRISTMAS PARTY WAS GIVEN FOR THE ALUMNI OF THE PATHWAYS PROGRAM IT WAS A RELATIONSHIP BUILDING EVENT BETWEEN THE ALUMS AND THE PROGRAM WHICH IS USED TO ENCOURAGE THE ALUMS TO CONTINUE IN THEIR SOBRIETY AND LETS THEM KNOW THAT EVEN THOUGH THEY ARE ALUMS, WE ARE STILL CONNECTED WITH THEM AND INVESTED IN THEM ALSO, CENTRA SUPPORTS MIRIAM'S HOUSE, A LOCAL ORGANIZATION SERVING AS A TRANSITION FOR HOMELESS WOMEN AND CHILDREN THEY ARE "DESIGNED TO END THE CYCLE OF HOMELESSNESS, SERVES HOMELESS SINGLE WOMEN OR MOTHERS AND THEIR CHILDREN "CENTRA'S MENTAL HEALTH DIVISION PARTICIPATES IN NUMEROUS CONFERENCES AND MEETINGS THROUGH OUT THE COMMUNITY TO LEND GUIDANCE AND SUPPORT SOME EXAMPLES OF THESE CONFERENCES/MEETINGS ARE VSHMPR (VIRGINIA SOCIETY FOR HEALTHCARE MARKETING & PUBLIC RELATIONS), VADAP (VIRGINIA DRUG AND ALCOHOL PROGRAMS), LYNCHBURG JUNIOR LEAGUE, ETHICS CONFERENCES, PSYCHIATRIC SOCIETY OF VIRGINIA DISTINGUISHED FELLOWSHIP COMMITTEE, AND GERONTOLOGY CONFERENCES, ETC THESE EVENTS USUALLY DEAL WITH MENTAL HEALTH/SUBSTANCE ABUSE CARE AN IMPORTANT PART OF WHAT CENTRA'S MENTAL HEALTH DIVISION DOES IS TO SERVE ON BOARDS AND COMMITTEES, AND SUPPORT OTHER ORGANIZATIONS WHO ALSO STRIVE FOR COMMUNITY HEALTH AND WELL-BEING CENTRA PARTICIPATES IN HEALTH CAREER CAMPS IN ORDER TO PROMOTE THE IMPORTANCE OF HEALTHCARE PROFESSIONALS TO YOUNG ADULTS SO THEY MAY, POSSIBLY, BECOME MEMBERS OF THE HEALTHCARE COMMUNITY IN THE FUTURE

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE TOTAL AMOUNT OF MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE CENTRA HEALTH'S MISSION IS TO PROMOTE HEALTH IN THE COMMUNITY AND WE DO NOT LIMIT THE CARE AVAILABLE TO ANY OF OUR PATIENTS, INCLUDING THOSE COVERED BY MEDICARE WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS EVEN THOUGH REIMBURSEMENTS WERE LESS THAN THE COST TO PROVIDE SERVICE TOTAL MEDICARE SHORTFALL FOR 2011 WAS $17,834,199

Identifier	ReturnReference	Explanation
		PART III, LINE 9B CENTRA RECOGNIZES THAT MEDICAL EXPENSES ARE OFTEN UNEXPECTED AND CAN CAUSE FINANCIAL HARDSHIP ALL ACCOUNTS WITH SELF PAY BALANCES WILL FOLLOW THE SAME COLLECTION PROTOCOLS THESE PROTOCOLS ARE ELECTRONICALLY ADMINISTERED THROUGH CENTRA'S HOSPITAL INFORMATION SYSTEM WHEN AN ACCOUNT REACHES THE END OF THE SYSTEM GENERATED COLLECTION CYCLE AND MEETS SAID CRITERIA, THE ACCOUNT BALANCE WILL BE PROCESSED AS BAD DEBT AND REPORTED TO A COLLECTION AGENCY CRITERIA FOR BAD DEBT WILL BE APPLIED CONSISTENTLY REGARDLESS OF AGE, RACE OR RELIGION

Identifier	ReturnReference	Explanation
CENTRA SPECIALTY HOSPITAL		PART V, SECTION B, LINE 18C CENTRA SPECIALTY HOSPITAL DOES NOT HAVE AN EMERGENCY DEPARTMENT DUE TO THE NATURE OF THE HOPSITAL'S SERVICES

Identifier	ReturnReference	Explanation
		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 GAUGE 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 ADDRESSED IMMEDIATELY SURVEYS ARE CONDUCTED AT EVERY COMMUNITY EVENT ON WHICH THE COMMUNITY IS ABLE TO OFFER FEEDBACK

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 CENTRA IS A COMPREHENSIVE HEALTH CARE SYSTEM COVERING A SERVICE AREA OF 406,561 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 406,561, WITH AN ETHNIC MIX OF 17 9% BLACK AND 77 8% WHITE THE PERCENT OF THE TOTAL PSA/SSA POPULATION THAT IS 65 YEARS OF AGE AND OLDER IS 16 2% IT IS PROJECTED THAT BY 2013, THIS SAME AGE RANGE OF 65 PLUS WILL ACCOUNT FOR 18% OF THE TOTAL PSA/SSA POPULATION THE AVERAGE HOUSEHOLD INCOME IN THE PSA/SSA IS $42,764 THE CURRENT UNEMPLOYMENT RATE IS APPROXIMATELY 6 9% 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

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 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 ALSO, CENTRA PERFORMS COMMUNITY BUILDING ACTIVITIES BY LENDING THEIR PROFESSIONAL EXPERIENCE AND TIME IN MANY ASPECTS OF HEALTH & WELL-BEING WITHIN THE COMMUNITY FOR EXAMPLE, CENTRA SUPPORTS MIRIAM'S HOUSE, A LOCAL ORGANIZATION SERVING AS A TRANSITION FOR HOMELESS WOMEN AND CHILDREN IN NEED THEY ARE "DESIGNED TO END THE CYCLE OF HOMELESSNESS, SERVES HOMELESS SINGLE WOMEN OR MOTHERS AND THEIR CHILDREN " CENTRA PARTICIPATES IN HEALTH CAREER CAMPS IN ORDER TO PROMOTE THE IMPORTANCE OF HEALTHCARE PROFESSIONALS TO YOUNG ADULTS SO THEY MAY, POSSIBLY, BECOME MEMBERS OF THE HEALTHCARE COMMUNITY IN THE FUTURE CENTRA'S MENTAL HEALTH DIVISION PARTICIPATES IN NUMEROUS CONFERENCES AND MEETINGS THROUGHOUT THE COMMUNITY TO LEND GUIDANCE AND SUPPORT SOME EXAMPLES OF THESE CONFERENCES/MEETINGS ARE VSHMPR (VIRGINIA SOCIETY FOR HEALTHCARE MARKETING & PUBLIC RELATIONS), VADAP (VIRGINIA DRUG AND ALCOHOL PROGRAMS), LYNCHBURG JUNIOR LEAGUE, ETHICS CONFERENCES, PSYCHIATRIC SOCIETY OF VIRGINIA DISTINGUISHED FELLOWSHIP COMMITTEE, AND GERONTOLOGY CONFERENCES, ETC THESE EVENTS USUALLY DEAL WITH MENTAL HEALTH/SUBSTANCE ABUSE CARE AN IMPORTANT PART OF WHAT CENTRA'S MENTAL HEALTH DIVISION DOES IS TO SERVE ON BOARDS AND COMMITTEES, AND SUPPORT OTHER ORGANIZATIONS WHO ALSO STRIVE FOR COMMUNITY HEALTH AND WELL-BEING THE PATHWAYS TREATMENT CENTER'S CHRISTMAS PARTY WAS GIVEN FOR THE ALUMNI OF THE PATHWAYS PROGRAM IT WAS A RELATIONSHIP BUILDING EVENT BETWEEN THE ALUMS AND THE PROGRAM WHICH IS USED TO ENCOURAGE THE ALUMS TO CONTINUE IN THEIR SOBRIETY AND LETS THEM KNOW THAT EVEN THOUGH THEY ARE ALUMS, WE ARE STILL CONNECTED WITH THEM AND INVESTED IN THEM

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 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 HOSPITAL'S 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

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	VA

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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

2011

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
(1) CENTRAL VIRGINIA COMMUNITY COLLEGE 3506 WARDS ROAD LYNCHBURG,VA 24502	54-1268278	GOV'T	5,000		N/A	N/A	CHARITABLE CONTRIBUTION
(2) AMERICAN CANCER SOCIETY2316 ATHERHOLT ROAD 108 LYNCHBURG,VA 24501	58-0659875	501(C)(3)	20,000		N/A	N/A	CHARITABLE CONTRIBUTION
(3) AMAZEMENT SQUARE 27 9TH STREET LYNCHBURG,VA 24504	54-1713204	501(C)(3)	10,600		N/A	N/A	CHARITABLE CONTRIBUTION
(4) ACADEMY OF FINE ARTS600 MAIN STREET LYNCHBURG,VA 24504	23-7061145	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION
(5) VIRGINIA'S REGION 2000828 MAIN STREET FLOOR 12 LYNCHBURG,VA 24504	54-1859984	501(C)(3)	31,000		N/A	N/A	CHARITABLE CONTRIBUTION
(6) CENTRA HEALTH FOUNDATION INC1920 ATHERHOLT ROAD LYNCHBURG,VA 24501	54-1604094	501(C)(3)	250,525		N/A	N/A	CHARITABLE CONTRIBUTION
(7) JOHNSON HEALTH CENTER320 FEDERAL STREET LYNCHBURG,VA 24504	54-1287905	501(C)(3)	160,000		N/A	N/A	RENTAL CONTRIBUTION
(8) UNITED WAY1010 MILLER PARK SQUARE LYNCHBURG,VA 24501	54-0505923	501(C)(3)	25,000		N/A	N/A	CHARITABLE CONTRIBUTION
(9) BLUE RIDGE MENDED HEARTS CHAPTER 161901 TATE SPRINGS ROAD LYNCHBURG,VA 24501	54-1523141	501(C)(3)	5,000		N/A	N/A	CHARITABLE CONTRIBUTION
(10) LYNCHBURG ROAD RUNNERSVIRGINIA TEN MILER EVENTPO BOX 11223 LYNCHBURG,VA 24506	54-1796447	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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 4B	GEORGE W DAWSON, PRESIDENT/CEO OF THE ORGANIZATION, ACCRUED FOR 2011 $501,567 IN A NONQUALIFIED RETIREMENT PLAN, INCLUDED IN HIS W-2 WAGES

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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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG VA	54-1225193	NONEAVAIL	12-17-2010	30,000,000	NEW CONSTRUCTION AND EQUIPMENT		X		X		X
B	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF CAMPBELL VA	52-1309406	NONEAVAIL	04-27-2007	7,500,000	NEW CONSTRUCTION		X		X		X
C	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE TOWN OF AMHERST VA	52-1309406	NONEAVAIL	06-29-2007	8,000,000	NEW CONSTRUCTION		X		X		X
D	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF APPOMATTOX VA	54-1864523	NONEAVAIL	11-29-2007	7,500,000	NEW CONSTRUCTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		1,174,019	1,253,497	1,034,741
2	Amount of bonds defeased				
3	Total proceeds of issue	30,223,487	7,500,000	8,000,000	7,500,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	185,914	50,000	60,000	60,000
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	13,839,147	7,450,000	7,940,000	7,440,000
11	Other spent proceeds				
12	Other unspent proceeds	16,198,426			
13	Year of substantial completion	2013	2008	2008	2007

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	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 %	
6	Total of lines 4 and 5	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	

Part IV Arbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?	X		X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	BRANCH BANKING AND TRUST BANKING							
c	Term of hedge	7 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X			X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K, PART IV LN 7	POST ISSUANCE COMPLIANCE	CENTRA HEALTH, INC DID NOT HAVE A FORMAL WRITTEN POLICY RELATING TO MANAGEMENT PRACTICES AND PROCEDURES TO ENSURE POST-ISSUANCE COMPLIANCE OF ITS TAX EXEMPT BOND LIABILITIES THE ORGANIZATION HAS ADOPTED A FORMAL WRITTEN POLICY IN 2012 RELATING TO IS PRACTICES AND PROCEDURES TO ENSURE BOND COMPLIANCE
SCHEDULE K, PART V	PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	CENTRA HEALTH, INC DID NOT HAVE A FORMAL WRITTEN PROCEDURE TO ENSURE THAT ANY POTENTIAL VIOLATIONS OF FEDERAL TAX REQUIREMENTS RELATING TO BOND COMPLIANCE WERE TIMELY IDENTIFIED AND CORRECTED THE ORGANIZATION HAS ADOPTED A FORMAL WRITTEN POLICY IN 2012 RELATING TO ITS PRACTICES AND PROCEDURES TO BE UTILIZED IN ENSURING THAT ANY POTENTIAL BOND VIOLATIONS ARE IDENTIFIED AND CORRECTED IN A TIMELY MANNER
SCHEDULE K, PART II LN 11	OTHER SPENT PROCEEDS	THE AMOUNT PRESENTED ON LINE 11 REPRESENTS AMOUNTS USED TO REISSUE PORTIONS OF THE SERIES 2004 ISSUE

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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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	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		X
B	ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG VA	54-1225193	551245HA4	09-29-2009	78,950,000			X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	85,350,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	129,698,243	78,950,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	10,049,028			
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	905,203			
8	Credit enhancement from proceeds	3,198,000			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	101,772,759			
11	Other spent proceeds	10,500,010	78,950,000		
12	Other unspent proceeds				
13	Year of substantial completion	2007	2007		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	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 %					
6	Total of lines 4 and 5	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					

Part IV Arbitrage

		A		B		C		D	
		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				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X				
b	Name of provider	UBS							
c	Term of hedge	30 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	CITIGROUP FINANCIAL							
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				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2011

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
(1) THOMAS JIVIDEN COMPUTER LOAN		X	900	294		No		No	Yes	
Total . . . . . ▶ $				294						

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
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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, GEORGE DAWSON, W MICHAEL BRYANT, AND KEY EMPLOYEE E.W TIBBS ARE EACH BOARD MEMBERS OF CENTRAL VIRGINIA IMAGING BOARD MEMBER AUGUSTUS PETTICOLAS IS AN OFFICER OF BOARD OF DIRECTORS OF THE BANK OF THE JAMES, LYNCHBURG, VA OFFICER LEWIS ADDISON AND JULIE DOYLE ARE BOARD MEMBERS OF THE BANK OF THE JAMES, LYNCHBURG, VA OFFICERS W MICHAEL BRYANT, LEWIS ADDISON, GEORGE DAWSON, THOMAS JIVIDEN, KEY EMPLOYEE DAVID ADAMS, AND BOARD MEMBER CONSUELLA WOODS ARE EACH BOARD MEMBERS OF THE BEDFORD MEMORIAL HOSPIAL, A 50% JOINT VENTURE OF CENTRA HEALTH, INC KEY EMPLOYEES 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 OFFICER LEWIS ADDISON IS AN OFFICER OF THE BOARD OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC OFFICERS GEORGE DAWSON AND W MICHAEL BRYANT AND BOARD MEMBERS MICHAEL BRADFORD, RODGER FAUBER, AND MARC SCHEWEL ARE EACH BOARD MEMBERS OF PIEDMONT COMMUNITY HEALTH PLAN OFFICER THOMAS JIVIDEN AND KEY EMPLOYEE E.W TIBBS ARE BOARD MEMBERS OF THE SURGERY CENTER OF LYNCHBURG, LLC, A 50% JOINT VENTURE OF CENTRA HEALTH, INC CHAD HOYT AND KEY EMPLOYEE E.W TIBBS ARE OWNERS OF AN UNRELATED LLC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	CENTRA PROVIDED ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS WITH A COPY OF THE FORM 990 PRIOR TO ITS FILING ADDITIONALLY, CENTRA REVIEWED THE FORM 990 WITH THE AUDIT AND COMPLIANCE COMMITTEE, AND THEN PRESENTED IT TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	CENTRA HAS ESTABLISHED AN EXECUTIVE COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS PLUS AN ADDITIONAL FOUR MEMBERS OF CENTRA'S BOARD OF DIRECTORS FOUR OF THESE FIVE 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 1023 AND RECENT FILINGS OF THE FORM 990 AND 990-T ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION ADDITIONALLY, FILINGS OF THE FORM 990 CAN BE FOUND ONLINE AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VII, LINE 1, AVERAGE HOURS WORKED	KIRSTEN HUBER WORKED AN AVERAGE OF 50 HOURS PER WEEK FOR SOUTHSIDE COMMUNITY HOSPITAL, A RELATED ORGANIZATION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,150,611 CHANGE IN PENSION REPORTING -41,352,922 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT -14,245,248 NET ASSETS RELEASED FROM RESTRICTION TO AFFILIATED ENTITIES 32,054 MINORITY INTEREST -6,114 TOTAL TO FORM 990, PART XI, LINE 5 -59,722,841

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	HOWEVER, JUST AS IMPORTANT IS CENTRA'S COMMITMENT AND DEDICATION TO SERVING AS A PARTNER I N THE REGIONAL COMMUNITIES DISEASE PREVENTION AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES THROUGHOUT THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCRE ENINGS 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 VIRGIN IA 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 COMMUNI TY IN ADDITION, CENTRA EMPLOYEES DEDICATE THEMSELVES TO IMPROVING THE HEALTH AND WELL BEI NG OF THE COMMUNITY BY TAKING AN ACTIVE ROLE IN THE REGION, FROM VOLUNTEERING FOR LOCAL BO ARDS AND CIVIC AND COMMUNITY ORGANIZATIONS TO PARTICIPATING IN COMMUNITY EVENTS AND STAFFI NG HEALTH AND WELLNESS FAIRS CENTRA IS A MAJOR PARTNER IN THE HEALTH OF THE REGION AND TA KES GREAT PRIDE IN PROVIDING FACILITIES, RESOURCES AND EXPERTISE TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE THROUGHOUT CENTRAL VIRGINIA DURING 2011, CENTRA RECEIVED THE FOLLOWIN G NATIONAL AWARDS AND ACCOLADES CENTRA'S BREAST IMAGING CENTER HAS BEEN DESIGNATED A BREA ST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY (ARC) FOR ITS DEDICAT ION TO IMPROVING WOMEN'S HEALTH AND FOR BEING FULLY ACCREDITED BY THE ARC IN MAMMOGRAPHY, BIOPSY AND ULTRASOUND LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS WERE DESIGNATED AS MAGNET FACILITIES BY THE AMERICAN NURSES CREDENTIALING CENTER WHICH RECOGNIZES EXCELLENCE IN NURSING LYNCHBURG GENERAL HOSPITAL WAS RANKED AS ONE OF THE 50 TOP CARDIOVASCULAR HOS PITALS IN THE COUNTRY BY THOMSON REUTERS AND IS ONE OF ONLY THREE HOSPITALS IN VIRGINIA TO RECEIVE THIS NATIONAL HONOR FOR OUTSTANDING CARDIOVASCULAR PERFORMANCE CENTRA WAS AWARDE D A HIGH RATING BY THE SOCIETY OF THORACIC SURGEONS' FOR QUALITY IN CARDIAC SURGERY CENTR A IS THE ONLY HEALTHCARE SYSTEM IN VIRGINIA TO HAVE RECEIVED THIS AWARD EVERY YEAR SINCE I TS INCEPTION CENTRA LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS RECEIVED RECOGNITION AS ONE OF THE TOP 100 MOST WIRED AND TOP 25 MOST WIRELESS HOSPITALS IN THE COUNTRY BY HOS PITALS & HEALTH NETWORKS MAGAZINE CENTRA LYNCHBURG GENERAL HOSPITAL'S CHEST PAIN CENTER H AS EARNED CYCLE IV ACCREDITATION OF THE CHEST PAIN CENTER, AN INTERNATIONAL ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS FOR ACHIEVING A HIGH LEVEL OF EXPERTISE IN CARING F OR PATIENTS WHO ARRIVE WITH SYMPTOMS OF A HEART ATTACK CENTRA LYNCHBURG GENERAL HOSPITAL HAS EARNED THE JOINT COMMISSION'S NATIONAL CERTIFICATE OF DISTINCTION FOR PRIMARY STROKE C ENTERS CENTRA RECEIVED RE-CERTIFICATION FOR TREATMENT OF ACUTE MY OCARDIAL INFARCTION (AMI) PATIENTS FROM THE JOINT COMMISSION NATIONAL AND STATE QUALITY AWARDS FOR CENTRA HOME HE ALTH, INCLUDING HOMECARE ELITE FOR SIX CONSECUTIVE YEARS AND THE HOME HEALTH OUTSTANDING A CHIEVEMENT AWARD FROM THE VIRGINIA HEALTH QUALITY CENTER CENTRA LYNCHBURG GENERAL HOSPITA L IS A LEVEL II TRAUMA CENTER, OFFERING 24-HOUR, COMPREHENSIVE EMERGENCY CARE AND TRANSPOR TATION SERVICES, INCLUDING AIR MEDICAL TRANSPORT BY THE STATE-OF-THE-ART HELICOPTER, CENTR A ONE CENTRA LYNCHBURG GENERAL HOSPITAL HAS RECEIVED THE AMERICAN HEART ASSOCIATION AND A MERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINE-STROKE GOLD PLUS PERFORMANCE ACHIEVEME NT AWARD WHICH RECOGNIZES THE COMMITMENT AND SUCCESS IN IMPLEMENTING EXCELLENT CARE BY ENS URING THE STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO THE NATIONALLY ACCEPTED STANDARDS AND RECOMMENDATIONS THE LYNCHBURG GENERAL HOSPITAL SCHOOL OF NURSING DIPLOMA PROGRAM HAS RECEIVED FULL ACCREDITATION OF DIPLOMA PROGRAM FROM THE NATIONAL LEAGUE OF NURSING ACCRED ITATION COUNCIL THE CENTRA JOINT REPLACEMENT CENTER RECEIVED CERTIFICATION OF THE TOTAL K NEE AND TOTAL HIP REPLACEMENT PROGRAM BY THE JOINT COMMISSION 2011 COMMUNITY BENEFIT HIGH LIGHTS CENTRA CONTRIBUTED MORE THAN $49 MILLION TOWARD COMMUNITY BENEFITS, INCLUDING TRAD ITIONAL CHARITY CARE, WHICH INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY DURING 2011, $38,720,414 OF CHARGES AT AN ESTIMATED COST OF $18,069,708 WA S PROVIDED TO PATIENTS OF CENTRA THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY ASS ISTANCE FOCUSES ON INCOME LEVELS SET BY THE STATE OF VIRGINIA THESE POLICIES CALL FOR PRO VIDING CARE FREE OF CHARGE TO PATIENTS WHO DEMONSTRATE A FAMILY INCOME BELOW OR EQUAL TO 2 00 PERCENT OF THE STATE APPROVED POVERTY GUIDELINE PATIENTS WHO HAVE A FAMILY INCOME OF G REATER THAN 200 PERCENT TO 400 PERCENT OF THE POVERTY LEVEL ARE ELIGIBLE FOR PARTIAL ASSIS TANCE BASED ON A DISCOUNT SCHEDULE THAT CONSIDERS BOTH FAMILY GROSS INCOME AND ACCOUNT BAL ANCE ASSISTANCE IS PROVIDED BY CENTRA AND FROM INDIGENT FUNDS MADE AVAILABLE BY CENTRA HE ALTH FOUNDATION UNPAID COSTS OF MEDICARE, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDIC ARE FOR CARE RENDERED TO MEDICARE PATIENTS, AND TO

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	TALED $17,834,199 UNPAID COSTS OF MEDICAID, WHICH REFLECTS THE COST NOT REIMBURSED BY MED ICAID FOR CARE RENDERED TO MEDICAID PATIENTS, AND TOTALED $13,062,612 CASH/IN-KIND DONATI ONS, WHICH INCLUDE CONTRIBUTIONS MADE ON BEHALF OF CENTRA TO THE COMMUNITY AND IN-KIND DON ATIONS, TOTALED $511,729, FY 2011 COMMUNITY EDUCATION & HEALTH SCREENINGS CENTRAL VIRGINI ANS BENEFIT FROM QUALITY HEALTH EDUCATION OPPORTUNITIES AND SCREENINGS, THANKS TO THE PART NERSHIP BETWEEN CENTRA AND THE CENTRA HEALTH FOUNDATION INCLUDED BELOW IS A LIST OF SELEC TED ACCOMPLISHMENTS AND COMMUNITY SUPPORT CENTRA PROVIDED IN 2011 AS A COMMUNITY PARTNER CENTRA EMPLOYEES CONTINUALLY OFFER PROFESSIONAL HEALTH EDUCATION PROGRAMS, CLASSES, LECTUR ES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS THROUGHOUT THE REGION IN ADDITION, DIETI TIANS, DIABETIC INSTRUCTORS AND MANY OTHER PROFESSIONALS AT CENTRA PROVIDE "ONE-ON-ONE" PE RSONALIZED EDUCATION IN 2011, HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS REACHED MORE THA N 18,000 PEOPLE COMPASSION FATIGUE THIS CLASS PRESENTS RESEARCH, INSIGHT AND TOOLS ON HOW YOU CAN TAKE A LOAD OFF, AND AVOID COMPASSION FATIGUE WHILE CARING FOR OTHERS THE PROGRA M'S OBJECTIVE IS TO RECOGNIZE THE CHALLENGES THAT CAREGIVERS FACE, INCLUDING EMOTIONAL, PH YSICAL AND MENTAL PAIN AND FATIGUE, AND MOST IMPORTANTLY GIVE TOOLS HOW TO FOCUS ON HEALTH Y SELF-CARE AND ATTENTION TO THEIR OWN NEEDS KNITTING AND CROCHETING CLASS/GROUP THIS PRO GRAM OFFERS CANCER PATIENTS, CAREGIVERS, AND OTHERS AFFECTED BY CANCER THE OPPORTUNITY TO LEARN THE ART OF KNITTING AND CROCHETING THE OBJECTIVE OF THE CLASS IS TO PROVIDE WAYS TO PASS TIME DURING TREATMENTS, TO CREATE DONATIONS FOR PATIENTS, AND A PLACE TO BUILD A SUP PORT GROUP THAT MEETS REGULARLY SO THAT PARTICIPANTS HAVE AN EASY WAY TO CONNECT AND BUILD RELATIONSHIPS PRESSURE POINTS CLASS THIS CLASS WAS OFFERED AS A MEANS OF INTEGRATIVE MED ICINE AND ALTERNATIVE WAYS TO DEAL WITH DIFFICULT SIDE EFFECTS FOR CANCER PATIENTS THE OB JECTIVE OF THE CLASS WAS TO SHOW THE CLASS HOW TO USE REFLEXOLOGY POINTS AND ACUPUNCTURE P OINTS TO EASE CERTAIN ISSUES SUCH AS NAUSEA, ANXIETY, AND CONSTIPATION, AND HOW YOU CAN HE LP YOURSELF BY STIMULATING THESE POINTS, AND WAS TAUGHT BY OUR MASSAGE THERAPIST, JANE SIM MS, M A , C M T SCRAPBOOKING CLASS THIS CLASS PROVIDED CANCER PATIENTS AND FAMILY MEMBERS AN OPPORTUNITY TO PRESERVE THEIR MEMORIES THE OBJECTIVE WAS TO OFFER WAYS TO KEEP THE SN APSHOTS, HANDMADE CARDS, CONCERT TICKETS, OLD FAMILY PHOTOS, AND OTHER SENTIMENTAL ITEMS S O THAT THOSE MEMORIES CAN BE PASSED DOWN FOR GENERATIONS WRITING WORKSHOPS THIS SERIES OF WORKSHOPS WAS A PLACE FOR THOSE AFFECTED BY CANCER TO PROCESS THEIR JOURNEY ON PAPER THE OBJECTIVE WAS TO PROVIDE A SAFE, OPEN AND HEALING ENVIRONMENT TO EXPLORE YOURSELF ON PAPE R, WHETHER IT BE CHILDHOOD STORIES, THE START TO A MEMOIR, PERSONAL REFLECTIONS, OR YOUR C ANCER JOURNEY THEY WERE LED BY JERI WATTS, PH D , LYNCHBURG COLLEGE PROFESSOR OF HUMAN DE VELOPMENT AND LEARNING STUDIES HAVE SHOWN THAT WRITING CAN DECREASE STRESS, ANXIETY, PAIN AND OTHER PHYSICAL SY MPTOMS OF ILLNESS, AS WELL AS IMPROVE PERSONAL WELL-BEING

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	CARDIAC EDUCATION AND SCREENINGS VARIOUS PROGRAMS WITHIN THE STROOBANTS HEART CENTER OFFER MEMBERS OF THE COMMUNITY FREE EDUCATION, SCREENINGS AND LECTURES OVER THE PAST YEAR, 18, 000 PEOPLE WERE SERVED THROUGH VARIOUS MEANS HEARTAWARE AN ONLINE RISK ASSESSMENT WAS LAU NCHED ON THE CENTRA WEBSITE IN 2010 THROUGH HEARTAWARE, MEMBERS OF THE COMMUNITY ARE ABLE TO TAKE THE FREE ASSESSMENT TO DETERMINE THEIR INDIVIDUAL RISK OF DEVELOPING HEART DISEAS E OVER 1800 ACCESSED THE RISK ASSESSMENT IN 2011, WITH 795 BEING DEEMED AT RISK FOR HEART DISEASE 414 OF THESE INDIVIDUALS RECEIVED FREE CONSULTATIONS THEIR RISKS ARE EVALUATED BY CARDIAC NURSES THAT DETERMINE A PLAN OF ACTION TO LOWER OR ELIMINATE THESE RISKS ALONG WITH HEARTAWARE, COMMUNITY EVENTS, HEALTH FAIRS, LECTURES, BLOOD PRESSURE AND CHOLESTEROL SCREENINGS ARE AN EFFECTIVE APPROACH TO RAISING AWARENESS AND COMBATING HEART DISEASE HE ALTH 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 HE ALTH 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 SLEEP DISORDERS CENTER OUTREACH THE SLEEP DISORDERS CENTER AT VIRGINIA BAPTIST HOSPITAL PARTICIPATED IN NUMEROUS HEALTH FA IRS AT LOCAL BUSINESSES AND CHURCHES IN THE COMMUNITY STAFF MEMBERS GAVE LECTURES AND PRE SENTATIONS ON SLEEP DISORDERS PRESENTATIONS INCLUDED INFORMATION RELATED TO HEALTHY SLEEP HABITS, THE IMPORTANCE OF SLEEP, HEALTH RISKS DUE TO SLEEP DISORDERS AND TREATMENT OPTION S IN 2011, 2,031 PEOPLE WERE SERVED THE WITNESS PROJECT THE WITNESS PROJECT IS A VERY IM PORTANT PART OF THE ONCOLOGY BREAST NAVIGATION PROGRAM AT CENTRA THE PROGRAM TARGETS THE UNDERSERVED IN LYNCHBURG AND THE SURROUNDING COUNTIES AS PART OF THE PROGRAM, LAY HEALTH EDUCATORS AND BREAST CANCER SURVIVORS TRAIN WITH REGISTERED NURSES (BREAST NAVIGATORS), 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 SUSAN G KOMEN FOR THE CURE VOUCHERS FOR SCREENING AND DIAGNOSTIC MAMMOGRA MS ARE ALSO AVAILABLE TO UNINSURED WOMEN WITH FINANCIAL NEEDS THE ONCOLOGY BREAST NAVIGAT ION PROGRAM THROUGH THE HELP OF THE WITNESS PROJECT VOLUNTEERS SERVED 4400 PEOPLE IN 2011 COMMUNITY CLASSES IN ADDITION TO FREE SCREENINGS, SUPPORT GROUPS AND COMMUNITY OUTREACH, C ENTRA ALSO PROVIDED EDUCATIONAL CLASSES TO THE COMMUNITY ON A BROAD RANGE OF HEALTH AND WE LLNESS TOPICS CLASSES INCLUDED FAMILY EMERGENCY CARE (CPR), BABY CARE, INFANT MASSAGE, BR EAST-FEEDING, LAMAZE, PUBERTY, SAFE SITTER, NEW SIBLING CLASSES, WEIGHT MANAGEMENT AND SMO KING CESSATION SUPPORT GROUPS SUPPORT GROUPS-OFFERED TO THE COMMUNITY WITHOUT CHARGE-PROV IDE A FORUM FOR EDUCATION AND THE EXCHANGE OF IDEAS THESE GROUPS ADDRESS AN ARRAY OF ISSU ES INCLUDING BEREAVEMENT, BREAST CANCER, PROSTATE CANCER, SLEEP DISORDERS AND CARDIAC REHA BILITATION 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 EC TOPIC PREGNANCY, MISCARRIAGE, STILLBIRTH, MEDICAL INTERRUPTION, NEONATAL DEATH OR SIDS PA RENTS SHARE THEIR EXPERIENCES AND COPING STRATEGIES AND A LENDING LIBRARY IS AVAILABLE AT EACH MEETING BREAST CANCER SUPPORT GROUP A BREAST CANCER SUPPORT GROUP IS OFFERED TO WOME N DIAGNOSED WITH BREAST CANCER AT ANY STAGE OF THE DISEASE THE SUPPORT GROUP ADDRESSES BR EAST HEALTH AND RELATED ISSUES OF IMPORTANCE TO WOMEN WITH BREAST CANCER THIS GROUP MEETS ONCE A MONTH AND REACHED 125 WOMEN IN 2011 CENTRAL VIRGINIA AWAKE (ALERT, WELL AND KEEPI NG ENERGETIC) SUPPORT GROUP THIS GROUP OFFERS SUPPORT AND SHARES INFORMATION ABOUT SLEEP D ISORDERS, TREATMENTS, EQUIPMENT AND SUPPLIES TO IMPROVE THE QUALITY OF SLEEP MAN TO MAN M AN TO MAN IS AN AMERICAN CANCER SOCIETY EDUCATIONAL SUPPORT GROUP DESIGNED TO MEET THE NEE DS OF MEN DIAGNOSED WITH PROSTATE CANCER AND SPOUSES OR CAREGIVERS THIS SUPPORT GROUP MEE TS AT THE ALAN B PEARSON REGIONAL CANCER CENTER AND IS SUPPORTED THROUGH OUR PROSTATE CAN CER NAVIGATION PROGRAM MENDED HEARTS/CARDIAC REHAB SUPPORT GROUPS THESE CARDIAC-RELATED S UPPORT GROUPS OFFER EDUCATION AND EMOTIONAL SUPPORT TO CARDIAC PATIENTS AND THEIR FAMILIES IN-KIND & DONATIONS DURING 2011, CENTRA DONATED OVER $100,232 IN MEDICAL SUPPLIES TO GLE ANING FOR THE WORLD AND OVER $6,711 OF MISCELLANEOUS FURNITURE TO OTHER VARIOUS ORGANIZATI ONS AND AGENCIES IN THE REGION CENTRA DONATED SCHOOL SUPPLIES TO AREA SCHOOLS FOR UNDERPR IVILEGED CHILDREN, FOOD TO THE COMMUNITY FOOD DRIV

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	E, AND A VARIETY OF FURNITURE TO THE SALVATION ARMY, GOODWILL, HURT FIRE DEPARTMENT, AND T REE OF LIFE MINISTRIES DURING THE YEAR CENTRA ALSO ALLOWED COMMUNITY AGENCIES AND ORGANIZ ATIONS THE USE OF MANY OF THE MEETING ROOMS THROUGHOUT ITS FACILITIES CENTRA LAB PROCESSE D 2,373 LABORATORY TESTS FOR CENTRAL VIRGINIA FREE CLINIC CLIENTS AT NO CHARGE THIS DONAT ED SERVICE RESULTED IN A COMMUNITY BENEFIT EXCEEDING $164,252 25 A TOTAL OF 2,692 MEALS W ERE PROVIDED TO THE LYNCHBURG MEALS ON WHEELS PROGRAM AT A COST OF APPROXIMATELY $9,503 00 SPECIAL NEEDS PROJECTS & MENTORING CENTRA PROVIDES AND PROMOTES MANY SPECIAL NEED PROJEC TS AND MENTORING OPPORTUNITIES EDUCATIONAL OPPORTUNITIES ARE OFFERED TO STUDENTS IN A BRO AD RANGE OF PROFESSIONAL AND TECHNICAL PROGRAMS AT CENTRA, STUDENTS GAIN EXPERIENCE IN NU RSING, TECHNICAL AND CLINICAL PROFESSIONS SEVERAL HIGH SCHOOLS AND UNIVERSITIES IN VIRGIN IA ROTATE STUDENTS THROUGH CENTRA'S FACILITIES WITH CENTRA STAFF MEMBERS, GIVING THESE STU DENTS 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 MORTALITY REVIEW (FIMR) FINDINGS THAT SHOWED LACK OF PRENATAL CARE WAS A COMMON RISK FACTOR AMONG INFANT DEA TH CASES TO INCREASE THE NUMBER OF WOMEN WHO RECEIVE EARLY AND CONSISTENT PRENATAL CARE, 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 PREGNAN T TEENS ARE ELIGIBLE THE B A B E PROGRAM IS MANAGED BY THE CHILDBIRTH AND FAMILY EDUCATI ON DEPARTMENT AT CENTRA, AND RECEIVES SUPPORT FROM THE CHILDREN'S MIRACLE NETWORK, AND COM MUNITY FUND-RAISING EVENTS A TOTAL OF 211 NEW CLIENTS PARTICIPATED IN THE B A B E PROGRA M IN 2011, WITH A TOTAL OF 312 VISITS FOR NEW AND RETURNING PARTICIPANTS COMMUNITY VOICE - DECREASING AFRICAN AMERICAN INFANT MORTALITY CREATED AS AN INTERVENTION BASED ON FETAL & INFANT MORTALITY REVIEW (FIMR) FINDINGS AND A NEED TO ADDRESS RACIAL DISPARITY IN INFANT MORTALITY RATES, COMMUNITY VOICE IS A GRASSROOTS COMMUNITY-BASED, COMMUNITY-PARTNERED OUTR EACH INTERVENTION PROGRAM DESIGNED TO HELP REDUCE DISPARITIES IN INFANT DEATH THROUGH IMPL EMENTATION OF THE TAKING IT TO THE PEOPLE CURRICULUM THE CURRICULUM CONSISTS OF FIVE TWO- HOUR SESSIONS AND COVERS BASIC PERINATAL HEALTH TOPICS AND PSY CHOSOCIAL ISSUES THAT IMPACT INFANT DEATH ONCE TRAINED PROGRAM PARTICIPANTS BECOME LAY HEALTH ADVISERS AND SHARE THE INFORMATION LEARNED WITH FAMILY, FRIENDS AND PEOPLE IN THEIR INDIVIDUAL NEIGHBORHOODS APP ROXIMATELY 2500 PEOPLE RECEIVED CORRECT PERINATAL HEALTH INFORMATION THROUGH A COMBINATION OF THE FOLLOWING COMMUNITY VOICE ACTIVITIES TRAINED 112 LAY HEALTH ADVISOR 14 COMMUNITY VOICE CLASSES 1380 LAY HEALTH ADVISOR CONTACTS 2 TRAIN THE TRAINER SESSIONS MEMPHIS TN AND FT LAUDERDALE FL 1 PROFESSIONAL PRESENTATION HEALTHY START COALITION IN WASHINGTON DC 2 COMMUNITY PRESENTATIONS LCS AND JACKSON STREET UNITED METHODIST CHURCH ATTENDED, NATIONAL NITE OUT, JUNETEENTH, I AM WOMAN RACE, DAY IN THE PARK 4 COMMUNITY HEALTHFAIRS, J AMESON Y MCA, DIAMOND HILL COMMUNITY CENTER, GENWORTH FINANCIAL, DANIEL'S HILL 4 NEWSLETTER S RECEIVED $39,718 80 THROUGH A COMBINATION OF TRAININGS AND MATERIALS

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	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 NE GLECT EDUCATIONAL/TRAINING LECTURES ARE PRESENTED TO RESCUE AGENCIES, POLICE INVESTIGATOR S AND CRIMINAL JUSTICE TRAINING ACADEMY CADETS THE PROGRAM SERVES CLIENTS FROM CENTRAL VI RGINIA AND THE SURROUNDING AREA IN 2011, THE PROGRAM HANDLED 669 CASES HOSPITALITY SUITE S CENTRA PROVIDES HOSPITALITY SUITES, WHICH INCLUDE OVERNIGHT ACCOMMODATIONS FOR PATIENT F AMILIES 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 HOSPITA L THE INFECTIOUS DISEASES CENTER OF CENTRAL VIRGINIA THE INFECTIOUS DISEASES CENTER OF CE NTRAL 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 390 CLIENTS IN 2011 RIVERMONT SCHOOLS CENTRA'S RIVERMONT SCHOOLS PROVIDE SPECIALIZED EDUCATION FOR S TUDENTS WITH BEHAVIORAL OR EMOTIONAL CONCERNS AS WELL AS STUDENTS ON THE AUTISM SPECTRUM SEVEN SCHOOLS THROUGHOUT VIRGINIA ADDRESS THE NEEDS OF MORE THAN 410 STUDENTS AND OPERATE ON A 180-DAY SCHOOL YEAR CALENDAR RIVERMONT SCHOOLS ARE LOCATED IN LYNCHBURG, ROANOKE, CH ASE CITY, DAN RIVER, HAMPTON ROADS, TIDEWATER, ALLEGHANY AND ROCKBRIDGE THE RIVERMONT SCH OOLS PROVIDE A UNIQUE, SUPPORTIVE ENVIRONMENT SERVING CHILDREN AND ADOLESCENTS WITH EMOTIO NAL PROBLEMS, BEHAVIOR DISORDERS AND LEARNING DISABILITIES ACADEMIC SUBJECTS ARE TAUGHT I N AN ENVIRONMENT THAT PROMOTES BEHAVIORAL MANAGEMENT, INTERPERSONAL SKILLS, FAMILY INVOLVE MENT AND SOCIAL AWARENESS VOLUNTEER SERVICES CENTRA HAS MANY DEDICATED VOLUNTEERS FROM TH ROUGHOUT CENTRAL VIRGINIA WHO CHOOSE TO GIVE BACK TO THEIR COMMUNITY BY DONATING THEIR TIM E AND TALENTS GUGGENHEIMER VOLUNTEER SERVICES OVER 60 VOLUNTEERS DONATED TIME AT GUGGENHE IMER 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 B Y PROVIDING MUSICAL ENTERTAINMENT, EXERCISE CLASSES AND CRAFT CLASSES AS WELL AS ASSISTANC E IN TRANSPORTING RESIDENTS AND ANSWERING THE PHONE HOSPICE VOLUNTEERS IN 2011, 136 VOLUN TEERS DONATED 6,702 5 HOURS OF SERVICE TO THE HOSPICE PROGRAM A LARGE PORTION OF THEIR TI ME 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 THE VOLUNTEERS HAVE REPORTED DRIVING MORE THAN 57,000 MILES IN 2011 STORIES OF ASSISTANCE THRU DONATIONS TO C ENTRA HEALTH FOUNDATION CENTRA HEALTH, INC DONATES FUNDS TO THE CENTRA HEALTH FOUNDATION ON AN ANNUAL BASIS A PORTION OF THE GIFTS TO THE FOUNDATION PROVIDE FINANCIAL ASSISTANCE TO PATIENTS WHO ARE IN NEED BELOW ARE JUST A FEW EXAMPLES OF THIS ASSISTANCE A DISABLED MAN WHO LIVES WITH HIS AILING MOTHER NEEDED CARDIAC SURGERY THAT WOULD SAVE HIS LIFE HIS ONLY SOURCE OF INCOME WAS A MONTHLY SOCIAL SECURITY CHECK WITHOUT INSURANCE HE WAS UNABLE TO PAY FOR HIS MUCH NEEDED HEALTH CARE FUNDS FROM THE FOUNDATION WERE PROVIDED TO COVER THIS MAN'S CARDIAC SURGERY A RETIRED RESIDENT OF OUR COMMUNITY WITHOUT INCOME WAS DIAGNOS ED WITH BREAST CANCER AND IS CURRENTLY RECEIVING CHEMOTHERAPY TREATMENTS GIFTS TO THE FOU NDATION PROVIDED THE FUNDS FOR THIS MUCH NEEDED CHEMOTHERAPY A 28-YEAR-OLD FATHER EXPERIE NCED CHEST PAIN BUT WAS AFRAID TO GO TO THE DOCTOR HIS PLACE OF EMPLOYMENT DID NOT PROVID E HEALTH INSURANCE HIS HEALTH QUICKLY DETERIORATED HIS WIFE WORRIED FOR HER HUSBAND AND THEIR YOUNG CHILD AFTER SHORTNESS OF BREATH THAT COULD NOT BE IGNORED, THE YOUNG FATHER W ENT TO THE EMERGENCY ROOM THE DOCTORS PERFORMED THE CARDIAC SURGERY THAT SAVED HIS LIFE GIFTS TO THE FOUNDATION PROVIDED THIS YOUNG FATHER RENEWED HEALTH AND THE GIFT OF LIFE BE CAUSE OF CENTRA HEALTH INC 'S ANNUAL DONATION TO CENTRA HEALTH FOUNDATION, THE FOUNDATION IS ABLE TO PROVIDE ASSISTANCE THROUGH NUMEROUS FUNDS ONE OF THOSE FUNDS IS THE PATIENT SU PPORT FUND HERE ARE A FEW EXAMPLES OF HOW PATIENTS ARE ASSISTED THRU THIS PARTICULAR FUND THERE WERE TWO SISTERS, ONE WITH CANCER, AND ONE AS THE SUPPORT SYSTEM THEY LIVED PAST FARMVILLE AND WOULD NOT HAVE BEEN ABLE TO COME TO GET RADIATION TREATMENTS, EXCEPT FOR THE FACT THAT THE PATIENT SUPPORT FUND PROVIDED THEM WITH A HOTEL ROOM FOR THE DURATION OF TH E 45 TREATMENTS DURING THOSE 45 DAYS, THE STAFF BECAME VERY CLOSE WITH THE SISTERS, WHO W OULD WALK HAND-IN-HAND INTO THE CANCER CENTER EACH DAY THEY THANKED THEM EVERY SINGLE TIM E THEY WALKED DOWN THE HALLWAY, AND THE STAFF GOT USED TO SEEING THEM SMILING, TALKING, HO LDING HANDS, EVERY DAY NOT ONLY DID THIS ASSISTAN

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	CE MAKE THE WORLD OF DIFFERENCE TO THESE SISTERS, BUT IT IMPACTED THE LIVES OF STAFF WHO W ON'T EVER FORGET THEM A BREAST CANCER PATIENT WAS IN AN ABUSIVE RELATIONSHIP WITH HER HUS BAND AND ENDED UP TALKING WITH A CENTRA SOCIAL WORKER AND NAVIGATOR ABOUT IT THEY WERE AB LE TO GET HER TRANSPORT, USING THE PATIENT SUPPORT FUND, TO A SHELTER SO THAT SHE COULD NO T ONLY RECEIVE TREATMENTS FOR BREAST CANCER, BUT WOULD ALSO BE IN A SAFE AND HEALING ENVIR ONMENT SHE IS NOW A SURVIVOR IN MORE WAYS THAN ONE, IN AN APARTMENT ON HER OWN AND HAS A BETTER LIFE AHEAD OF HER ANOTHER PATIENT WAS NOT ABLE TO BREATHE WHEN SHE WAS LYING DOWN SHE WAS IN A GREAT DEAL OF POST-SURGICAL PAIN AND SIMPLY WANTED TO BE IN HER OWN BED, BUT HER MEDICAID WOULD NOT PAY FOR A BED WEDGE SO THAT SHE COULD LAY IN HER BED AND BREATHE SHE HAD BEEN THROUGH NUMEROUS SURGERIES, WAS IN A GREAT DEAL OF PAIN, AND SIMPLY WANTED TO SLEEP SHE NEEDED REST AND HEALING, AND THE PATIENT SUPPORT FUND PURCHASED HER A BED WEDG E THE "LITTLE" THINGS CAN SOMETIMES MAKE THE WORLD OF DIFFERENCE CENTRA HEALTH'S NAVIGAT ORS AND SOCIAL WORKERS LEARN THINGS ABOUT PATIENTS AS THEY CHECK UP ON THEM DURING TREATME NTS AND ONE VERY POOR PATIENT MENTIONED THAT SHE WAS HUNGRY, AND WAS ASKING MEDICAL QUESTI ONS ABOUT WHAT PILLS SHE COULD SKIP SO THAT SHE COULD BUY FOOD FOR HER FAMILY THIS WAS A WOMAN WHO, THOUGH SHE HAD HARDLY ANYTHING HERSELF, WOULD GIVE YOU THE SHIRT OFF OF HER BAC K - SHE WAS TAKING CARE OF BOTH HER SISTER AND HER FEEBLE HUSBAND, WHILE ALSO BATTLING CAN CER HERSELF WHEN WE LEARNED THAT SHE NEEDED FOOD, THE PATIENT SUPPORT FUND WAS USED SO TH AT THIS PATIENT DID NOT HAVE TO CHOOSE BETWEEN TREATMENT AND GROCERIES THEY WERE ABLE TO DELIVER GROCERIES TO HER HOUSE ALL BECAUSE OF THE FUNDS PROVIDED

Identifier	Return Reference	Explanation
JOINT VENTURE POLICY	FORM 990, PART VI, LN 16B	CENTRA HEALTH, INC DID NOT HAVE A FORMAL WRITTEN POLICY RELATING TO MONITORING JOINT VENTURES AT THE CLOSE OF THE 2011 TAX YEAR THE ORGANIZATION IS DEVELOPING A FORMAL POLICY TO BECOME EFFECTIVE IN THE 2012 YEAR FORWARD

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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
(1) CENTRA HEALTH PROFESSIONAL SERVICES LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-3639329	PHYSICIAN SERVICES	VA	38,110,328	9,640,003	CENTRA HEALTH INC
(2) CENTRA EMERGENCY PHYSICIAN SERVICES LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-5965653	EMERGENCY PHYSICIAN SERVICES	VA	16,246,868	2,130,524	CENTRA HEALTH INC
(3) CENTRA HEALTH CARDIOVASCULAR SERVICES LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-5118331	CARDIOVASCULAR SERVICES	VA	14,823,866	2,743,470	CENTRA HEALTH INC
(4) CENTRAL VIRGINIA HOSPITAL FOR RESTORATIVE AND REHABILITATIVE CARE LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-4712023	HEALTHCARE	VA	9,064,288	2,501,092	CENTRA HEALTH INC
(5) CENTRA HEALTH INDEMNITY COMPANY LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 27-0927253	CAPTIVE INSURANCE	VT	3,431,000	13,210,894	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1604094	SUPPORTING ORGANIZATION	VA	501(C)(3)	LINE 11A, I	N/A	Yes	
(2) LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1457983	HEALTHCARE	VA	501(C)(3)	LINE 11A, I	N/A	Yes	
(3) SOUTHSIDE COMMUNITY HOSPITAL INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-0555201	HEALTHCARE	VA	501(C)(3)	LINE 3	N/A	Yes	
(4) CCRC INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1929580	HEALTHCARE	VA	501(C)(3)	LINE 11A, I	N/A	Yes	

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

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

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
(1) GENERAL BUSINESS CONCERNS INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1299682	REAL ESTATE - PHYSICIAN OFFICES	VA	N/A	C	3,281,496	2,757,943	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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 OF BOARD	2 00	X		X				0	0	0
THOMAS W NYGAARD MD VICE CHAIRMAN OF BOARD	50 00	X		X				721,828	0	29,758
ALBERT M BAKER MD DIRECTOR	2 00	X						0	0	0
MICHAEL V BRADFORD DIRECTOR	2 00	X						0	0	0
WILLIAM COLEMAN DIRECTOR	2 00	X						0	0	0
ROBERT D COOK MD DIRECTOR	50 00	X						360,221	0	21,568
JULIE P DOYLE DIRECTOR	2 00	X						0	0	0
RODGER W FAUBER DIRECTOR	2 00	X						0	0	0
STUART C FAUBER DIRECTOR	2 00	X						0	0	0
JOHN A FEES DIRECTOR	2 00	X						0	0	0
LAURA L HAMILTON DIRECTOR	2 00	X						0	0	0
SHARON L HARRUP DIRECTOR	2 00	X						0	0	0
KIRSTEN L HUBER MD DIRECTOR	50 00	X						0	230,141	12,334
TERRY H JAMERSON DIRECTOR	2 00	X						0	0	0
STEPHEN C KEITH ED D DIRECTOR	2 00	X						0	0	0
CHRISTINE A MARRACCINI MD DIRECTOR	2 00	X						0	0	0
AUGUSTUS A PETTICOLAS JR DDS DIRECTOR	2 00	X						0	0	0
CHARLES W PRYOR JR PHD DIRECTOR	2 00	X						0	0	0
AMY G RAY CPA DIRECTOR	2 00	X						0	0	0
MARC A SCHEWEL DIRECTOR	2 00	X						0	0	0
KIRKHAM W SYDNOR III MD DIRECTOR	2 00	X						0	0	0
WALKER P SYDNOR DIRECTOR	2 00	X						0	0	0
CHRIS THOMSON MD DIRECTOR	50 00	X						429,102	0	45,469
SCOTT J WADE MD DIRECTOR	2 00	X						0	0	0
R SACKETT WOOD DIRECTOR	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			
CONSUELLA K WOODS DIRECTOR	2 00	X						0	0	0
GEORGE W DAWSON PRESIDENT/CEO	50 00	X		X				1,156,668	0	19,612
W MICHAEL BRYANT PRESIDENT/CEO	50 00	X		X				164,246	0	28,678
LEWIS C ADDISON TREASURER & SENIOR VP/ CFO	50 00			X				446,660	0	86,514
THOMAS C JIVIDEN SECRETARY/EXECUTIVE VP	50 00			X				526,453	0	26,638
DAVID D ADAMS SENIOR VP OF POST ACUTE CARE	50 00				X			309,439	0	58,975
PATTI S MCCUE SC ED SENIOR VP OF PATIENT CARE SERVICES	50 00				X			322,307	0	47,454
CHALMERS M NUNN JR MD SENIOR VP/ CHIEF MEDICAL OFFICER	50 00				X			483,341	0	67,940
EW TIBBS SENIOR VP OF OPERATIONS	50 00				X			405,552	0	86,642
DAVID W FRANTZ MD MD CARDIOVASCULAR	50 00				X			538,534	0	31,907
CHRISTOPHER W LEWIS MD MD CARDIOVASCULAR	50 00				X			743,782	0	29,754
HARRY E MEADOR VP, CARDIOVASCULAR SERVICES	50 00				X			223,319	0	48,766
DAVID B TRUITTE MD MD CARDIOVASCULAR	50 00				X			713,650	0	51,273
DANIEL CAREY MD MD CARDIOVASCULAR	50 00					X		823,449	0	27,742
CHAD A HOYT MD MD CARDIOVASCULAR	50 00					X		810,889	0	46,572
PETER K O'BRIEN MD MD CARDIOVASCULAR	50 00					X		766,965	0	37,095
MATTHEW C SACKETT MD MD CARDIOVASCULAR	50 00					X		847,824	0	27,522
CARL M VALENTINE MD MD CARDIOVASCULAR	50 00					X		898,392	0	44,786

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **45** Name and address	Type of Facility (Describe)
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
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MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
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MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
MAMMOGRAPHY CENTER - TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL VIRGINIA COMMUNITY COLLEGE3506 WARDS ROAD LYNCHBURG,VA 24502	54-1268278	GOV'T	5,000		N/A	N/A	CHARITABLE CONTRIBUTION
AMERICAN CANCER SOCIETY2316 ATHERHOLT ROAD 108 LYNCHBURG,VA 24501	58-0659875	501(C)(3)	20,000		N/A	N/A	CHARITABLE CONTRIBUTION
AMAZEMENT SQUARE 27 9TH STREET LYNCHBURG,VA 24504	54-1713204	501(C)(3)	10,600		N/A	N/A	CHARITABLE CONTRIBUTION
ACADEMY OF FINE ARTS600 MAIN STREET LYNCHBURG,VA 24504	23-7061145	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION
VIRGINIA'S REGION 2000828 MAIN STREET FLOOR 12 LYNCHBURG,VA 24504	54-1859984	501(C)(3)	31,000		N/A	N/A	CHARITABLE CONTRIBUTION
CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLT ROAD LYNCHBURG,VA 24501	54-1604094	501(C)(3)	250,525		N/A	N/A	CHARITABLE CONTRIBUTION
JOHNSON HEALTH CENTER320 FEDERAL STREET LYNCHBURG,VA 24504	54-1287905	501(C)(3)	160,000		N/A	N/A	RENTAL CONTRIBUTION
UNITED WAY1010 MILLER PARK SQUARE LYNCHBURG,VA 24501	54-0505923	501(C)(3)	25,000		N/A	N/A	CHARITABLE CONTRIBUTION
BLUE RIDGE MENDED HEARTS CHAPTER 16 1901 TATE SPRINGS ROAD LYNCHBURG,VA 24501	54-1523141	501(C)(3)	5,000		N/A	N/A	CHARITABLE CONTRIBUTION
LYNCHBURG ROAD RUNNERSVIRGINIA TEN MILER EVENTPO BOX 11223 LYNCHBURG,VA 24506	54-1796447	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS W NYGAARD MD	(I) (II)	559,533 0	17,474 0	144,821 0	4,589 0	25,169 0	751,586 0	0 0
ROBERT D COOK MD	(I) (II)	300,371 0	41,000 0	18,850 0	7,350 0	14,218 0	381,789 0	0 0
KIRSTEN L HUBER MD	(I) (II)	0 228,595	0 0	0 1,546	0 5,062	0 7,272	0 242,475	0 0
CHRIS THOMSON MD	(I) (II)	411,026 0	0 0	18,076 0	6,456 0	39,013 0	474,571 0	0 0
GEORGE W DAWSON	(I) (II)	628,727 0	0 0	527,941 0	4,502 0	15,110 0	1,176,280 0	0 0
W MICHAEL BRYANT	(I) (II)	146,226 0	0 0	18,020 0	25,250 0	3,428 0	192,924 0	0 0
LEWIS C ADDISON	(I) (II)	356,020 0	0 0	90,640 0	67,533 0	18,981 0	533,174 0	54,338 0
THOMAS C JIVIDEN	(I) (II)	408,343 0	0 0	118,110 0	5,582 0	21,056 0	553,091 0	101,186 0
DAVID D ADAMS	(I) (II)	276,811 0	0 0	32,628 0	38,834 0	20,141 0	368,414 0	32,061 0
PATTI S MCCUE SC ED	(I) (II)	276,498 0	0 0	45,809 0	40,537 0	6,917 0	369,761 0	25,780 0
CHALMERS M NUNN JR MD	(I) (II)	346,677 0	53,213 0	83,451 0	51,741 0	16,199 0	551,281 0	60,938 0
EW TIBBS	(I) (II)	308,485 0	49,433 0	47,634 0	46,354 0	40,288 0	492,194 0	29,784 0
DAVID W FRANTZ MD	(I) (II)	518,731 0	0 0	19,803 0	7,350 0	24,557 0	570,441 0	0 0
CHRISTOPHER W LEWIS MD	(I) (II)	583,649 0	17,474 0	142,659 0	7,350 0	22,404 0	773,536 0	0 0
HARRY E MEADOR	(I) (II)	183,370 0	12,250 0	27,699 0	24,709 0	24,057 0	272,085 0	25,974 0
DAVID B TRUITTE MD	(I) (II)	551,498 0	17,474 0	144,678 0	7,350 0	43,923 0	764,923 0	0 0
DANIEL CAREY MD	(I) (II)	661,297 0	17,474 0	144,678 0	5,156 0	22,586 0	851,191 0	0 0
CHAD A HOYT MD	(I) (II)	650,219 0	17,474 0	143,196 0	7,350 0	39,222 0	857,461 0	0 0

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				
PETER K O'BRIEN MD	(I)	606,295	17,474	143,196	5,000	32,095	804,060	0
	(II)	0	0	0	0	0	0	0
MATTHEW C SACKETT MD	(I)	685,464	17,474	144,886	5,035	22,487	875,346	0
	(II)	0	0	0	0	0	0	0
CARL M VALENTINE MD	(I)	736,240	17,474	144,678	5,564	39,222	943,178	0
	(II)	0	0	0	0	0	0	0

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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	29,749	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
MARK MCKINNEY	FAMILY MEMBER OF E W TIBBS, KEY EMPLOYEE OF CENTRA HEALTH, INC	97,385	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
SCOTT INSURANCE COMPANY	PRESIDENT OF COMPANY, WALKER SYDNOR, IS A BOARD MEMBER OF CENTRA HEALTH	779,296	PAYMENT FOR INSURANCE PREMIUMS PROVIDED TO CENTRA HEALTH, INC		No
KATIE NUNN	FAMILY MEMBER OF CHALMERS NUNN, OFFICER OF CENTRA HEALTH, INC	12,158	COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC		No
LYNCHBURG PULMONARY ASSOCIATES	BOARD MEMBER ALBERT BAKER IS PARTIAL OWNER/PRESIDENT OF LPA	1,346,266	PAYMENTS FOR COVERAGE OF PATIENTS IN CRITICAL CARE UNITS RENDERED TO CENTRA HEALTH, INC IN LYNCHBURG, VIRGINIA		No
MEDICAL ASSOCIATES OF CENTRAL VIRGINIA	BD MBRS, SCOTT WADE & KIRKHAM SYDNOR ARE PARTIAL OWNER/DIRECTOR OF MACV	8,530,070	PAYMENTS FOR MEDICAL SERVICES RENDERED TO CENTRA HEALTH, INC		No
WOMEN'S HEALTH SERVICES	BOARD MEMBER CHRISTINE MARRACCINI IS PARTIAL OWNER OF WHS	440,284	PAYMENTS FOR MEDICAL/ON-CALL SERVICES RENDERED TO CENTRA HEALTH, INC AND FACILITIES RENTAL (MAMMOGRAPHY OFFICE AT WOMEN'S HEALTH SERVICES)		No
THE NEWS & ADVANCE	BOARD MEMBER TERRY H JAMERSON IS PUBLISHER AND SR VP OF THE NEWS & ADVANCE	326,685	PAYMENTS FOR ADVERTISEMENT/NEWS SERVICES RENDERED TO CENTRA HEALTH, INC		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 ($)	(d) Method of determining amount involved
(1)	LYNCHBURG FAMILIY PRACTICE RESIDENCY PROGRAM INC	R	659,642	
(2)	LYNCHBURG FAMILIY PRACTICE RESIDENCY PROGRAM INC	I	175,002	
(3)	LYNCHBURG FAMILIY PRACTICE RESIDENCY PROGRAM INC	P	198,804	
(4)	CENTRA HEALTH FOUNDATION INC	B	250,525	
(5)	CENTRA HEALTH FOUNDATION INC	C	1,803,859	
(6)	CENTRA HEALTH FOUNDATION INC	O	966,299	
(7)	SOUTHSIDE COMMUNITY HOSPITAL INC	B	1,833,248	
(8)	SOUTHSIDE COMMUNITY HOSPITAL INC	D	14,496,982	
(9)	SOUTHSIDE COMMUNITY HOSPITAL INC	P	862,500	
(10)	CCRC INC	P	100,000	
(11)	GENERAL BUSINESS CONCERNS INC	J	152,797	
(12)	GENERAL BUSINESS CONCERNS INC	O	365,000	
(13)	GENERAL BUSINESS CONCERNS INC	P	90,918	

CENTRA HEALTH, INC
AND SUBSIDIARIES

Consolidated Financial Statements
and Accompanying Information

December 31, 2011 and 2010

(with Independent Auditors'
Report thereon)

CENTRA HEALTH, INC. AND SUBSIDIARIES

Officers

Kenneth S White	Chairman of the Board
Thomas W Nygaard, MD	Vice Chairman of the Board
W Michael Bryant	President/CEO
Thomas C Jividen	Executive Vice President/Secretary
Lewis C Addison	Senior Vice President/Treasurer
David D Adams	Senior Vice President
Patti S McCue, Sc D	Senior Vice President
E W Tibbs	Senior Vice President

Board of Directors

Terms Expiring in 2013

Albert M Baker, MD	Laura L Hamilton	Rodger W Fauber
Sharon L Harrup	Amy G Ray	Marc A Schewel
W Kirkham Sydnor III, MD	John A Fees	Consuella K Woods

Terms Expiring in 2014

Sackett Wood	Chris Thomson, MD	Michael V Bradford
Kenneth S White	Robert D Cook, MD	Kristen L Huber, MD
Terry H Jamerson	Augustus A Petticolas, DDS	Walker P Sydnor, Jr

Terms Expiring in 2015

W Michael Bryant	Rev William Colemen	Julie P Doyle
Michael J Diminick, M D	Stuart C Fauber	Stephen C Ketih Ed D
Thomas W Nygarrd, M D	Charles W Pryor, Jr,	J Scott Wade, MD

President of Medical Staff
Matthew A. Johnson, MD

CENTRA HEALTH, INC. AND SUBSIDIARIES

Table of Contents

December 31, 2011 and 2010

DIXON HUGHES GOODMAN LLP

Independent Auditors' Report

The Board of Directors
Centra Health, Inc and Subsidiaries
Lynchburg, Virginia

We have audited the accompanying consolidated balance sheets of Centra Health, Inc and Subsidiaries ("Centra") as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended These consolidated financial statements are the responsibility of Centra's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Centra's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Centra Health, Inc and Subsidiaries as of December 31, 2011 and 2010, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Dixon Hughes Goodman LLP

April 5, 2012

Centra Health, Inc. and Subsidiaries
Consolidated Balance Sheets

	December 31	
	2011	2010
Assets		
Current assets		
Cash and cash equivalents	$ 53,463,486	$ 36,059,883
Patient accounts receivable, less allowance for doubtful accounts of $29,522,635 in 2011 and $24,163,919 in 2010	62,460,260	52,046,074
Estimated settlements from third-party payors	486,411	216,708
Other accounts receivable	6,007,547	6,299,752
Inventories	14,021,738	13,281,419
Prepaid expenses	2,704,494	3,998,724
Assets whose use is limited for current liabilities	3,499,192	4,117,067
Total currents assets	142,643,128	116,019,627
Assets whose use is limited		
Internally designated by the Board of Directors for capital acquisition	251,925,236	210,355,085
Bond indenture agreement (held by trustee)	3,519,663	3,402,085
Temporary donor restrictions	18,366,706	18,799,200
Permanent donor restrictions	29,798,378	29,798,378
Funds designated for construction	16,198,426	29,925,000
Other	178,915	180,627
	319,987,324	292,460,375
Less assets available for current liabilities	(3,499,192)	(4,117,067)
Total assets whose use is limited, non-current	316,488,132	288,343,308
Investments	13,388,118	13,811,280
Property, buildings and equipment, net	280,071,613	288,603,003
Other assets		
Notes receivable	144,189	144,189
Deferred financing costs, net	4,304,446	4,434,614
Investments in joint ventures	15,172,613	16,094,701
Other assets	2,633,047	3,867,093
Physician recruitment intangible asset	614,516	473,217
Total other assets	22,868,811	25,013,814
Total assets	$ 775,459,802	$ 731,791,032

Centra Health, Inc. and Subsidiaries
Consolidated Balance Sheets (Continued)

	December 31	
	2011	2010
Liabilities and Net Assets		
Current liabilities		
Accounts payable	$ 37,766,811	$ 33,976,198
Estimated settlements to third-party payors	8,942,574	2,901,335
Physician recruitment liability	678,278	148,918
Deferred revenue	875,659	432,218
Accrued payroll and deductions payable	14,846,649	13,734,825
Current portion of long-term obligations	8,440,188	7,840,114
Accrued interest payable	564,437	648,310
Accrued vacation	13,060,626	12,771,107
Total current liabilities	85,175,222	72,453,025
Long-term obligations, net of current portion	230,782,894	237,864,198
Deferred revenue from advance fees	9,041,270	9,440,921
Interest rate swap agreements	27,730,118	12,964,604
Pension liability	65,864,741	28,388,796
Estimated liability for unpaid claims	8,233,344	7,471,259
Other liabilities	254,786	103,480
Total liabilities	427,082,375	368,686,283
Net assets		
Unrestricted	300,220,897	314,516,103
Temporarily restricted	18,358,152	18,790,268
Permanently restricted	29,798,378	29,798,378
Total net assets	348,377,427	363,104,749
Total liabilities and net assets	$ 775,459,802	$ 731,791,032

Centra Health, Inc. and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets

	Year Ended December 31	
	2011	2010
Unrestricted revenues and other support:		
Net patient service revenue	$ 642,976,677	$ 591,617,772
Outside lab revenue	8,497,329	9,468,802
Net assets released from restrictions used for operations	1,017,430	1,097,275
Assisted living program revenue	3,779,165	3,647,361
Foundation revenue and support	1,585,367	3,472,358
Other operating revenue	35,240,260	27,100,311
Total unrestricted revenues and other support	693,096,228	636,403,879
Expenses:		
Salaries	281,130,674	266,722,978
Employee benefits	70,732,741	64,062,304
Medical supplies and drugs	77,778,793	72,761,812
Professional services	23,303,541	21,508,801
Food	5,329,170	5,072,657
Repairs and maintenance	8,754,227	8,580,599
Utilities	9,675,172	9,960,403
Equipment and other rentals	11,269,800	9,316,758
Other purchased services	64,346,124	64,404,834
Supplies and other	18,246,264	16,980,629
Depreciation and amortization	40,519,511	39,312,534
Interest	6,334,609	6,484,386
Provision for doubtful accounts	40,726,546	40,941,851
Grants for community initiative programs	345,286	261,893
Total expenses	658,492,458	626,372,439
Operating income	34,603,770	10,031,440
Nonoperating gains (losses):		
Contributions and grants	20,029	2,940,778
Investment income from capital acquisition investments	9,437,537	28,467,395
Other investment income	1,407,212	2,015,799
Change in fair value of interest rate swap agreements	(14,765,514)	(4,948,229)
Other	(6,114)	(34,418)
Net nonoperating gains (losses)	(3,906,850)	28,441,325
Excess of unrestricted revenues and other support over expenses	$ 30,696,920	$ 38,472,765

Centra Health, Inc. and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets (Continued)

	Year Ended December 31	
	2011	**2010**
Unrestricted net assets:		
Excess of unrestricted revenues and other support over expenses	$ 30,696,920	$ 38,472,765
Net unrealized losses on investments	(4,421,006)	(7,707,930)
Change in funded status of defined benefit plan	(41,352,922)	(21,686,417)
Net assets released from restrictions for capital acquisitions	781,802	957,760
Change in unrestricted net assets	(14,295,206)	10,036,178
Temporarily restricted net assets:		
Gifts and bequests	2,421,952	1,271,998
Net unrealized gains (losses) on investments	(2,644,204)	2,291,387
Net investment income	1,589,368	2,577,904
Net assets released from restrictions	(1,799,232)	(2,055,035)
Change in temporarily restricted net assets	(432,116)	4,086,254
Change in net assets	(14,727,322)	14,122,432
Net assets at beginning of year	363,104,749	348,982,317
Net assets at end of year	$ 348,377,427	$ 363,104,749

Centra Health, Inc. and Subsidiaries
Consolidated Statements of Cash Flows

	Year Ended December 31	
	2011	2010
Cash flows from operating activities:		
Change in net assets	$ (14,727,322)	$ 14,122,432
Adjustments to reconcile changes in net assets to net cash provided by operations		
Amortization of deferred revenue from advance fees	(1,244,140)	(1,222,903)
Amortization of physician recruitment intangible asset	528,658	501,432
Depreciation and amortization	40,519,511	39,312,534
Net unrealized losses and other-than-temporary impairment on investments	7,065,210	7,553,999
Change in funded status of defined benefit plan	41,352,922	21,686,417
Change in fair value of interest rate swap agreement	14,765,514	4,948,229
(Gains) losses on equity investments in joint ventures	(812,985)	1,675,785
Gains on sale of property, buildings and equipment	(12,237)	(17,027)
Net periodic pension costs	1,523,023	(2,121,589)
Proceeds from advance fees	1,971,236	1,580,936
Payments to fund pension costs	(5,400,000)	(5,799,992)
Provision for doubtful accounts	40,726,546	40,941,851
Changes in operating assets and liabilities		
Patient accounts receivable	(51,140,732)	(37,088,787)
Estimated settlements with third-party payors	5,771,536	1,241,730
Other accounts receivable	292,205	(1,247,199)
Inventories	(740,319)	(124,283)
Prepaid expenses	1,294,230	(308,187)
Accounts payable	3,790,613	11,709,451
Deferred revenue	443,441	(60,914)
Physician recruitment liability	(140,597)	(549,251)
Other current liabilities	1,317,470	755,864
Net cash provided by operating activities	87,143,783	97,490,528
Cash flows from investing activities:		
Change in funds held by bond trustee	(117,577)	162,003
Net change in investments and other assets whose use is limited	(34,051,420)	(75,798,927)
Acquisition of property, buildings and equipment	(31,857,953)	(39,050,072)
Proceeds on sale of property, buildings and equipment	12,237	33,880
Change in estimated liability for unpaid claims and other liabilities	913,391	1,696,433
Net change in other assets and investments in joint ventures	2,969,119	(2,698,887)
Net cash used in investing activities	(62,132,203)	(115,655,570)
Cash flows from financing activities:		
Proceeds from issuance of long-term obligations	9,619,940	30,000,000
Principal payments on long-term obligations	(16,101,170)	(5,795,278)
Resident refunds	(1,126,747)	(749,514)
Net cash provided (used) in financing activities	(7,607,977)	23,455,208
Net increase in cash and cash equivalents	17,403,603	5,290,166
Cash and cash equivalents at beginning of year	36,059,883	30,769,717
Cash and cash equivalents at end of year	$ 53,463,486	$ 36,059,883
Supplemental cash flow disclosure information:		
Recognition of physician recruitment intangible asset and liability	$ 669,957	$ -

1. Organization and Summary of Significant Accounting Policies

Organization – Centra Health, Inc and Subsidiaries' ("Centra") operations consist of three acute care hospitals, a long-term acute care hospital, three nursing homes, a continuing care retirement community, and a residential adolescent psychiatric facility Centra is a not-for-profit corporation with a commitment to promote and develop health care services and the general well-being of the community Centra also coordinates the activities and interactions of related entities

Principles of Consolidation – The consolidated financial statements include the accounts of Centra Health, Inc and its wholly-owned taxable subsidiary, General Business Concerns, Inc The consolidated financial statements also include the tax-exempt organizations of Centra Health Foundation (the "Foundation"), Centra Medical Group LLC, Centra Health Cardiovascular Services LLC, Centra Health Emergency Services LLC, Central Virginia Hospital for Restorative and Rehabilitative Care, LLC ("Centra Specialty Hospital"), Centra Southside Community Hospital, Inc , Lynchburg Family Practice Residency Program, Inc ("Lynchburg Family Medicine"), Centra Health Indemnity Company LLC, and CCRC, Inc , a majority-owned (91%) subsidiary of Centra All significant intercompany transactions and account balances have been eliminated in consolidation

Use of Estimates – The preparation of these consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents – Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less when purchased Centra will routinely invest its surplus funds in money market accounts At various times throughout the year, Centra maintains deposits at financial institutions in excess of amounts covered by federal depository insurance ("FDIC") limits

Assets Whose Use is Limited and Investments – Assets whose use is limited include assets set aside by the Board of Directors for future capital improvements, assets held by the trustee under the Master Indenture, assets restricted by donors and funds designated for construction projects

Investments include marketable debt and equity securities and are carried at fair value Fair value is based on quoted market prices Realized gains and losses on the sale of investments are determined based on the cost of the specific investment sold

Perpetual and Charitable Remainder Trusts – The Foundation has entered into several types of agreements with donors under which the Foundation will receive benefits that are shared with other beneficiaries These agreements are known as split-interest agreements The Foundation has two types of agreements perpetual trusts held by a third party and charitable remainder trusts Under the perpetual trusts, a donor establishes and funds a perpetual trust administered by an individual or organization other than the Foundation The Foundation has the irrevocable right to receive the income earned on the trust assets in perpetuity but never receives the assets held in trust Distributions received by the Foundation may be restricted by the donor Under the charitable remainder trusts, the donor establishes and funds a trust with specified distributions to be made to a designated beneficiary or beneficiaries over the trust's term Upon termination of the trust, the Foundation receives the assets remaining in the trust The Foundation may ultimately have unrestricted use of those assets, or the donor may place permanent or temporary restrictions on their use The distributions to the designated beneficiaries may be for a specified dollar amount or for a specified percentage of the trust's fair market value as determined annually for a charitable remainder unitrust

Interest Rate Swap Agreements – Investments in interest rate swap agreements are carried at fair value, estimated using a discounted cash flow method at a rate commensurate with the risk involved Changes in the fair value of the interest rate swap agreements are reported as nonoperating gains (losses) in the consolidated statements of operations and changes in net assets

Property, Buildings and Equipment – Property, buildings and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method The general range of estimated useful lives for buildings and land improvements is 20 - 40 years and the general range for equipment is 3 - 15 years

Gifts of long-lived operating assets such as land, buildings, or equipment are reported as an increase in unrestricted net assets, and excluded from excess of unrestricted revenues and other support over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted gifts

Inventories – Inventories are valued at the lower of cost (first-in, first-out method) or market

Deferred Financing Costs – Costs of obtaining financing are deferred and amortized over the terms of the related indebtedness to which they apply

Advance Fees and Deposits – Under the CCRC, Inc Residency Agreement, a reservation fee of 10% of the advance fee is required with each reservation The reservation fee is refundable in full if, before the occupancy date, (i) the applicant terminates the Residency Agreement within seven days of either signing the Residency Agreement or making the reservation deposit, (ii) the applicant is not admitted or dies, or (iii) CCRC, Inc terminates the Residency Agreement, otherwise, the reservation fee is refundable to the applicant net of a $500 administrative fee Upon occupancy, reservation fees are reclassified as deferred revenue from advance fees

The Residency Agreement provides for partial refunds of the advance fee under the circumstances outlined below CCRC, Inc offers residents a choice of one of the following two options

1 Declining Refund Resident Fee – After the occupancy date, if the Residency Agreement is terminated for any reason, all fees are refundable less an amount equal to 2% of such fees per month of occupancy

   Advance fees received under declining refund resident contracts are amortized into revenue over the actuarially determined life expectancy of each individual resident or couple, adjusted annually

2 90% Guaranteed Refund Resident Fee – After the occupancy date, if the Residency Agreement is terminated for any reason, 90% of the fee is refundable upon reoccupancy of the resident's unit

   Advance fees received under the 90% guaranteed refund resident contracts are amortized into revenue as follows

   - The nonrefundable portion is amortized over the actuarially determined life expectancy of each individual resident or couple adjusted annually
   - The refundable portion is amortized over the remaining useful life of the facility on the straight-line method

The portion of advance fees subject to refund provisions amounted to approximately $10,157,000 and $10,082,000 at December 31, 2011 and 2010, respectively

Temporarily and Permanently Restricted Net Assets – Temporarily restricted net assets are those whose use by Centra has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by Centra in perpetuity

Patient Accounts Receivable – Centra records receivables at billed amounts and provides for estimated unbilled amounts at fiscal year end Management provides an estimate for potentially uncollectible accounts on a monthly basis on a review of outstanding receivables, historical payment patterns and their knowledge of other specific factors effecting the collection of accounts

Net Patient Service Revenue – Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments, including revisions to estimated settlements as a result of audits by the intermediary, are accrued on an estimated basis in the period their related services are rendered and adjusted in future periods as final settlements are determined Net patient service revenue was increased by approximately $1,670,000 and $284,000 for the years ended December 31, 2011 and 2010, respectively, as a result of changes in estimates associated with settlements and other revisions to prior years for third-party settlement accounts

Net patient service revenue for Centra for the year ended December 31, 2011 includes approximately $146,986,000, $276,658,000 and $73,215,000 ($133,892,000, $256,024,000 and $70,132,000 for the year ended December 31, 2010) for services provided to beneficiaries of Anthem Services, Inc ("Anthem"), the Centers for Medicare and Medicaid Services ("Medicare"), and the Virginia Medical Assistance Program ("Medicaid"), respectively, under the provisions of reimbursement arrangements in effect that provide for payments to Centra at amounts different from its established rates

A summary of the payment arrangements with major third-party payors follows

Anthem. Inpatient services rendered to Anthem subscribers are reimbursed at prospectively determined per case or per diem rates and outpatient services are reimbursed at prospectively determined discounted rates The amounts reimbursed are not subject to retroactive adjustment

Medicare. Inpatient acute care services, defined capital costs, and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Inpatient non-acute services and certain outpatient services, related to Medicare beneficiaries are paid based on predetermined reimbursement methodologies Centra is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by Centra and audits thereof by the Medicare fiscal intermediary Centra's Medicare cost reports have been audited by the Medicare fiscal intermediary through December 31, 2009

Medicaid. Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates based on a blend of per patient day and per discharge payments Inpatient non-acute services and certain outpatient services rendered to Medicaid beneficiaries are paid based on a cost reimbursement methodology Centra is reimbursed at a tentative rate with final settlements determined after submission of annual cost reports by Centra and audits thereof by Medicaid Centra's Medicaid cost reports have been desk settled by Medicaid through December 31, 2010

Revenues from Anthem, the Medicare and Medicaid programs accounted for approximately 23%, 43% and 11%, respectively, of Centra's net patient service revenue for the year ended December 31, 2011 (23%, 43% and 12%, respectively, for the year ended December 31, 2010)

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term Centra believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that would have a material effect on the consolidated financial statements Compliance with such laws and regulations is subject to government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs

Charity Care – Centra provides care without charge to patients who meet certain criteria under its charity care policy Because Centra does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient revenue Centra maintains records to identify and monitor the level of charity care it provides The cost to provide services and supplies furnished under Centra charity care policy was approximately $22,099,000 and $23,136,000 for 2011 and 2010, respectively The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing charity to patients The ratio of cost to charges is calculated based on Centra's total expenses (less bad debt expense) divided by gross patient service revenue

The following information measures the level of charity care provided during the years ended December 31, 2011 and 2010

	2011	2010
Charges foregone, based on established rates	$ 45,826,209	$ 47,219,935
Equivalent percentage of charity care patients to all patients served	3 6%	4 0%

Meaningful Use of Electronic Health Records (EHR) – Centra recognizes revenues for incentives earned under the Medicare program in the period in which it is reasonably assured that it will comply with the applicable EHR meaningful use requirements and payment has been received Incentive payments received under the Medicare program include a discharge-related portion, which is calculated by Centers for Medicare & Medicaid Services based on Centra's most recently filed cost report Such amounts are subject to adjustment at the time of settling the 12-month cost report for Centra's fiscal year that begins after the beginning of the payment year Centra achieved compliance with the Year 1 meaningful use requirements under the Medicare program during 2011 and, accordingly, recognized other operating revenues of approximately $6,373,000 in the consolidated statements of operations for the year ended December 31, 2011

Donor-Restricted Gifts – Unconditional promises to give cash and other assets to Centra are reported at net present value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at net present value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements

Mission Statement and Nonoperating Gains and Losses – Centra's primary mission is to provide the highest quality care based on the medical needs of the citizens of the communities served Only those activities directly associated with the furtherance of this purpose are considered to be operating activities

Other activities that result in gains or losses unrelated to Centra's primary mission are considered to be nonoperating Nonoperating gains and losses include principally unrestricted contributions and grants, income and expenses associated with investments, realized gains and losses on sales of investments and other nonrecurring items that are considered extraordinary or unusual in nature

Other changes in unrestricted net assets which are excluded from excess of unrestricted revenues and other support over expenses include contributions of long-term assets, unrealized gains and losses on investments, changes related to the defined benefit plan and net assets released from restrictions for capital acquisitions

Defined Benefit Plan – Accounting standards require Centra to (a) recognize in its consolidated balance sheets an asset for the plan's over-funded status or a liability for the plan's under-funded status, (b) measure the plan's assets and its obligations that determine its funded status as of the end of Centra's fiscal year (with limited exceptions), and (c) recognize changes in the funded status of a defined benefit postretirement plan in the year in which the changes occur Those changes are reported in other changes in unrestricted net assets in the consolidated statements of operations and changes in net assets

Subsequent Events – Centra has evaluated the effect subsequent events would have on the consolidated financial statements through April 5, 2012, which is the date the financial statements were available to be issued

2. Net Patient Service Revenue

Net patient service revenue consists of the following for the years ended December 31

	2011	2010
Gross inpatient service revenue	$ 720,201,749	$ 694,865,862
Gross outpatient service revenue	560,856,278	500,000,458
Total gross patient service revenue	1,281,058,027	1,194,866,320
Deductions from patient service revenue		
Charity services	45,826,209	47,219,935
Contractual adjustments		
Medicare	379,077,727	366,534,319
Medicaid	113,284,828	97,152,693
Anthem	52,560,795	52,770,652
Other	38,070,663	32,146,372
Total contractual adjustments	582,994,013	548,604,036
Policy and administrative adjustments	9,261,128	7,424,577
Total deductions from patient service revenue	638,081,350	603,248,548
Net patient service revenue	$ 642,976,677	$ 591,617,772

3. Fair Values of Assets and Liabilities

Fair value as defined under generally accepted accounting principles is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date Generally accepted accounting principles establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value These tiers include

- Level 1 Observable inputs such as quoted prices in active markets
- Level 2 Inputs other than quoted prices in active markets that are either directly or indirectly observable
- Level 3 Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement Centra's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value of assets and liabilities and their placement within the fair value hierarchy levels

Assets and Liabilities at Fair Value on a Recurring Basis

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy Level 1 investments include common stocks, mutual funds, corporate bonds, and U S treasury obligations which are valued based on prices readily available in the active markets in which those securities are traded, and money market funds which are based on their transacted values Level 2 investments include private pooled investments, government debt obligations, municipal bonds, hedge funds, and interest rate swap agreements which are valued on a recurring basis based on inputs that are readily available in public markets or can be derived from information available in publicly quoted markets Level 3 investments include private pooled investments in real estate which are valued based on unobservable inputs about which little or no market data exists There were no transfers in or out of Level 3 during 2011

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis

	December 31, 2011			
	Total	Level 1	Level 2	Level 3
Trading Securities				
Money market	$ 4,067,128	$ 4,067,128	$ -	$ -
Common stocks				
Consumer discretionary	1,221,682	1,221,682	-	-
Consumer staples	102,854	102,854	-	-
Energy sector	770,174	770,174	-	-
Financials	815,474	815,474	-	-
Health care sector	846,580	846,580	-	-
Industrials	1,118,400	1,118,400	-	-
Information technology	1,253,897	1,253,897	-	-
Materials	136,974	136,974	-	-
Telecommunication services	348,915	348,915	-	-
Utilities	58,279	58,279	-	-
Real estate	361,247	361,247	-	-
Other	451,068	451,068	-	-
Total common stocks	7,485,544	7,485,544	-	-
Mutual funds				
Domestic equity	14,353,979	14,353,979	-	-
International equity	6,342,479	6,342,479	-	-
Fixed income	8,729,858	8,729,858	-	-
Total mutual funds	29,426,316	29,426,316	-	-
Private pooled investments				
Domestic equity	5,251,844	-	5,251,844	-
International equity	952,247	-	952,247	-
Fixed income	5,194,436	-	5,194,436	-
Total private pooled investments	11,398,527	-	11,398,527	-
Debt securities				
Corporate Bonds	224,247	224,247	-	-
U S treasury obligations	236,373	236,373	-	-
Government debt obligations	66,984	-	66,984	-
Municipal bonds	10,762	-	10,762	-
Total debt securities	538,366	460,620	77,746	-
Hedge fund	44,526	-	44,526	-
Total trading securities	$ 52,960,407	$ 41,439,608	$ 11,520,799	$ -

	December 31, 2011 (Continued)			
	Total	Level 1	Level 2	Level 3
Available for sale securities:				
Money market	$ 3,812,831	$ 3,812,831	$ -	$ -
Mutual funds				
Domestic equity	27,567	27,567	-	-
International equity	8,311	8,311	-	-
Fixed income	138,386	138,386	-	-
Total mutual funds	174,264	174,264	-	-
Private pooled investments				
Domestic equity	64,359,199	-	64,359,199	-
International equity	42,448,451	-	42,448,451	-
Fixed income	129,607,955	-	129,607,955	-
Real estate	17,666,980	-	-	17,666,980
Total private pooled investments	254,082,585	-	236,415,605	17,666,980
Debt securities				
U S treasury obligations	2,138,058	2,138,058	-	-
Total available for sale securities	260,207,738	6,125,153	236,415,605	17,666,980
Total	$ 313,168,145	$ 47,564,761	$ 247,936,404	$ 17,666,980
Liabilities				
Interest rate swap agreements	$ 27,730,118	$ -	$ 27,730,118	$ -

Centra has $71,204,429 of cash and $6,189 of accrued income included in cash and cash equivalents, assets whose use is limited and investments, as well as $2,460,165 of unconditional promises to give included in assets whose use is limited as of December 31, 2011, which are not included in the fair value hierarchy

The following table illustrates the activity of Level 3 assets measured at fair value on a recurring basis from December 31, 2010 to December 31, 2011

Beginning balance	$ 16,052,075
Sales	(566,151)
Net unrealized gains	2,181,056
Total	$ 17,666,980

	December 31, 2010			
	Total	Level 1	Level 2	Level 3
Trading Securities				
Money market	$ 1,255,452	$ 1,255,452	$ -	$ -
Common stocks				
Consumer discretionary	1,226,617	1,226,617	-	-
Consumer staples	958,002	958,002	-	-
Energy sector	896,354	896,354	-	-
Financials	1,930,240	1,930,240	-	-
Health care sector	1,554,743	1,554,743	-	-
Industrials	1,538,960	1,538,960	-	-
Information technology	2,086,216	2,086,216	-	-
Materials	618,069	618,069	-	-
Telecommunication services	382,883	382,883	-	-
Utilities	892,120	892,120	-	-
Real estate	390,288	390,288	-	-
Other	839,043	839,043	-	-
Total common stocks	13,313,535	13,313,535	-	-
Mutual funds				
Domestic equity	8,476,795	8,476,795	-	-
International equity	2,750,965	2,750,965	-	-
Fixed income	5,154,159	5,154,159	-	-
Total mutual funds	16,381,919	16,381,919	-	-
Private pooled investments				
Domestic equity	4,977,453	-	4,977,453	-
International equity	996,803	-	996,803	-
Fixed income	4,004,173	-	4,004,173	-
Total private pooled investments	9,978,429	-	9,978,429	-
Debt securities				
Corporate Bonds	4,061,254	4,061,254	-	-
U S treasury obligations	554,725	554,725	-	-
Government debt obligations	431,223	-	431,223	-
Municipal bonds	9,698	-	9,698	-
Total debt securities	5,056,900	4,615,979	440,921	-
Hedge fund	69,065	-	69,065	-
Common collective trusts	6,026,255	-	6,026,255	-
Total trading securities	$ 52,081,555	$ 35,566,885	$ 16,514,670	$ -

	December 31, 2010 (Continued)			
	Total	Level 1	Level 2	Level 3
Available for sale securities:				
Money market	$ 2,589,682	$ 2,589,682	$ -	$ -
Mutual funds				
Domestic equity	29,251	29,251	-	-
International equity	9,368	9,368	-	-
Fixed income	134,376	134,376	-	-
Total mutual funds	172,995	172,995	-	-
Private pooled investments				
Domestic equity	57,388,253	-	57,388,253	-
International equity	44,913,847	-	44,913,847	-
Fixed income	100,422,026	-	100,422,026	-
Real estate	15,481,551	-	-	15,481,551
Alternative	570,524	-	-	570,524
Total private pooled investments	218,776,201	-	202,724,126	16,052,075
Total available for sale securities	221,538,878	2,762,677	202,724,126	16,052,075
Total	$ 273,620,433	$ 38,329,561	$ 219,238,797	$ 16,052,075
Liabilities				
Interest rate swap agreements	$ 12,964,604	$ -	$ 12,964,604	$ -

Centra has $66,674,350 of cash and $10,200 of accrued income included in cash and cash equivalents, assets whose use is limited and investments, as well as $2,026,555 of unconditional promises to give included in assets whose use is limited as of December 31, 2010, which are not included in the fair value hierarchy

4. Assets Whose Use is Limited and Investments

Assets whose use is limited at December 31 were comprised of the following

	2011		2010	
	Fair Value	Cost	Fair Value	Cost
Internally designated by the Board of Directors for capital acquisition				
Money market investments	$ 5,428,189	$ 5,428,189	$ 4,139,649	$ 4,139,649
Bonds and other marketable securities	124,490,505	119,687,588	93,691,910	95,382,593
Marketable equity securities	122,006,542	132,533,688	112,523,526	112,229,628
	251,925,236	257,649,465	210,355,085	211,751,870
Bond indenture agreement (held by trustee)				
Money market investments	3,519,663	3,519,663	3,402,085	3,402,085
Temporary donor restrictions				
Money market investments	4,670,327	4,670,327	2,416,612	2,416,612
Bonds and other marketable securities	1,446,059	1,342,029	2,192,359	2,083,216
Marketable equity securities	9,790,155	8,607,084	12,163,674	10,881,366
Unconditional promises to give	2,460,165	2,460,165	2,026,555	2,026,555
	18,366,706	17,079,605	18,799,200	17,407,749
Permanent donor restrictions				
Money market investments	470,847	470,847	400,336	400,336
Bonds and other marketable securities	5,169,853	5,857,662	6,145,464	6,194,424
Marketable equity securities	4,021,178	3,963,445	1,683,122	1,174,682
Beneficial interest in charitable remainder and perpetual trusts	20,136,500	19,061,935	21,569,456	19,044,592
	29,798,378	29,353,889	29,798,378	26,814,034
Funds designated for construction	16,198,426	16,198,426	29,925,000	29,925,000
Other	178,915	184,042	180,627	186,874
	$ 319,987,324	$ 323,985,090	$ 292,460,375	$ 289,487,612

Investments at December 31 were comprised of the following

	2011		2010	
	Fair Value	Cost	Fair Value	Cost
Marketable equity securities	$ 13,388,118	$ 12,315,230	$ 13,811,280	$ 12,587,643

Investment income at December 31 consists of the following

	2011			
	Investment Income (Loss) from Capital Acquisition Investments	Other Investment Income	Temporarily Restricted Net Assets	Permanently Restricted Net Assets
Investment income	$ 4,552	$ 1,407,212	$ 1,589,368	$ -
Net realized/unrealized gains and losses	10,431,846	-	(2,644,204)	-
Investment fees	(998,861)	-	-	-
	$ 9,437,537	$ 1,407,212	$ (1,054,836)	$ -

	2010			
	Investment Income (Loss) from Capital Acquisition Investments	Other Investment Income	Temporarily Restricted Net Assets	Permanently Restricted Net Assets
Investment income	$ 36,083	$ 2,015,799	$ 2,577,904	$ -
Net realized/unrealized gains and losses	31,463,152	-	2,291,387	-
Loss on assets other than temporarily impaired	(2,137,456)	-	-	-
Investment fees	(894,384)	-	-	-
	$ 28,467,395	$ 2,015,799	$ 4,869,291	$ -

Certain subsidiaries of Centra classify securities as trading securities if the activity is an integral part of operations All other securities are classified as available for sale In accordance with accounting standards, Centra periodically evaluates whether any declines in the fair value of investments that are not classified as trading securities are other-than-temporary This evaluation consists of a review of several factors, including but not limited to the length of time and extent that a security has been in an unrealized loss position, the

existence of an event that would impair the issuer's future earnings potential, the near term prospects for recovery of the fair value of a security, and the intent and ability of Centra to hold the security until the fair value recovers Declines in fair value below cost that are deemed to be other-than-temporary are included in the accompanying consolidated statements of operations and changes in net assets as nonoperating losses No other-than-temporary impairment was recorded for 2011 Centra recorded approximately $2,137,000 for other-than-temporary declines in the fair value of investments for 2010

The following tables show the gross unrealized losses and fair value of Centra's investments with unrealized losses that are not deemed to be other-than-temporarily impaired (in thousands), aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position as of December 31, 2011 and 2010

2011	Less than 12 Months		More than 12 Months		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Private pooled investments	$ 103,220	$ 10,979	$ -	$ -	$ 103,220	$ 10,979

2010	Less than 12 Months		More than 12 Months		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Private pooled investments	$ 135,804	$ 1,743	$ 15,482	$ 1,828	$ 151,285	$ 3,571

Private Pooled Investments – Unrealized losses on Centra's private pooled investments are related to the current economic conditions prevalent across the United States As of December 31, 2011 and 2010, Centra has the ability to hold such investments until recovery of their fair value and intends to do so, and does not consider the investments to be other-than-temporarily impaired

Unconditional Promises to Give

Unconditional promises to give consisted of the following at December 31 and are included with assets limited as to use on the consolidated balance sheets

	2011	2010
Unconditional promises expected to be collected in		
Less than one year	$ 1,614,487	$ 1,335,925
One to five years	688,217	545,828
Over five years	575,526	515,191
	2,878,230	2,396,944
Discounts and allowance for uncollectible promises to give	(418,065)	(370,389)
	$ 2,460,165	$ 2,026,555

The discount rates for the years ended December 31, 2011 and 2010 was 3 25%

5. Property, Buildings and Equipment

Property, buildings and equipment at December 31 consist of the following

	2011		2010	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	$ 8,661,416	$ -	$ 8,505,851	$ -
Land improvements	14,722,204	8,619,995	13,829,937	7,826,329
Buildings and leasehold improvements	383,136,307	208,402,650	378,319,987	194,396,030
Equipment	316,109,006	235,677,963	296,580,899	212,255,104
Construction in progress	10,143,288	-	5,843,792	-
	$ 732,772,221	$ 452,700,608	$ 703,080,466	$ 414,477,463

Construction in progress primarily consists of various in-house construction projects along with the College of Nursing project which began in late 2010 The estimated cost to complete this construction project at December 31, 2011 is approximately $9,165,000

6. Inventories

Inventories consist of the following

	2011	2010
Operating room	$ 6,973,840	$ 6,641,330
Pharmacy	2,295,069	2,298,136
General stores and other	4,752,829	4,341,953
Total	$ 14,021,738	$ 13,281,419

7. Long-Term Obligations

Long-term obligations at December 31 consist of the following

	2011	2010
Mortgage note payable issued in December 2004 to the Industrial Development Authority of the City of Lynchburg, Virginia, who in turn issued tax-exempt Hospital Auction Rate Securities Revenue and Refunding Bonds (Series 2004 Bonds) The Series 2004 Bonds are comprised of serial bonds maturing in graduated annual amounts ranging from $2,225,000 in 2007 to $10,275,000 in 2035 and bear interest at market rates In June 2008, Centra elected the conversion of these auction rate securities to variable rate demand securities	$ 164,300,000	$ 166,775,000

	2011	2010
Mortgage note payable issued in June 1998 to the Industrial Development Authority of the City of Lynchburg, Virginia, who in turn issued tax-exempt Healthcare Facilities Revenue and Refunding Bonds (Series 1998 Bonds) The Series 1998 Bonds are comprised of serial bonds maturing in graduated annual amounts ranging from $1,555,000 in 2007 to $600,000 in 2016 and bear interest at various rates, ranging from 4 40% to 5 375%	5,875,000	7,765,000
Industrial Development Authority of the County of Campbell, Virginia, who in turn issued tax-exempt Healthcare Facilities Revenue Bond (Series 2007 Bond) The Series 2007 Bond bears interest at 4 13% until 2019 at which time the rate is reset Payment of interest and principal is due quarterly for the 20 year term	6,325,981	6,606,501
Mortgage note payable issued in June 2007 to the Industrial Development Authority of the Town of Amherst, Virginia, who in turn issued tax-exempt Healthcare Facilities Revenue Bond (Series 2007 Bond) The Series 2007 Bond bears interest at 4 13% until 2019 at which time the rate is reset Payment of interest and principal is due quarterly for the 20 year term	6,746,503	7,045,784
Mortgage note payable issued in November 2007 to the Industrial Development Authority of the County of Appomattox, Virginia, who in turn issued tax-exempt Healthcare Facilities Revenue Bond (Series 2007 Bond) The Series 2007 Bond bears interest at 4 13% until 2019 at which time the rate is reset Payment of interest and principal is due quarterly for the 20 year term	6,465,259	6,740,127
Mortgage note payable issued in December 2010 to the Industrial Development Authority of the City of Lynchburg, Virginia, who in turn issued a tax-exempt Hospital Revenue Bond (Series 2010 Bond) The Series 2010 Bond bears interest at market rates Payment of interest and principal is due monthly for the 15 year amortization schedule At the end of 7 years, the terms of the loan will be renegotiated	28,367,544	30,000,000

	2011	2010
Mortgage note payable issued in April 2002 by CCRC, Inc to Industrial Development Authority of the City of Lynchburg, who in turn issued tax-exempt Residential Care Facility Mortgage Revenue Bonds (Series 2002 Bonds) The Series 2002 Bonds are comprised of $1,770,000 Serial Bonds, $4,490,000 Term Bonds and $5,000,000 Adjustable Rate Bonds The Series 2002 Bonds mature in graduated annual amounts ranging from $160,000 in 2007 to $5,000,000 in 2034 and bear interest at various rates ranging from 4 75% to 6 25%	10,380,000	10,575,000
Hospital Revenue Refunding Bonds (Series 2011), due December 15, 2022 and bearing interest at 2 89% based on the swap agreement described in Note 8	9,268,847	-
Medical facility revenue bond issued in 1997 due December 2022, current rate of interest at 4 14%, collateralized by substantially all Southside Community Hospital, Inc property and equipment	-	5,977,825
Medical facility revenue bond issued in 1998 due December 2022, current rate of interest at 4 14%, collateralized by substantially all Southside Community Hospital, Inc property and equipment	-	3,950,612
Other notes payable	1,493,948	268,463
Total long-term obligations	239,223,082	245,704,312
Less current portion of long-term obligations	(8,440,188)	(7,840,114)
Total long-term obligations, net of current portion	$ 230,782,894	$ 237,864,198

The Series 1998 Bonds, Series 2004 Bonds, Series 2007 Bonds, Series 2010 Bonds, and Series 2011 Bonds are secured by substantially all property and equipment of the Obligated Group The Series 2002 Bonds are secured by a Deed of Trust on the property and equipment of CCRC, Inc

In June 2011, Southside issued $9,619,940 in Hospital Revenue Refunding Bonds (Series 2011) The proceeds of the sale of the 2011 Bonds were used to refund the outstanding principal balance of the Medical Facility Revenue Bonds Series 1997 and Series 1998 and to pay the costs of issuing the 2011 Series Bonds The bond purchase and loan agreement between the Industrial Development Authority of the Town of Farmville, Southside Community Hospital and Branch Banking and Trust Company (BB&T), as purchaser was entered into on June 1, 2011

During December 2010, Centra issued $30,000,000 in Hospital Revenue Bond, 2010 Series An interest rate swap agreement was also entered into at a fixed rate of interest of 2 85% for a period of seven years The proceeds of the bonds are to be used for the purchase and construction of the School of Nursing, completion of the fifth floor of the bed tower at Lynchburg General, purchase of new information technology for the organization and to finance routine capital expenditures

During 2007, Centra issued $23,000,000 in Healthcare Facilities Revenue Bonds, 2007 Series The proceeds of the 2007 Series were used to help finance the construction of the Summit Assisted Living Facility, purchase of a physician office building and construction of the regional cancer center

In December 2004, Centra issued $179,125,000 in Hospital Auction Rate Securities, (2004 Series A, 2004 Series B, 2004 Series C, 2004 Series D, 2004 Series E and 2004 Series F bonds, collectively, the "2004 Bonds") The proceeds of the sale of the 2004 Bonds were used together with other funds available, to (a) refund the outstanding principal of the VHA Note and to advance refund a portion of the 1998 bonds, (b) to finance the costs of acquisition and construction of improvements to the hospital facilities and the acquisition of equipment, and (c) to pay the costs of issuing the 2004 Bonds, including the premium for the issuance of the insurance policy by the bond insurer In June 2008, Centra elected the conversion of each series of the 2004 Bonds (the "Conversion") from auction rate securities to variable rate demand securities The 2004 Bonds are payable from, and secured by, a pledge of payment to be made to the Industrial Development Authority of the City of Lynchburg, Virginia, under the original loan In connection with the Conversions, each series of 2004 Bonds are payable from irrevocable direct-pay letters of credit issued by two financial institutions for a term to expire on December 16, 2016 and June 15, 2013, respectively, at which time or earlier, management intends to renew or extend the letters of credit

In June 1998, Centra issued $70,745,000 in Healthcare Facilities Revenue and Refunding Bonds The proceeds of the sale of the 1998 Bonds were used to finance new construction, renovation of existing facilities, and purchase of equipment along with the refunding of the Series 1988 Bonds In conjunction with the issuance of the Series 2004 Bonds, $46,450,000 of the Series 1998 Bonds were refunded

Pursuant to the Master Indenture, Centra agreed to certain operational and financial restrictions which currently apply only to members of the Obligated Group Each entity that becomes a member of the Obligated Group will be subjected to the Obligated Group restrictions The operational and financial restrictions contained in the Master Indenture relate primarily to debt service coverage requirements, the incurrence, directly or by guaranteeing the debt of others, of additional indebtedness, the ability to transfer assets, including both physical and liquid assets, and the ability to affect mergers and consolidations The Master Indenture also creates a security interest in the unconditional promises to give revenues of the Obligated Group

In addition to the operational and financial restrictions contained in the Master Indenture, Centra has entered into a Supplemental Indenture with the Master Trustee, in which it agreed to maintain days cash on hand of 60 days or greater at June 30 and December 31 of each year Centra is required to report semi-annually to the Master Trustee on compliance with this provision The Supplemental Indenture also requires Centra to deposit an amount equal to the maximum annual debt service if the Long-Term Debt Service Coverage Ratio falls below 1 35 As of December 31, 2011 and 2010, Centra is in compliance with these covenants

During 2002, CCRC, Inc issued Series 2002 Bonds to provide financial support for development and construction of the Summit, a senior living community The Summit consists of 85 independent living apartments, 11 garden homes, and a community center

The Series 2002 Bonds contain other specific restrictions including a requirement that the Company maintain a Long Term Debt Service Coverage Ratio (as defined) of 1 20 or higher and the Days Cash on Hand (as defined) must not be less than 120 days The CCRC was not in compliance with the minimum long term debt service coverage ratio at December 31, 2010, however, this did not constitute an event of default as defined by the bond document

On January 3, 2012, the CCRC issued $9,455,000 in Residential Care Facility Revenue Refunding Bonds (Series 2012) The proceeds of the sale of the 2012 Bonds were used to refund the outstanding principal balance of the Series 2002 A Bonds and the 2002 B Series Bonds Furthermore, $720,000 from the Debt Service Reserve Fund was used to pay down the principal of the 2002 Series Bonds The interest rate for these Bonds will be set on the first day of each month and ending on the last day of the month as follows interest rate shall be established at a rate equal to the sum of 75% of the one month LIBOR rate plus 77 5 basis points

Maturities of long-term obligations as of December 31, 2011 are as follows

Year	Centra Series 1998 Bonds	Centra Series 2004 Bonds	Local IDA 2007	Local IDA 2010	Capital Lease 2011	CCRC Series 2002 Bonds	Total Southside Hospital	Total
2012	$ 1,985,000	$ 2,575,000	$ 904,617	$1,678,756	$ 231,368	$ 205,000	$ 860,447	$ 8,440,188
2013	2,090,000	2,625,000	942,561	1,721,618	239,597	215,000	861,735	8,695,511
2014	600,000	4,325,000	982,096	1,771,330	248,119	230,000	863,117	9,019,662
2015	600,000	4,500,000	1,023,289	1,822,478	256,943	240,000	864,599	9,307,309
2016	600,000	4,700,000	1,066,210	1,875,102	266,081	255,000	866,187	9,628,581
Thereafter	-	145,575,000	14,618,970	19,498,260	-	9,235,000	5,204,602	194,131,831
Balance 12 31 2011	5,875,000	164,300,000	19,537,743	28,367,544	1,242,108	10,380,000	9,520,687	239,223,082
Less Current	(1,985,000)	(2,575,000)	(904,617)	(1,678,756)	(231,368)	(205,000)	(860,447)	(8,440,188)
LT Portion	$ 3,890,000	$161,725,000	$18,633,126	$26,688,788	$ 1,010,740	$10,175,000	$8,660,240	$230,782,894

During the years ended December 31, 2011 and 2010, Centra paid approximately $6,331,000 and $6,484,000, respectively, in interest

8. Interest Rate Swap Agreements

Centra entered into various interest rate swap agreements with certain investment companies, which reduce the exposure of volatility in interest rates on certain variable rate debt As such, Centra pays a fixed rate of interest, as noted in the following table, while the investment company pays based on a floating London Inter-Bank Offered Rate ("LIBOR") The floating rate resets every seven days for the 2004 swap agreements and monthly for the 2010 and 2011 swap agreement The difference between the fixed and floating rates is accrued and recorded in interest expense in the accompanying consolidated statements of operations and changes in net assets beginning on the effective date

The following are schedules outlining the terms and fair market values of the derivative instruments on December 31

	Series 2004 Int Rate Swap	Series 2004 Int Rate Swap	Series 2004 Int Rate Swap	Series 2010 Int Rate Swap	Series 2011 Int Rate Swap
Notional amount - original	$ 52,700,000	$ 39,500,000	$ 39,125,000	$ 30,000,000	$ 9,619,940
Notional amount – 12 11	49,275,000	39,475,000	34,125,000	28,367,544	9,268,847
Trade date	11 10 04	11 10 04	11 10 04	12 14 10	6 22 11
Effective date	12 08 04	12 08 04	12 08 04	12 17 10	6 30 11
Termination date	01 01 28	01 01 35	01 01 35	12 17 17	12 15 22
Fixed rate	3 33%	3 45%	3 35%	2 85%	2 89%
Fair value at Dec 31, 2009	(2,887,541)	(2,990,695)	(2,138,139)	-	-
Unrealized losses	(1,683,257)	(1,732,482)	(1,190,380)	(342,110)	-
Fair value at Dec 31, 2010	(4,570,798)	(4,723,177)	(3,328,519)	(342,110)	-
Unrealized losses	(3,609,490)	(6,128,715)	(3,409,626)	(1,097,417)	(520,266)
Fair value at Dec 31, 2011	$ (8,180,288)	$ (10,851,892)	$ (6,738,145)	$ (1,439,527)	$ (520,266)

By using an interest rate swap to hedge exposure to changes in interest rates, Centra exposes itself to credit risk and market risk Credit risk is the failure of the counterparty to perform under the terms of the derivative contract Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates The market risk associated with an interest rate swap is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken

Centra has included the fair market value of these derivative instruments of approximately $27,730,000 and $12,965,000 as a noncurrent liability in the accompanying consolidated balance sheets at December 31, 2011 and 2010, respectively Unrealized losses on derivative instruments were approximately $14,766,000 and $4,948,000 for the years ended December 31, 2011 and 2010, respectively, and are included with nonoperating losses on the consolidated statements of operations and changes in net assets

Subsequent to year end, per the Series 2004 interest rate swap agreements, Centra posted collateral of approximately $13,420,000 due to the significant drop in the fair value of the swap agreements

9. Retirement Plans

Centra and its not-for-profit subsidiaries (except Southside) have a defined benefit pension plan covering substantially all of its employees The benefits are based on years of service and the average compensation during the highest five consecutive calendar years of service Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future Centra elected to freeze the Plan as of December 31, 2009 to new participants and no future accruals will be earned

A summary of the projected benefit obligation, change in plan assets and net periodic pension cost follows

	2011	2010
Change in benefit obligation		
Projected benefit obligation, beginning of year	$ 176,713,976	$ 148,380,856
Service cost	-	-
Interest cost	9,585,630	9,136,482
Actuarial loss	38,100,996	24,130,250
Benefits paid	(5,497,832)	(4,933,612)
Projected benefit obligation, end of year	$ 218,902,770	$ 176,713,976
Change in plan assets		
Fair value of plan assets, beginning of year	$ 148,325,180	$ 133,756,896
Actual return on plan assets	4,810,681	13,701,904
Employer contributions	5,400,000	5,799,992
Benefits paid	(5,497,832)	(4,933,612)
Fair value of plan assets, end of year	$ 153,038,029	$ 148,325,180
Funded status of plan (under-funded)	$ (65,864,741)	$ (28,388,796)
Reconciliation of accrued pension costs		
Prepaid (accrued) pension costs	$ 6,273,348	$ (1,648,233)
Employer contributions	5,400,000	5,799,992
Net periodic pension (costs) / gains	(1,523,023)	2,121,589
Prepaid pension costs, end of year	10,150,325	6,273,348
Amounts recognized as other change in net assets	(76,015,066)	(34,662,144)
Funded status of plan (under-funded)	$ (65,864,741)	$ (28,388,796)
Components of net periodic benefit cost		
Interest cost	$ 9,585,630	$ 9,136,482
Expected return on plan assets	(9,895,312)	(11,258,071)
Amortization of net actuarial loss	1,832,705	-
Net periodic pension cost / (gain)	$ 1,523,023	$ (2,121,589)
Other changes in Plan assets and benefit obligations recognized in other changes in net assets		
Net actuarial loss	$ 43,185,627	$ 21,686,417
Amortization of net actuarial gain	(1,832,705)	-
Total recognized in other changes in net assets	$ 41,352,922	$ 21,686,417

Assumptions - Weighted average assumptions used to determine benefit obligations

	2011	2010
Discount rate	4 30%	5 50%
Expected long-term return on assets	6 00%	7 00%
Compensation rate increase	N/A	N/A

Weighted average assumptions used to determine net periodic benefit cost

	2011	2010
Discount rate	5 50%	6 25%
Expected long-term return on assets	6 00%	7 00%
Compensation rate increase	N/A	N/A

The expected long-term rate of return for the Plan's total assets is based on an analysis of anticipated returns for equity and fixed income investments for the portfolio allocation

Plan Assets – The asset allocation for Centra's funded retirement plan at December 31, 2011 and 2010, and the target allocation for 2012 by asset category are as follows

	Target Allocation 2012	Percentage of Plan Assets at Year End 2011	2010
Equity securities	44 0%	44 0%	42 7%
Fixed income securities	50 0	48 5	50 4
Real estate	6 0	7 5	6 7
Alternative strategies	0 0	0 0	0 2
Total	100 0%	100 0%	100 0%

The policy, as established by the Investment Committee, is to provide for growth of capital with a moderate level of volatility by investing assets per the target allocations stated above The assets will be reallocated quarterly to meet the above target allocations The investment policy will be reviewed on a quarterly basis, under the advisement of a certified investment advisor to determine if the policy should be changed

As disclosed in Note 3, generally accepted accounting principles establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value Prices for certain common collective trusts are determined on a recurring basis based on inputs that are readily available in public markets or can be derived from information available in publicly quoted markets and are categorized as Level 2 Prices for real estate common collective trusts and hedge funds are classified as Level 3

The following table sets forth by level the fair value hierarchy the Plan's financial assets accounted for at fair value as of December 31, 2011 and 2010, respectively Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement Centra's assessment of the significance of a particular input to the fair value measurement for Plan assets requires judgment, and may affect the valuation of fair value of Plan investments and their placement within the fair value hierarchy levels

	December 31, 2011			
	Total	Level 1	Level 2	Level 3
Common collective trusts				
Equity securities	$ 67,530,656	$ -	$ 67,530,656	$ -
Fixed income	73,825,587	-	73,825,587	-
Real estate	11,530,910	-	-	11,530,910
Total	$152,887,153	$ -	$ 141,356,243	$11,530,910

The Plan has $150,876 of cash included in plan assets as of December 31, 2011, which is not included in the fair value hierarchy

	December 31, 2010			
	Total	Level 1	Level 2	Level 3
Hedge funds	$ 273,486	$ -	$ -	$ 273,486
Common collective trusts				
Equity securities	63,374,683	-	63,374,683	-
Fixed income	74,691,077	-	74,691,077	-
Real estate	9,985,934	-	-	9,985,934
Total	$148,325,180	$ -	$ 138,065,760	$10,259,420

A reconciliation of Plan assets held classified as Level 3 follows

Balance, beginning of year	$ 10,259,420
Sales	(268,843)
Net unrealized gains	1,540,333
Balance, end of year	$ 11,530,910

Cash Flows – Centra expects to make contributions of $7,600,000 to the Plan during 2012

- Estimated Future Benefit Payments - The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

2012	$ 5,968,125
2013	$ 6,508,093
2014	$ 7,182,155
2015	$ 7,795,273
2016	$ 8,422,283
2017-2021	$ 52,596,315

Centra and its not-for-profit subsidiaries have a tax sheltered annuity program qualified under Section 403(b) of the Internal Revenue Code covering all employees meeting age and service requirements The program allows Centra to make discretionary contributions to the Plan, subject to certain limitations Centra's contributions for 2011 and 2010 were approximately $16,217,000 and $15,015,000, respectively As a result of the defined benefit plan freeze, Centra provided an additional annual contribution of 4% of base pay into each eligible employee's personal retirement savings account in 2011 and 2010 In addition, Centra continues to match up to 3% on employee contributions

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at December 31

	2011	2010
Indigent care	$ 950,376	$ 579,700
Capital acquisitions	5,828,808	4,930,829
Program services	11,578,968	13,279,739
	$ 18,358,152	$ 18,790,268

Permanently restricted net assets at December 31 are restricted to

	2011	2010
Indigent care	$ 830,012	$ 830,012
Capital acquisitions	1,800,732	1,800,732
Program services	21,167,291	21,167,291
Endowment	6,000,343	6,000,343
	$ 29,798,378	$ 29,798,378

During 2011 and 2010, net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes of indigent care, capital acquisitions and program expenses which totaled approximately $1,799,000 and $2,055,000, respectively

11. Endowment Funds

The Foundation's endowment consists of approximately 45 individual funds established for a variety of purposes The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments As required by generally accepted accounting principles ("GAAP"), net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

Interpretation of Relevant Law

The Board of Directors of the Foundation has interpreted the State Prudent Management of Institutional Funds Act ("SPMIFA") as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund In accordance with SPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

- The duration and preservation of the fund
- The purposes of the Foundation and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Foundation
- The investment policies of the Foundation

Endowment Net Asset Composition by Type of Fund as of December 31, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment funds				
Donor-restricted	$ -	$ -	$28,814,229	$ 28,814,229
Board-designated	920,000	-	-	920,000
Total funds	$ 920,000	$ -	$ 28,814,229	$ 29,734,229

Changes in Endowment Net Assets for the Year Ended December 31, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 920,000	$ -	$28,814,229	$29,734,229
Investment income		374,984		374,984
Appropriation of endowment assets for expenditure	-	(374,984)	-	(374,984)
Endowment net assets, end of year	$ 920,000	$ -	$ 28,814,229	$ 29,734,229

Endowment Net Asset Composition by Type of Fund as of December 31, 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment funds				
Donor-restricted	$ -	$ -	$ 28,814,229	$ 28,814,229
Board-designated	920,000	-	-	920,000
Total funds	$ 920,000	$ -	$ 28,814,229	$ 29,734,229

Changes in Endowment Net Assets for the Year Ended December 31, 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 920,000	$ -	$ 28,814,229	$ 29,734,229
Investment income	-	336,616	-	336,616
Appropriation of endowment assets for expenditure	-	(336,616)	-	(336,616)
Endowment net assets, end of year	$ 920,000	$ -	$ 28,814,229	$ 29,734,229

Return Objectives and Risk Parameters

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the Foundation must hold in perpetuity as well as board-designated funds Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk The Foundation expects its endowment funds, over time, to provide an average rate of return on equity investments of 6% and a fixed income yield of 2% annually Actual returns in any given year may vary from this amount

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Foundation has a policy of requesting for distribution each year either net income of the asset or a percentage of the assets average fair value which results in an average net cash distribution of 2 4% of total assets Accordingly, over the long term, the Foundation expects the current spending policy to allow its endowment to grow at an average of 4 3% annually This is consistent with the Foundation's objective to maintain the purchasing power of the endowment assets held in perpetuity as well as to provide additional real growth through new gifts and investment return

12. Tax Status

Centra Health, Inc , Centra Health Foundation, CCRC, Inc , Southside Community Hospital, Inc , and Lynchburg Family Practice Residency Program, Inc are exempt from income tax under Section 501 (a) of the Internal Revenue Code Accordingly, no income taxes have been provided for these entities in the accompanying consolidated financial statements except for taxes related to certain unrelated business income engaged in by Centra

Centra Medical Group LLC, Centra Health Cardiovascular Services LLC, Centra Health Emergency Services LLC and Central Virginia Hospital for Restorative and Rehabilitative Care, LLC are disregarded for federal income tax purposes and therefore are included under either Centra's or Lynchburg Family Practice Residency Program's tax return as a tax-exempt 501(c) organization

Centra has adopted relevant accounting standards related to taxes for its subsidiary, General Business Concerns, Inc Under the asset and liability method for these standards, deferred tax assets and liabilities are recognized for the temporary differences between the financial statement carrying amounts and the tax basis of the subsidiary's assets and liabilities at income tax rates expected to be in effect when such amounts are realized or settled The effect on deferred tax assets and liabilities of a change in tax rates is recognized in earnings in the period that includes the enactment date

Centra Health Indemnity Company LLC is wholly owned by Centra Health, Inc Any liability for taxes are passed through to Centra Health, Inc A provision will be made when operations of this subsidiary indicates a liability for taxes

Effective January 1, 2009, Centra adopted the Financial Accounting Standards Board's ("FASB") authoritative guidance on accounting for uncertainty in income taxes The guidance clarifies the accounting for the recognition and measurement of the benefits of individual tax positions in the financial statements Tax positions must meet a recognition

threshold of more–likely–than–not in order for the benefit of those tax positions to be recognized in the accompanying financial statements Centra has determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2011 The adoption of the guidance did not have a material effect on Centra's financial position or results of operations Centra believes they are no longer subject to income tax examinations for years prior to December 31, 2008

13. Functional Expenses

Centra provides a broad range of health care services to residents within its geographic location Expenses related to providing these services are as follows

	2011	2010
Health care services	$ 594,086,049	$ 566,077,743
General and administrative	64,406,409	60,294,696
	$ 658,492,458	$ 626,372,439

14. Investments in Joint Ventures

Piedmont Community Health Plan – Piedmont Community Health Plan ("PCHP") is an organized network of health care providers established to offer health care services to the community PCHP, a Virginia stock corporation, has two shareholders, Centra (50%) and Integrated Healthcare, Inc (50%) Integrated Healthcare, Inc is owned by physicians in the Lynchburg, Virginia market At December 31, 2011 and 2010, Centra was at risk for approximately $1,849,000 and $1,863,000, respectively, for amounts withheld from payments by PCHP for services provided by Centra to PCHP members Centra's investment in PCHP is accounted for under the equity method At December 31, 2011 and 2010, PCHP had total net assets of approximately $13,708,000 and $13,408,000, respectively

Central Virginia Imaging, L.L.C. – Central Virginia Imaging, L L C ("CVI") is a Virginia non-stock corporation established June 8, 1998 This corporation has two members, Centra (50%), and Radiology Consultants of Lynchburg, Inc (50%) The corporation was established to provide CT scanning and magnetic resonance imaging services Centra's investment in CVI is accounted for under the equity method At December 31, 2011 and 2010, CVI had total net assets of approximately $401,000 and $115,000, respectively

Bedford Memorial Hospital – Bedford Memorial Hospital ("Bedford") is a non-profit, non-stock corporation which operates an acute care hospital and a long-term care facility in Bedford, Virginia Prior to July 9, 2001, Bedford was operated solely by Carilion Health System ("Carilion") Effective July 9, 2001, Centra entered into a joint venture arrangement with Carilion to operate Bedford in order to maintain and strengthen a community hospital that effectively integrates the resources, efficiencies and capabilities of the two organizations to offer the best chance for Bedford to preserve its longstanding commitment of providing quality healthcare services to its community In connection with the joint venture formation, Centra and Carilion each contributed $1,500,000 to Bedford Centra and Carilion each have a

50% interest in Bedford Centra's investment in Bedford is accounted for under the equity method At December 31, 2011 and 2010, Bedford had total net assets of approximately $9,657,000 and $10,530,000, respectively

The Surgery Center of Lynchburg – The Surgery Center of Lynchburg, L L C (the "Surgery Center") is a Virginia limited liability company organized on January 29, 1999 to provide outpatient surgical services in the central Virginia area Centra owns 50% of the Surgery Center and the remaining 50% is owned by individual physicians Centra's investment in the Surgery Center is accounted for under the equity method At December 31, 2011 and 2010, the Surgery Center had total net assets of approximately $2,813,000 and $3,311,000, respectively

15. Fair Value of Financial Instruments

The carrying amounts of Centra's financial instruments, excluding long-term obligations, approximate their fair values The fair values of Centra's long-term obligations are estimated based on the quoted market prices for the same or similar issues or using discounted cash flow analyses

The carrying amount and fair value of Centra's long-term obligations at December 31 are as follows

	2011		2010	
	Fair Value	Carrying Value	Fair Value	Carrying Value
Long-term obligations	$ 239,557,138	$ 239,223,082	$ 245,904,647	$ 245,704,312

16. Commitments and Contingencies

Total rental expense in 2011 and 2010 for all operating leases was approximately $14,936,000 and $13,016,000, respectively

Future minimum payments for the next five years on operating lease agreements at December 31, 2011 are as follows

2012	$ 1,394,824
2013	$ 1,206,895
2014	$ 970,819
2015	$ 703,732
2016	$ 522,400

17. Concentrations of Credit Risk

Centra grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements The approximate mix of receivables from patients and third-party payors at December 31 was as follows

	2011	2010
Medicare	32%	37%
Medicaid	18	17
Anthem	12	11
Commercial and managed care	13	13
Patients and other	25	22
Totals	100%	100%

18. Malpractice Insurance

Prior to December 31, 2002, Centra maintained professional liability insurance coverage with a reciprocal insurance company (the "Insurer"), which insured Centra and a coalition of other hospitals, physicians and attorneys The Insurer experienced significant losses over the last few years and its risk-based capital dropped below specified levels, which has resulted in the State Corporation Commission and Bureau of Insurance of the Commonwealth of Virginia placing the Insurer into receivership and subsequently liquidation Should the Insurer no longer be able to pay the claims of Centra, Centra would be required to purchase coverage to insure these claims Centra elected not to purchase tail coverage to insure itself for incidents that occurred prior to December 31, 2002, but which may be reported subsequent to that date

From January 1, 2003 through October 1, 2009, Centra was a member of Virginia Health Systems Alliance Inter-Insurance Exchange, a multi-provider captive insurance company Effective October 1, 2009, Centra formed a single member limited liability company that operates as an insurance company, whose sole purpose is to provide general, professional and commercial liability along with terrorism risk coverage

Centra's professional liability insurance coverage is on a claims-made basis with a retroactive coverage date of October 1, 1975 The basic level of coverage limits claims paid to $2,000,000 per occurrence and $6,000,000 in aggregate Should the claims-made policy not be renewed or replaced with equivalent insurance, occurrences during its term, but asserted subsequently, would be uninsured unless Centra obtains tail coverage Centra has recorded an actuarially determined liability of approximately $2,702,000 and $2,302,000 as of December 31, 2011 and 2010, respectively, for those claims incurred but not yet reported

19. Affiliation Agreement

On January 3, 2006, Centra entered into an affiliation agreement with Southside, a 116-bed hospital located in Farmville, Virginia Under the terms of the affiliation agreement, Centra became the sole corporate member of Southside Southside remains the licensed owner and operator of the hospital and its operating board continues to serve as the governing board of the hospital, subject to reserved powers maintained by Centra Under the agreement, Centra agreed to make available $35,500,000 for capital expenditures over a period of ten years In addition, Centra will provide Southside with funds to make the principal and interest payments on the outstanding bonds

Independent Auditors' Report on Accompanying Information

The Board of Directors
Centra Health, Inc and Subsidiaries
Lynchburg, Virginia

We have audited the consolidated financial statements of Centra Health, Inc and Subsidiaries as of and for the year ended December 31, 2011, and have issued our report thereon dated April 5, 2012, which contained an unqualified opinion on those consolidated financial statements Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements of Centra Health, Inc and Subsidiaries, taken as a whole The accompanying schedules listed under "Accompanying Information" is presented for the purposes of additional analysis rather than to present the financial position and results of operations of the individual organizations and is not a required part of the financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

Dixon Hughes Goodman LLP

April 5, 2012

Centra Health, Inc. and Subsidiaries
Consolidating Balance Sheet Information
December 31, 2011

	Centra Health	Southside Community Hospital	General Business Concerns	Lynchburg Family Medicine	Centra Health Foundation	CCRC	Centra Medical Group	Centra Health Cardiovascular Services	Centra Health Emergency Services	Centra Specialty Hospital	Centra Health Indemnity Company	Eliminations	Consolidated Totals
Assets													
Current assets													
Cash and cash equivalents	$ 30,043,169	$ 5,309,463	$ 551,803	$ -	$ 7,599,170	$ 953,470	$ 4,012,577	$ 849,250	$ 966,178	$ 285,237	$ 2,893,169	$ -	$ 53,463,486
Patient accounts receivable, less allowance for doubtful accounts	50,447,884	6,361,376	126,109	-	-	-	2,425,373	1,134,650	953,083	1,145,770	-	(133,985)	62,460,260
Estimated settlements from third-party payors	-	-	12,442	-	-	-	457,316	-	16,653	-	-	-	486,411
Other accounts receivable	4,251,838	28,927	-	-	6,870	37,842	252,584	125,364	8,407	9,255	1,286,460	-	6,007,547
Inventories	12,469,077	1,175,539	378	-	-	-	318,200	33,120	-	25,424	-	-	14,021,738
Prepaid expenses	2,160,633	265,263	49,006	-	-	107,818	93,874	-	-	27,900	-	-	2,704,494
Current installations due from related parties	-	842,622	-	-	-	-	-	-	-	-	-	(842,622)	-
Assets whose use is limited for current liabilities	2,138,049	872,963	-	-	-	488,180	-	-	-	-	-	-	3,499,192
Total currents assets	101,510,650	14,856,153	739,738	-	7,606,040	1,587,310	7,559,924	2,142,384	1,944,321	1,493,586	4,179,629	(976,607)	142,643,128
Assets whose use is limited													
Internally designated by the Board of Directors for capital acquisition	247,478,065	4,447,171	-	-	-	-	-	-	-	-	-	-	251,925,236
Bond indenture agreement (held by trustee)	2,138,049	-	-	-	-	1,381,614	-	-	-	-	-	-	3,519,663
Temporary donor restrictions	-	23,017	-	-	18,343,689	-	-	-	-	-	-	-	18,366,706
Permanent donor restrictions	-	64,149	-	-	29,734,229	-	-	-	-	-	-	-	29,798,378
Externally designated for construction	16,198,426	-	-	-	-	-	-	-	-	-	-	-	16,198,426
Other	-	-	-	-	-	178,915	-	-	-	-	-	-	178,915
	265,814,540	4,534,337	-	-	48,077,918	1,560,529	-	-	-	-	-	-	319,987,324
Less assets available for current liabilities	(2,138,049)	(872,963)	-	-	-	(488,180)	-	-	-	-	-	-	(3,499,192)
Total assets whose use is limited, non-current	263,676,491	3,661,374	-	-	48,077,918	1,072,349	-	-	-	-	-	-	316,488,132
Investments	-	-	-	-	-	4,356,853	-	-	-	-	9,031,265	-	13,388,118
Property, buildings and equipment, net	239,419,369	24,377,108	1,463,719	-	1,455	11,149,284	2,080,079	601,086	-	979,513	-	-	280,071,613
Other assets													
Notes receivable	5,259,730	-	-	-	-	-	-	-	-	-	-	(5,115,541)	144,189
Deferred financing costs, net	3,809,821	49,031	-	-	-	445,594	-	-	-	-	-	-	4,304,446
Due from related parties	15,838,885	8,426,865	118,564	-	-	-	-	-	186,203	28,822	-	(24,599,339)	-
Investments in joint ventures	15,172,613	-	-	-	-	-	-	-	-	-	-	-	15,172,613
Other assets	1,266,091	49,995	435,923	-	881,038	-	-	-	-	-	-	-	2,633,047
Physician recruitment intangible asset	614,516	-	-	-	-	-	-	-	-	-	-	-	614,516
Invested capital, controlled entities	85,494,380	-	-	-	-	-	-	-	-	-	-	(85,494,380)	-
Total other assets	127,456,036	8,525,891	554,487	-	881,038	445,594	-	-	186,203	28,822	-	(115,209,260)	22,868,811
Total assets	$ 732,062,546	$ 51,420,526	$ 2,757,944	$ -	$ 56,566,451	$ 18,611,390	$ 9,640,003	$ 2,743,470	$ 2,130,524	$ 2,501,921	$ 13,210,894	$ (116,185,867)	$ 775,459,802

See Independent Auditors' Report on Accompanying Information.

Centra Health, Inc. and Subsidiaries
Consolidating Balance Sheet Information (continued)
December 31, 2011

	Centra Health	Southside Community Hospital	General Business Concerns	Lynchburg Family Medicine	Centra Health Foundation	CCRC	Centra Medical Group	Centra Health Cardiovascular Services	Centra Health Emergency Services	Centra Specialty Hospital	Centra Health Indemnity Company	Eliminations	Consolidated Totals
Liabilities and Net assets													
Current liabilities													
Accounts payable	$ 31,885,494	$ 3,414,152	$ 303,649	$ -	$ 18,600	$ 184,663	$ 1,350,443	$ 72,193	$ 249,313	$ 388,051	$ 34,238	$ (133,985)	$ 37,766,811
Estimated settlements to third-party payors	8,247,960	656,119	-	-	-	-	-	38,495	-	-	-	-	8,942,574
Physician recruitment liability	678,278	-	-	-	-	-	-	-	-	-	-	-	678,278
Deferred revenue	802,131	73,528	-	-	-	-	-	-	-	-	-	-	875,659
Accrued payroll and deductions payable	9,897,436	1,029,502	11,502	-	37,795	18,482	1,751,615	1,284,082	646,284	169,951	-	-	14,846,649
Current portion of long-term obligations	8,217,363	860,447	-	-	-	205,000	-	-	-	549,308	-	(1,391,930)	8,440,188
Accrued interest payable	268,741	12,516	-	-	-	283,180	-	-	-	-	-	-	564,437
Accrued vacation	10,925,111	1,091,433	6,141	-	14,248	28,294	703,109	63,092	55,951	173,247	-	-	13,060,626
Total current liabilities	70,922,514	7,137,697	321,292	-	70,643	719,619	3,805,167	1,457,862	951,548	1,280,557	34,238	(1,525,915)	85,175,222
Long-term obligations, net of current portion	211,947,654	8,660,240	-	-	-	10,175,000	-	-	-	4,566,233	-	(4,566,233)	230,782,894
Deferred revenue from advance fees	-	-	-	-	-	9,041,270	-	-	-	-	-	-	9,041,270
Interest rate swap agreements	27,209,852	520,266	-	-	-	-	-	-	-	-	-	-	27,730,118
Pension liability	65,864,741	-	-	-	-	-	-	-	-	-	-	-	65,864,741
Estimated liability of unpaid claims	-	-	-	-	-	-	-	-	-	-	8,233,344	-	8,233,344
Other liabilities	7,740,358	14,496,982	-	-	242,472	245,832	315,656	24,503	-	1,102,455	685,867	(24,599,339)	254,786
Total liabilities	383,685,119	30,815,185	321,292	-	313,115	20,181,721	4,120,823	1,482,365	951,548	6,949,245	8,953,449	(30,691,487)	427,082,375
Net assets (deficit)													
Unrestricted	300,220,897	20,518,175	2,436,652	-	8,183,972	(1,570,331)	5,519,180	1,261,105	1,178,976	(4,447,324)	4,257,445	(37,337,850)	300,220,897
Temporarily restricted	18,358,152	23,017	-	-	18,335,135	-	-	-	-	-	-	(18,358,152)	18,358,152
Permanently restricted	29,798,378	64,149	-	-	29,734,229	-	-	-	-	-	-	(29,798,378)	29,798,378
Total net assets (deficit)	348,377,427	20,605,341	2,436,652	-	56,253,336	(1,570,331)	5,519,180	1,261,105	1,178,976	(4,447,324)	4,257,445	(85,494,380)	348,377,427
Total liabilities and net assets	$ 732,062,546	$ 51,420,526	$ 2,757,944	$ -	$ 56,566,451	$ 18,611,390	$ 9,640,003	$ 2,743,470	$ 2,130,524	$ 2,501,921	$ 13,210,894	$ (116,185,867)	$ 775,459,802

See Independent Auditors' Report on Accompanying Information.

Centra Health, Inc. and Subsidiaries
Consolidating Statement of Operations Information
Year Ended December 31, 2011

	Centra Health	Southside Community Hospital	General Business Concerns	Lynchburg Family Medicine	Centra Health Foundation	CCRC	Centra Medical Group	Centra Health Cardiovascular Services	Centra Health Emergency Services	Centra Specialty Hospital	Centra Health Indemnity Company	Eliminations	Consolidated Totals
Unrestricted revenues and other support													
Net patient service revenue	$ 501,313,833	$ 70,188,888	$ 1,046,982	$ 1,019,042	$ -	$ -	$ 34,188,265	$ 13,054,946	$ 15,865,162	$ 9,061,234	$ -	$ (2,761,675)	$ 642,976,677
Outside lab revenue	8,497,329	-	-	-	-	-	-	-	-	-	-	-	8,497,329
Net assets released from restrictions used for operations	1,038,607	-	-	-	1,000,880	-	3,125	-	-	-	-	(1,025,182)	1,017,430
Assisted living program revenue	-	-	-	-	-	3,779,165	-	-	-	-	-	-	3,779,165
Foundation revenue and support	-	-	-	-	1,585,367	-	-	-	-	-	-	-	1,585,367
Other operating revenue	36,459,978	2,075,415	819,318	1,843,562	-	-	3,918,938	1,768,920	381,706	3,054	3,431,000	(15,461,631)	35,240,260
Total unrestricted revenues and other support	547,309,747	72,264,303	1,866,300	2,862,604	2,586,247	3,779,165	38,110,328	14,823,866	16,246,868	9,064,288	3,431,000	(19,248,488)	693,096,228
Expenses													
Salaries	191,621,399	29,146,378	223,811	1,808,409	506,540	473,857	28,846,165	15,523,965	9,301,254	3,678,896	-	-	281,130,674
Employee benefits	53,732,182	5,640,246	104,191	357,213	144,054	129,413	6,009,098	2,123,813	1,468,897	1,023,634	-	-	70,732,741
Medical supplies and drugs	70,116,397	5,843,073	506	82,421	-	-	1,266,964	192,552	-	869,318	-	(592,438)	77,778,793
Professional services	9,384,649	4,353,238	1,372,577	-	-	-	9,762,443	-	399,436	-	-	(1,968,802)	23,303,541
Food	4,962,499	211,770	4,001	19,442	17,638	2,609	40,072	58,563	10,647	1,929	-	-	5,329,170
Repairs and maintenance	7,751,082	470,709	74,970	16,419	773	138,478	176,272	129,610	-	2,444	-	(6,530)	8,754,227
Utilities	7,501,173	1,464,098	88,636	10,702	896	185,097	305,596	124,110	-	8,374	-	(13,510)	9,675,172
Equipment and other rentals	10,542,671	516,891	1,547	4,042	-	-	44,202	15,930	-	151,786	-	(7,269)	11,269,800
Other purchased services	50,611,485	10,397,061	826,672	498,089	255,004	1,195,137	6,454,631	1,037,264	1,426,755	2,957,069	1,042,260	(12,355,303)	64,346,124
Supplies and other	15,827,072	1,449,722	48,689	80,839	60,543	80,567	1,061,493	712,329	58,683	64,197	2,081,584	(3,279,454)	18,246,264
Depreciation and amortization	34,483,321	3,878,229	91,987	30,054	343	1,027,593	496,083	301,161	-	210,740	-	-	40,519,511
Interest	5,398,825	365,478	-	-	-	570,304	-	-	-	387,444	-	(387,442)	6,334,609
Provision for doubtful accounts	20,930,265	10,766,938	24,697	18,476	-	-	1,633,478	1,019,989	6,332,703	-	-	-	40,726,546
Grants for community initiative programs	-	-	-	-	345,286	-	-	-	-	-	-	-	345,286
Net assets released from restrictions used for operations	-	-	-	-	1,025,182	-	-	-	-	-	-	(1,025,182)	-
Total expenses	482,863,020	74,503,831	2,862,284	2,926,106	2,356,259	3,803,055	56,096,497	21,239,286	18,998,375	9,355,831	3,123,844	(19,635,930)	658,492,458
Operating income (loss)	64,446,727	(2,239,528)	(995,984)	(63,502)	229,988	(23,890)	(17,986,169)	(6,415,420)	(2,751,507)	(291,543)	307,156	387,442	34,603,770
Nonoperating gains (losses)													
Contributions and grants	-	20,029	-	-	-	-	-	-	-	-	-	-	20,029
Investment income from capital acquisition investments	9,437,537	-	-	-	-	-	-	-	-	-	-	-	9,437,537
Other investment income (loss)	1,437,119	(4,684)	-	-	-	361,545	-	-	-	674	-	(387,442)	1,407,212
Income from controlled entities	(30,447,700)	-	-	-	-	-	-	-	-	-	-	30,447,700	-
Change in value of interest rate swap agreements	(14,245,248)	(520,266)	-	-	-	-	-	-	-	-	-	-	(14,765,514)
Other	(6,114)	-	-	-	-	-	-	-	-	-	-	-	(6,114)
Total net nonoperating gains (losses)	(33,824,406)	(504,921)	-	-	-	361,545	-	-	-	674	-	30,060,258	(3,906,850)
Excess (deficiency) of unrestricted revenues and other support over expenses	$ 30,622,321	$ (2,744,449)	$ (995,984)	$ (63,502)	$ 229,988	$ 337,655	$ (17,986,169)	$ (6,415,420)	$ (2,751,507)	$ (290,869)	$ 307,156	$ 30,447,700	$ 30,696,920

See Independent Auditors' Report on Accompanying Information.